Rhodes Care Home Ltd

Highview Residential Home

Inspection report

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22 February 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 and 22 February 2016 and was unannounced. This meant the staff and the provider did not know we would be visiting. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Highview Residential Home provides accommodation and support for up to 19 older people who may be living with dementia. There were 18 people living in the home during our inspection.

People were encouraged and supported to make their own decisions and choices whenever possible in their day to day lives. People's privacy and dignity was maintained. We observed the staff supporting people with kindness and patience at all times.

People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills and staff competency was assessed. People, visitors and staff we spoke with felt there were sufficient staff on duty.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs, such as district nurses and doctors. Professionals said the staff followed the guidance they provided. This ensured people received the care they needed to remain safe and well, for example people had regular visits by district nurses to check their blood sugar levels.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Senior staff administered medicines had received medicines training and confirmed they understood the importance of safe administration and management of medicines.

The registered manager and staff had sought and acted upon advice when they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights.

Staff had undertaken safeguarding training, they displayed a good knowledge of how to report concerns and were able to describe the action they would take to protect people against harm.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals and we observed mealtimes did not feel rushed.

People's care records were mostly comprehensive and detailed people's preferences. Records were regularly updated to reflect people's changing needs. People and their families were involved in the

planning of their care.

People's risks were considered, managed and reviewed to keep people safe. All the people we spoke with told us they felt safe at Highview Residential Home. Where possible, people had choice and control over their lives and were supported to engage in activities within the home.

We saw people participated in a range of daily activities both in the home which were meaningful and promoted their independence.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys. However responses were not analysed to address lower scoring areas.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

The registered manager and staff had a good understanding of the Mental
Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

Is the service caring?

Good

The service was caring.

We saw that members of staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support in a kind and caring manner.

Visitors were welcomed into the home at any time and offered refreshments.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities organised both inside and outside of the home.

The home had a complaints procedure. Complaints were recorded and investigated.

Is the service well-led?

Good

The service was well led.

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

Feedback was sought from people who used the service, staff and others.

There were systems in place for assessing and monitoring the quality of the service provided.

Highview Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 19 and 22 February 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with and met seven people living in the home and five visitors.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at four people's care and support records, an additional four people's care monitoring records and medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the registered manager, assistant manager and five members of the care staff team.

Good

Is the service safe?

Our findings

People told us that they were safe living at the home and this view was supported by the relatives we spoke with. One person said, "I feel perfectly safe here." Another person said, "Yes I feel safe, I also have a lock on my bedroom door" A person's relative told us, "I think [person] is very safe here. I was not well recently and could not visit, but I felt reassured that [person] is very well looked after here."

We saw a copy of the provider's safeguarding policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. There was also information available for staff on display in the main office of the home. We looked at four staff files and saw that all of them had completed training in safeguarding people. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their independence For example people had moving and handling risk assessments which provided staff with instructions about how people were to be supported. People also had risk assessments in place to reduce and manage the risks to their health such as pressure damage to the skin and falls. When required people had appropriate equipment supplied to reduce the risks of falls and maintain their skin integrity. Individual plans of care contained personal emergency evacuation plans for use in an emergency situation. People's care plans and risk assessments were regularly reviewed and updated as people's needs changed.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. We saw there were seven members of staff on a day shift, which comprised of the Registered manager, Assistant Manager, and five care staff. The night shift comprised of two waking care staff. Other staff included a cook, handyman and domestic staff. People who used the service, relatives and staff told us that they felt the home was sufficiently staffed. One person told us, "I think there are enough staff. I never have to wait for anything." A visiting relative told us, "I think [person] is well looked after, I have never been concerned about staffing levels". Three members of staff told us that they felt the home was appropriately staffed. The registered manager told us that the levels of staff provided were based on people's needs and any staff absences were covered by existing home staff and regular agency staff.

Safe recruitment practices were followed before new staff were employed to work with people. We looked at the selection and recruitment policy and the recruitment records for three members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

There were processes in place to manage risk from Legionella, which are water-borne bacteria that can

cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records.

People received their medicines when they needed them. One person said "Staff look after my medicines and give them to me." There were procedures for the safe management and administration of people's medicines. A member of staff safely administered medicines to people. People's medicines were stored securely and they were administered by staff who had received appropriate training. Medicines delivered to the home from the pharmacy were recorded when received and when administered. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of medicines and found that most of these corresponded with the records maintained. However, some discrepancies with the PRN (as required) medicines were identified. Additionally, some staff signatures were difficult to distinguish from the letter used when a medicine was not given. This was an area for improvement.

Medicines were stored appropriately in secure lockable cupboards. Some medicines required storage at a low temperature. The provider had a fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature.

Staff who managed medicines had their competency assessed to ensure they could manage medicines safely. This meant that people living at the home and the provider could be assured that staff had the necessary skills and knowledge to administer medicines safely.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained. They said staff had the right knowledge, skills and experience to meet their needs. One person told us, "All of the staff are really good." Another person told us, "The staff are lovely and have the patience of Job". A visitor told us, "[Person] was in another care home before coming to live here. This home is so much better; the level of care is excellent." A visiting professional told us that they had no concerns about the effectiveness of the home. They told us that the provider made appropriate referrals and staff followed instructions they were given.

The provider had a training programme that included an induction for all new staff and regular training for all staff. Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately.

Most fundamental training was up to date, with the exception of some medicine management training that had just elapsed. The registered manager told us that this would be completed shortly. Mandatory training included moving and handling, fire safety, safeguarding, infection control, food safety, health and safety, first aid and managing challenging behaviours. Records showed that care staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ). We saw that most staff held a level two and other staff had completed or were working towards levels three and four.

Staff received supervisions and annual appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance in the workplace. Staff records contained evidence of discussions to support the physical and mental health needs of staff. This meant that staff were properly supported to provide care to people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS. We saw consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment.

Three of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation

(DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Most of these were up to date, however the authoriser of one form had not considered the summary of communication with the person's relative. We discussed this with the registered manager who told us that they would discuss this with the person's GP.

The home had a menu that changed on a regular basis. There was a cook who prepared and cooked people's meals. One person told us how the home catered to their dietary requirements. They told us, "I am not a big meat eater and the cook buys me vegetarian alternatives such as sausages". The cook kept records about people's likes/dislikes and dietary requirements which were person centred and up to date.

People had a choice where they ate their meal, for example, in the dining room or their bedroom. People told us that the food was good. The dining room tables were nicely set with table cloths, napkins and condiments. People were offered a choice of drinks with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food.

We observed the meal service in in the dining room of the home. Staff gently encouraged and supported a person to eat. Drinks and snacks were served periodically throughout the day. We saw there were snacks on tables in one of the rooms in the home that people could help themselves to.

Risk assessments had been carried out to check if people were at risk of malnutrition. People's weights were checked at monthly intervals.

The home was free from trip hazards and the rear garden was readily accessible to people living in the home. The registered manager had taken into account people's views on the décor of the home. There was also a tree with lights that provided visual stimulation that people told us they liked. Some areas of the home required painting or refurbishment. Some of the hand rails in the home had worn down and were exposed to the wood. Several of the wooden radiator guards had not been painted which made them difficult to clean effectively. One person's bedroom sink unit had chipboard exposed and required replacing. This was an area for improvement.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with told us about how caring staff were. One person told us, "The staff are very caring and respectful." Another told us, "They are all kind people." One relative told us, "I visit the home regularly and always see that staff treat people with dignity and respect." A third relative told us that they felt welcome to visit the home whenever they chose and were offered refreshments by staff.

We observed staff interaction during the inspection. It was clear from people's behaviour that they were comfortable in the presence of staff. Staff spent time in communal areas and were caring, compassionate and showed kindness and respect. We saw staff sitting with and chatting to people, listening, responding and supporting people effectively. Staff used appropriate methods of communication with people, giving time for them to respond.

People's privacy was respected as staff knocked on bedroom doors and waited for a response before entering. Bedroom doors were lockable with people holding their own keys if they chose to.

Staff were knowledgeable about people's support needs, likes, dislikes and preferences. Staff were able to pre-empt situations which may be difficult for the person or others by engaging people in alternative activities. For example, when one person took some the biscuits from another person, staff supported the person by replacing them.

Relatives said they were kept up to date with any changes regarding their family member. They told us they felt included with their family member's care and support needs. There was frequent contact between the home and relatives. One relative told us, "We are kept up to date and the communication is good. They also handle things well so we don't receive too many phone calls for trivial things. "Records showed that one to one meetings with family members took place to keep them involved and updated with people's changing care needs.

The registered manager explained that they were in the process of incorporating new documentation to meet people's wishes when making decisions about their preferences for end of life care. The registered manager told us that they were considering gaining accreditation with the Gold Standards Framework Centre in End of Life Care. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling staff to provide a high standard of care for people nearing the end of life.

Good

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. One person said, "Staff help me with anything I need." A relative told us, "Mums needs are met here, she wasn't able to manage anymore at home. I also like that the management get involved with the care too". Another relative told us, "They are doing a good job".

People had their needs assessed by the registered manager or a senior member of staff before they moved into the service, to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that a full picture of the person was provided. Individual assessments were in place and the service responded to people's changing needs. For example, if a person was assessed as being at risk of falling out of bed and needed a special bed or a specialist item of equipment then the provider supplied this.

People's plans of care had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Staff knew about changes because they were kept informed verbally as well as from updated records. Staff were very knowledgeable about people's needs and how to meet them. Staff told us that there were regular hand overs and time to read the care plans. This enabled the staff to adapt how they supported people to make sure they provided the most appropriate care.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests. For example, we saw that one person was knitting and another person was completing embroidery. Most of the activities in the home were led by the staff, who told us that they enjoyed this and had enough time to support people with meaningful activities. During our inspection we saw activities included painting, making Easter eggs, ball games and chats. Once a week an entertainer visited the home.

People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do. For example, on the day of our inspection one person told staff that they were tired and wished to stay in bed and this was respected.

A copy of the complaints policy was on display in the home. Most people who were able to speak with us, and their relatives, were aware of the complaints process. We saw that one complaint had been received in the last year. It had been recorded, investigated and responded to in accordance with the provider's policy. The provider also kept copies of compliments received. One visiting GP wrote, 'I think this home is run to a very high standard. Help is sought appropriately, instructions carried out correctly and clients treated with care and dignity.

Good

Is the service well-led?

Our findings

The service was well led. A relative told us, "The management in the home is very approachable." One person told us, "[Registered Manager] and [Assistant manager] are really good, always visible". Members of staff told us they liked working at the home and the manager, assistant manager were approachable and supportive. One member of staff said that the registered manager was, "friendly but also professional".

The registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC.

The registered manager had systems in place to check the quality and safety of the service. Audits were undertaken for health and safety, care plans, infection control, dining experience and health and safety. These were up to date and included action plans for any identified issues.

The registered manager had consulted people about their views about the service. Resident and relatives meetings were held. We saw records of a relatives meeting held on 25 June 2015. Topics included advanced care planning, a suggestion box and an amenity fund. A residents meeting was held in January 2016 and included topics such as food choices and activities.

A survey had been sent to people who use the service and relatives in 2015. The survey asked a variety of questions about the home. Responses were positive; however there was no action plan in place to evidence changes made to address any lower scoring areas. This was an area for improvement.

Regular staff meetings were held so that staff could discuss issues relevant to their roles. Records of a recent staff meeting. included discussions about CQC changes, key workers, personal care and pressure relieving equipment.

Systems were in place to monitor and review accidents and incidents. Accident and incident forms were completed and analysed to check for any trends or triggers. This ensured that accidents were reviewed to reduce the risk of reoccurrences of a similar nature. People benefited from staff who understood and were confident about using the whistleblowing procedure. Staff we spoke with understood what whistleblowing was and could give us examples of when they would whistle blow to protect people from harm.