

Highfield House Residential Care Home Limited

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Inspection report

High Street
Castle Cary
Somerset
BA7 7AN

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05 November 2019

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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

About the service

Highfield House Residential Care Home is a care home. The home specialises in the care of older people but does not provide nursing care. The home can accommodate a maximum of 22 people. Out of 22 rooms, three had en-suite facilities that include a shower and 15 had a sink and toilet. There were four communal bathrooms spread over two floors. At the time of the inspection 22 People lived at the home.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people's relatives and healthcare professionals was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people. Staff followed professional advice to achieve this which included administering people's medicines as prescribed. We recommend the provider consider current guidance on administering people's medicines and take action to update their practice accordingly.

People's care plans were consistent and had a person-centred approach to care planning. Staff supported people to maintain important relationships and continue personal hobbies and interests.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The standard was introduced to make sure people are given information in a way they can understand. The registered manager was aware of the AIS and ensured information was shared in an accessible way.

People's concerns and complaints were listened and responded to. Accidents and incidents were reviewed. People and their relatives commented positively about the registered manager and the quality of care their family member received.

Quality monitoring systems included regular audits to ensure people received good care. Whilst these were in place and mostly effective, the provider had not identified some minor shortfalls through their governance system.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was outstanding (published 22 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Highfield House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered manager was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Highfield House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service changed ownership in 2017 but remains privately owned. The new owner employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Notice of inspection

This inspection was unannounced on day one of the inspection and announced on day two.

Inspection activity started on 4 November and ended on 5 November 2019

What we did before the inspection

We used the information the registered manager sent us in the registered manager information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who lived at Highfield House, two relatives about their experience of the care provided and two volunteers who regularly supported people living at the home. We spoke with eleven members of staff including the owner, the registered manager, four care managers and seven care workers. We also spoke with two health care professionals. We did not use the Short Observational Framework for Inspection (SOFI) as people living at the home could communicate with the inspection team. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and six medication records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including health and safety records, quality assurance processes, policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Well yes, of course I am". One relative told us, "Very, the staff are brilliant,"
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff knew what actions to take to protect people. One staff member told us, "We use door alarms on the door and pressure mats." Another staff member told us, "We look for signs, there is a care plan in the room to read, we record bruises and change in behaviour." A third staff member said, "We have never experienced anything like that here."
- Records showed staff had received training in how to recognise and report abuse. Staff could tell us what they learnt on the training. "One staff member told us, "We do safeguard training to keep residents safe."
- We saw examples of where concerns had been raised and investigated appropriately by the registered manager.

Assessing risk, safety monitoring and management

- People's care plans had detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people. For example, several people were at risk of falls, guidance for staff included how to support people when in unfamiliar surroundings."
- Staff sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. Staff told us, "[Person's name] can become anxious when moving due to lack of confidence, we give lots of reassurance and two of us help so they feel supported."
- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- The registered manager considered environmental risk. For example, fire maintenance, electrical safety, and safe use of water outlets. Although we did note the gas safety certificate was two months out of date. The registered manager contacted the gas safety company to arrange for this to be carried out as soon as possible.
- We reviewed the registered manager's business continuity plan that ensured the service would continue if an emergency happened.
- The provider employed a maintenance person for managing the day to day maintenance of the home, and contractors came in to service equipment such as the hoists and the lift to ensure they were safe to use. Care plans included guidance on ensuring all equipment used was regularly serviced and safe. Records showed staff also checked call alarms were working properly.

Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that practice was safe, and they could respond to unforeseen events. The registered manager regularly reviewed staffing levels and adapted to people's changing needs. One person said, "Mostly enough staff if its emergency they go there first."
- Staff told us they never used agency staff, and everyone worked additional hours to cover absences. This meant people living at the home did not have their care and support compromised. The rota confirmed shifts were covered as needed.
- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. Although we did note some staff application forms did not have a full work history recorded. The registered manager assured us this information would be collated and added to staff files.

Using medicines safely

- People received their medicine safely. However, although we found no impact on people, we did find some of the administrative processes were not fully robust which meant people did not always receive their medicine in line with best practice.
- Peoples medicines were stored in multiple areas across the home. Each area was safe, and medicines were stored securely but none of these areas had temperature monitoring in place and one room was above 25 degrees on the day of the inspection. We also found one of the cupboards used was prone to damp. This meant the efficacy of people medicines could be affected. We discussed this with the registered manager who told us storage was an issue in the home, but they would make alternative arrangements to ensure medicines were stored in line with best practice.
- Staff did not always sign medicines administration records (MARs) to evidence medicines had been given which meant it was unclear if people had received their medicines or not. Although the provider had identified this through there audit process and put actions in place to prevent it re-occurring.
- Two people had been prescribed paraffin based emollient creams, but staff were not aware of the risks when administering paraffin based emollient creams. We discussed this with the registered manager and by the end of the inspection staff had contacted the pharmacy for alternative creams that were not paraffin based.
- The provider had a medicines policy which was accessible to staff. However, staff did not always follow this policy, for example, we observed one staff member not wearing their do not disturb tabard when administering people's medicines, and we found staff were dispensing medicines before checking with the person to see if they were ready to take them. That meant medicines could be disposed of unnecessarily.
- The staff that were responsible for the administration of medicines were all trained and had their competency assessed regularly.
- Support plans stated what prescribed medicines the person had, and the level of support people would need to take them.
- We recommend the provider consider current guidance on administering people's medicines and take action to update their practice accordingly.

Preventing and controlling infection

- Staff managed the control and prevention of infection well. On both days of the inspection we found the home to be very clean. Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
- The registered manager employed a house keeping team who understood their role and responsibilities for keeping standards of cleanliness and hygiene in the home. One person told us, "We got a cleaner, they're

very good they just washed my toilet floor today."

- Staff had access to personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to show patterns and check if changes to practice needed to be made. For example, Staff told us, "One person kept falling last year, we asked the GP to review their medicine. Following a change in medicine the falls have been reduced."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to Highfield House. One person told us, "I came out of hospital, my [relatives name] phoned the home and I moved in the next day." Adding, "I had seen it before." A relative told us, "Oh yes they were very thorough."
- Expected outcomes were identified and staff regularly reviewed and updated people's care and support plans.
- Staff were supported to deliver care in line with best practice guidance. and information on supporting people living with specific health conditions was available. For example, people had sight impairments. This helped staff to provide appropriate and person-centred care according to individual needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training. The registered manager had a full training programme which staff confirmed they attended.
- Specialist training was also provided. For example, staff told us, "We did a session on what is like to be sight impaired, so we can understand how people feel." Adding, "Next we have asked for the [specific dementia training] to come." Another staff member said, "it's good for us to experience how people might feel."
- All new staff completed a full induction process which included the Care Certificate if they had not been in a caring role before. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- People told us they thought staff were well trained. One person said, "Staff do training when they come here." Adding, "They always admit if they can't do it, they get someone else it works very well."
- The registered manager carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. One staff member told us, "We always get supervision every two months, we can bring ideas and talk about what development we want like extra training."
- Staff performance and areas of improvement were recognised and responded to quickly.

Supporting people to eat and drink enough to maintain a balanced diet

- People could eat when they wanted to, one person liked to have their meals at different times throughout the day, some people choose to have their meals in their rooms.

- Menus reflected an excellent choice of healthy home cooked meals. People told us they enjoyed the food at Highfield House. Comments from people included, "Yes its very good," And, "You get a choice, but you can ask for anything."
- People had access to drinks throughout the day, people in their rooms had fresh jugs of water and juice that was accessible to them. We also observed staff regularly filling up people glasses encouraging them to drink and people had plenty of tea coffee and cake offered.
- Staff understood people's dietary needs and ensured that these were met.
- We carried out meal time observations and saw how staff interacted well with people. Tables were laid out nicely people had glasses of wine if they wanted it. Staff sat with people and ate with them if there was room in the dining area, it was a very social experience. One staff member told us, "At weekends there is a buffet in the lounge, its more relaxed."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they needed. For example, people had been referred to dermatologists and eye specialists.
- People's care plans included information about the person, their family/important people, and their specific needs. This meant information could be clearly communicated if a hospital admission was required.

Adapting service, design, decoration to meet people's needs

- Highfield House provided exceptional accommodation for the people who lived there. The décor was homely and of a good standard.
- Peoples' rooms had lots of personal belongings that made the room special to them. This included their own furniture as well as pictures and ornaments.
- People had access outside space that was extremely well maintained. There were quiet areas where people could see their visitors,
- The home was an old building, but staff had made it accessible to people which helped to promote independence. One relative told us, "I love this house, person's name] had an old house it helps them feel at home."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Some people at Highfield House were living with dementia which affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we saw staff putting their training into practice by offering people choices and respecting their decisions.
- People only received care with their consent. Records showed people had signed consent forms when they began to use the service, and daily records evidenced how staff always asked people's permission before delivering any care. People told us staff always asked what they wanted them to do. One person said, "Yes they do what I ask of them, they are very good."
- At the time of the inspection one person had a DoLS application in place, and the registered manager told us they had applied for eight other people to have one in place, but these had not been granted yet. Where people had conditions on their DoLS authorisations, the registered manager had met these conditions as legally required.
- The registered manager had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong, visible person-centred culture at Highfield House. The registered manager ensured that staff in all roles were motivated and offered care and support that was compassionate and kind.
- The registered manager ensured that staff focused on building and maintaining open and honest relationships with people and their families. One relative told us, "Every staff member is just brilliant, doesn't matter what their job is they are always helpful."
- Staff found ways to reflect on people's personal histories and cultural backgrounds. One person enjoyed gardening, so the register manager provided a specific area in the garden where they could grow plants and they provided them with a potting shed."
- All the people and relatives we spoke with could give examples of how staff went, 'Above and beyond.' One example from a relative was how staff care for the whole family. They said, "[Registered manager] looked at my needs as well as my relatives which helped me to get my life back. Feedback from a health care professional included, "Care is brilliant from top to bottom." Adding, "I won't mind coming here."
- Staff respected people's diversity, they were very open and accepting of people's faiths and lifestyles. Staff arranged for Holy Communion to come to the home and one relative told us how they take [person' name] to church every Sunday, Staff told us, "We recently did training on LGBT and made special coasters for the home."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager helped people to express their views so that staff and managers at all levels understood their preferences, wishes and choices. For example, people had regular resident meetings and the registered manager had appointed a volunteer resident representative. This gave people the opportunity to express their views about the service and the care they received. The representative told us, "People really feel they have a voice since I started advocating for them." Adding, "I think people are much more confident at speaking up now."
- Staff used a variety of tools to communicate with people according to their needs, which included technologies. For example, people got fed up with the same music CDs available to play in the home, so the registered manager purchased a smart speaker so that people could ask it to play anything they want.
- People and relatives told us how they had been involved in making decisions when care needs changed. One relative told us, "I'm involved in absolutely everything for [person's name]." Another relative told us,

[person's name] had ulcerated legs before they came here, now as soon as a break in the skin occurs [registered manager's name] is on phone to me apologising, they sort it so quickly."

- Staff carried out regular reviews of people's care plans. Records showed how people, or their relatives were involved, and changes were made when required. One person told us, "We have a key worker, they sit down and go through the care plan with us, it's on the back of my door."
- The service kept a record of compliments from guests to the home. Compliments included, "Always a warm welcome, friendly staff a good cup of coffee." And "What a blessing knowing we can go away and [person's name] is warm, comfortable, cared for and active."

Respecting and promoting people's privacy, dignity and independence

- People and staff felt respected and listened to. We saw staff asking people if they wanted to use the toilet discreetly and people told us, "They always knock on my door before they come in."
- Throughout the inspection we saw staff encouraging independence. One person was sight impaired and staff made sure they supported them to walk to maintain their independence rather than use a wheelchair. We observed one staff member supporting them and explaining every step and one staff member following behind. Staff said, "We follow behind just in case we need the wheelchair urgently."
- The registered manager and staff valued people as individuals and included them in all aspects of their care. The registered manager told us, "It's important to me that people see this as their home." A relative told us, "[Registered managers name] sent me an email everything is done in consultation."
- Staff spoke respectfully about the people they supported. It was clear they really cared about the impact they had on people's lives. Staff were careful not to make any comments about people of a personal or confidential nature in front of others. One person said, "Staff never do that, I wouldn't like that."
- On the day of the inspection we found the staff room door was not lockable or kept shut. Unfortunately, records were left out and accessible with peoples personal information available. We also found as you walk past the staff room if staff were working on the computer you could see the screen and any information displayed. The registered manager immediately told all staff to make sure the door was shut when not attended. The registered manager told us they would get a curtain put up to prevent people seeing in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager told us, "We do a pre-assessment with residents and relatives that informs the care plan." Staff told us, "When they [people] come in we do full assessment and then make up care plans. The day and night care plans are reviewed constantly in the first few weeks, so we can get a full picture of what people need."
- Care plans were person centred and staff had clear guidance on how to meet people's needs.
- Staff involved people and their family members in their care planning so that they felt consulted, empowered, listened to and valued. The care and support plans were reviewed and updated as people's needs change.
- One person told us, "My care plan is behind the door in my room they go through it every month." Another person said, "We all got a key worker they put your wishes forward for you." Adding, "Mine took me Christmas shopping last week."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were fully aware of the accessible information standard.
- Care records had communication profiles that showed how staff should support people to communicate.
- Throughout the inspection people told us, and we observed, staff communicating with people in a way that demonstrated a commitment to understanding their wishes.
- Other examples of communication methods staff used included writing things down for people who were hard of hearing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Arrangements for social activities enabled people to live as full a life as possible. There was an activities program displayed and people were able to tell us what was happening throughout the day.
- Relatives told us about parties the staff often held, one in particular was a party where staff pushed people in wheelchairs and they had to knock each other's hat off. One relative told us, "It was like jousting." Staff told us this was a medieval themed party.
- People could request outings through the residents meetings or talking to staff.

- The home had a known presence within the local community, children often visited from the local schools to sing to people and peoples personal support networks were encouraged and sustained.

Improving care quality in response to complaints or concerns

- The registered manager could demonstrate where improvements had been made because of learning from complaints. Investigations were comprehensive.
- People who used the service and their family felt confident that if they complained, they would be taken seriously, and their complaint or concern will be explored thoroughly.

End of life care and support

- At the time of the inspection no-one was receiving end of life care at Highfield House. However, they had provided this care, in conjunction with community healthcare professionals in the past.
- Professionals visiting the home told us, "The registered manager is very responsive to palliative care."
- The registered manager told us they had sourced training for care workers and had achieved Beacon Status of The Gold Standards Framework (GSF). The GSF is a comprehensive quality assurance system which enables care providers, to provide quality care to people nearing the end of their lives.
- The registered manager discussed people's end of life wishes at their needs assessment or soon after a care package started. People were able to state their preferences for end of life care, which respected people's protected characteristics, culture and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us that the way the home was led was exceptional. Comments from relatives included, "[Registered manager name] gives 110% all the time." Another relative told us, "The registered manager was in last Christmas day doing peoples laundry, that's what they are like." People said, "[Registered manager's name] is very nice." One person did say, "The owner never comes to say hello though."
- The registered manager continued to work hard and was committed to providing a high-quality service which was open, inclusive and empowering.
- Staff told us they felt included and empowered by the registered manager. Staff told us, "We work as a team, we are seen as a team of five managers." Adding, "We have been through a transition this year, but it was a natural way forward for staff and residents."

How the registered manager understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty. Meeting minutes confirmed staff learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Records showed that where incidents had occurred these were treated as opportunities to learn and improve. For example, the registered manager introduced a system they called the pyramid of response. This system was implemented for staff because someone had been found on the floor and staff had not identified they had hit their head.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There was a framework of accountability to monitor performance and risk through regular audits which led to quality improvements within the home. The registered manager saw this as a key responsibility.
- However, we did find the medicine management quality assurance process was not fully effective and the provider had failed to identify the shortfalls through provider oversight checks.

We discussed this with the provider, they told us they planned to employ an external contractor to provide support for the registered manager. They also told us the external contractor would take responsibility for policy updates and the overall quality assurance process.

- Staff understood their role and responsibilities. Staff we spoke with were motivated and told us they had

confidence in the registered manager and the four care managers. Staff told us, "Manager we love [registered manager's name] they are down to earth, we can ask anything they support you, listen to you here or outside of work." Another staff member said, "[Registered manager] is just nice, they are dedicated they like things done properly and they praise you." A relative told us, "[Registered managers name] is good, look at the awards they have won." Another staff member said, "The care managers are great, why they are so good is because the care managers worked as carers and seniors here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were good relationships between people, their families and the staff team. Each person had a key worker they could contact if they wanted to discuss any aspects of their care and support. The care managers maintained regular contact with the people providing hands-on care as well as administrative tasks.
- People, relatives and staff were asked to complete a survey every year to give their views on the care delivered at Highfield House and the registered manager acted on the results.
- Individual staff members said they were always praised, and they felt valued. One staff member said, "I can't imagine working anywhere else I've been here 20 years."
- The team was recognised for its achievements. Highfield House had won several care awards.

Working in partnership with others

- The registered manager worked hard to maintain good relationships within the local community. People told us how staff supported them to access social events they had attended before they came to live at the home. Staff said, "We take one person back to their local area to meet up with their friends."
- Staff worked in partnership with GPs, district nursing services, speech and language therapy, the local community hospital and adult social care services. The service was pro-active in making referrals to these agencies.
- Feedback from professionals during the inspection included, "Care is brilliant from top to bottom everyone knows the patients." Adding "I'm seeing two patients now, they know what medicines they are on without having to ask, they can answer clinical questions, you don't get responses like, I've been away". Another professional told us, "They [staff] are caring and compassionate, they [people] are fed well and very comfortable, I would come here when I get old."