

# Stroud Care Services Limited

# Highfield House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Highfield House is a residential care home providing personal care to five people with learning disabilities, autism and/or mental health problems at the time of the inspection. The service can support up to seven people.

The home provides accommodation over three floors, with communal rooms on the ground floor. The building was typical of the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Audits and quality checks supported the registered manager to identify areas where the service needed improvement. However, these systems were not always effective in identifying shortfalls in the service provided. We found shortfalls in environmental health and safety monitoring, medicines management and in ensuring timely reviews of incidents/accidents took place. There had been a failure to submit some required notifications to CQC when they were due.

There had been no impact on people as a result of these shortfalls. Action was taken by the registered manager and provider during the inspection, to start addressing safety concerns we found. As a result, the potential risks to people were immediately reduced. However, people were placed at risk of receiving unsafe care as systems to identify risks or shortfalls were not operated effectively.

Risks to people related to their personal care and activities they enjoyed at Highfield House, or in the community, had been assessed. Measures to reduce these risks to people were in place and these were understood and followed by staff. People felt safe and supported by staff and were protected from the risk of abuse. People were supported by sufficient numbers of suitable staff.

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 to make healthy choices and access health care services. Staff received effective support and were encouraged to develop their knowledge and skills and obtain appropriate qualifications for their role.

People were supported in an inclusive caring environment where they were treated with respect and kindness. People's privacy and dignity was upheld and they were supported to maintain their independence as much as possible. People and their representatives were always involved in the planning and review of their care.

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People enjoyed a range of activities in line with their interests, they were part of their local community and were supported to follow any cultural interests and beliefs. People were supported to maintain contact with the people who were important to them. People and their representatives were able to raise concerns about the service and these were addressed.

Managers were visible and accessible to people and their visitors.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having opportunities to gain new skills and become more independent.

Rating at last inspection: The last rating for this service was Good (published 18 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield House on our website at [www.cqc.org.uk](http://www.cqc.org.uk). You can see what action we have asked the provider to take at the end of this full report.

Enforcement: We have identified a breach in relation to monitoring and improving the quality of the service at this inspection.

Follow up: We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Highfield House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by two inspectors.

Service and service type:

Highfield House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements plan to make. This information helps support our inspections.

During the inspection:

We spoke with three people who used the service and one relative about their experience of the care

provided. We observed staff interacting with people. We spoke with six members of staff including a representative of the provider, registered manager, the service coordinator and three care workers (project workers). We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with commissioners and two professionals who regularly visit the service.

After the inspection:

We spoke with the local authority and one professional who regularly visits the service.

# Is the service safe?

## Our findings

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

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Environmental risks to people's health and safety were not always well managed. This included fire safety and health and safety checks which had not always been completed, potentially putting people at risk. The registered manager started to address our concerns during the inspection; however, we were unable to evaluate the effectiveness of their changes at this inspection. The provider needed to complete their planned actions to avoid breaching a legal requirement in future and to improve the service.
- Risks relating to people's mobility, nutrition, medicines and health care needs had been assessed. Staff understood how risks to people were managed and sought support from health care professionals to manage people's more complex needs. People (and their close relatives when appropriate), were routinely involved in regular reviews of the support they received and their views were taken into account.

### Using medicines safely

- Improvements to medicines management were made during the inspection to ensure people's medicines were given safely. Recent changes to the way medicines were supplied to the service required additional checks from staff when giving people medicines. This was implemented, in response to our feedback, during the inspection.
- Audits and stock checks were carried out regularly to ensure people received their medicines safely and as intended. These audits were improved to include checking expiry dates when we found one medicine we looked at was out of date. Staff ensured the out of date medicine was replaced immediately and medicines were otherwise received, stored and disposed of safely.
- Staff who administered medicines had received training and their competency was checked. Staff had information to guide them in giving 'when required' medicines, in response to people's varying needs. Regular reviews of people's medicines were carried out with health professionals. Staff told us there were rarely any medicines errors.

### Learning lessons when things go wrong

- Accident and incident forms were completed by staff; however, these were not always reviewed in a timely fashion to ensure risks had been managed appropriately. We found staff had provided appropriate support in the two incidents we followed up. However, changes to one person's support plan and 'as required' medicine protocol were made during the inspection to ensure they accurately reflected the support the person needed and received.
- Improvements needed were cascaded to staff through staff meetings and handovers. For example, in response to our feedback, staff were asked to put all incident and accident records in the office for managerial review rather than continue to file them.

### Preventing and controlling infection

- Communal areas including the kitchen and lounges were clean and suitably maintained but some areas in the home did not meet expected standards. Remedial action was taken during the inspection. For example, one person's bedroom was redecorated and the carpet outside this room was cleaned.
- Staff understood how to manage potential infection control risks and followed the policies in place. This included following the national colour coding scheme for care home cleaning materials and use of personal protective equipment.
- Staff completed infection control training. There had been no infection outbreaks at the service in recent years. The service was given the highest rating (five stars) in food preparation by environmental health in November 2018.

### Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse because systems were in place to safeguard them. This included recording incidents and accidents and investigation of allegations. However, safeguarding concerns and allegations had not always been reported to CQC as legally required. This had not been picked up by auditing and monitoring systems prior to the inspection.
- Staff had completed safeguarding training at an appropriate level for their role. Concerns were reported to the local authority safeguarding team and their advice was sought by staff if needed.
- People told us staff were supportive and helped them to feel safe. For example, one person said they didn't always feel safe when another person showed behaviours but told us staff supported them when this happened. One person said, "If I'm not having a good day, staff support me."

### Staffing and recruitment

- People were supported by a stable staff team who knew them well. There were enough staff with the right skills and experience to meet people's needs. People living at the home had no overnight support needs. The home was staffed by one 'sleep-in' staff member overnight, in case of emergency. Bank staff were available to ensure staffing levels were maintained as expected and agency staff were not used.
- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before staff started work at the service. We received positive feedback about staff, one person described them as, "Nice and kind people." One relative said, "The staff are lovely."
- Staff induction and a probationary period were used to ensure new staff understood the systems and processes to be followed to maintain safety. Staff performance was monitored to ensure the provider's expected standards were met.



# 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.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to access health care professionals. Feedback described an adequate level of support, for example, one professional said, "They [staff] won't always be active in making appointments but once they've got one [appointment] they do attend to support the person." One professional said, "[Person] is doing fairly well compared to where they have been [other providers] before". One relative told us their family member had put on a lot of weight but reasoned and said, "They [staff] do everything they can."
- Dates of when people's health checks were due were noted in their support plans. Recommendations made by health professionals were relayed at staff handover and through the staff communication book and people's support plans were updated.
- One person required a short admission to hospital during the inspection. Staff accompanied them and stayed with them to support them throughout, changing or picking up extra shifts to enable this. One staff member said, "We have hospital admission forms which include their allergies and medications, ready to pick up and take with us."

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

- People's needs were assessed to ensure they could be met before they received a service. Information was gained from commissioners and an assessment of needs was carried out with the person and their representatives. People told us staff listened to them.
- Staff completed training in quality and diversity and had recently attended training in 'hate crime' which was provided by the local police service.
- People were supported to be part of their community and to experience a normal lifestyle. Staff used internet searches to find suitable places to visit and activities people would enjoy.

Staff support: induction, training, skills and experience

- People were supported by staff who received suitable training for their role. The registered manager said they found "interactive" training methods effective.; For example, they had used role play to assist staff to understand how the Mental Capacity Act applied to the everyday support they provided. Bespoke training with health professionals enabled staff to understand people's specialist needs.
- Staff felt well supported by the management team and their colleagues. One staff member said, "I like working here, we work well as a team." Staff had regular one to one support meetings (supervision) and an annual appraisal to check their learning and development needs. Staff were highly positive about how managers supported them on a day to day basis.
- Staff were encouraged to complete qualifications and training relevant to their role and level of

experience. One staff member told us, "I have been able to really thrive."

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

- People and their relatives had no concerns around the standard of meals provided. People had access to a balanced diet including fresh fruit and vegetables. Salad was served with meals we saw being prepared at lunchtime.
- People's preferences were recorded and meals were planned with them. People told us they had, "nice food" and staff made things they liked to eat.
- Staff were trained in food hygiene to ensure people's meals were prepared safely.

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

- The building design was suitable for the needs of people living there. People living at the home were able bodied and no special adaptations were needed. Accommodation was provided over three floors, with the upper floors accessed via stairs.
- People had access to outside spaces and large comfortable living and dining areas. This included two lounges, one of which was used as a 'quiet' room. There was enough space for hosting social events, including barbeques and parties. One person told us they had a barbeque on Wednesdays.
- People told us they had been involved in choosing the décor for their rooms.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's consent was routinely sought by staff, before providing care or support to them. We observed staff offering choices using a variety of ways to communicate options to people.
- Staff understood the principles of the MCA and the MCA Code of Practice was followed.
- Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments informed risk assessments and support plans, to ensure people were supported in the least restrictive way. Support plans described what decisions people could make for themselves, for example, in managing their personal finances and their medicines.
- DoLS authorisations were in place when required and their renewal dates were monitored to ensure applications were submitted in a timely manner.
- Where DoLS authorisations had been made with conditions, these were being met at the time of the inspection. For example, regular review of medicines used to control one person's behaviours were carried out with health professionals.

# 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.

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

- Staff developed positive relationships with people and their relatives. One person told their relative, "I've got to go back, my friends [staff] will be missing me", when visiting them at home. Their relative said, "You should see the look on her face" [when she's going back].
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach with people and frequently explained decisions with reference to people's rights.
- Staff provided emotional support to people when this was needed. For example, one relative told us staff called them recently when their relative had been tearful; Adding, "They [staff] know how she works, she's quite sentimental."
- Staff were attentive to people. A staff member told us, "They don't want for anything".
- Staff described a caring working environment, where their well-being was also supported.

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

- People were offered choices in day to day decisions, including how they spent their day and what they wanted to eat. Staff respected people's choices. For example, one person told us staff had encouraged them to exercise but they didn't like it and didn't want to do it. The registered manager told us their attempts to introduce exercise had been unsuccessful.
- People and their relatives, (where appropriate), were routinely involved in regular reviews of their care and support needs. One relative said, "The staff are lovely. They really bend over backwards to do what I say."
- House meetings were held monthly, where people living at the service gave their views, for example, about things they wanted to do and meals. People's requests had been acted upon.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us staff maintained their dignity by covering them up during personal care and staff gave them privacy when their door was shut.
- Support plans were clear about what people could do for themselves. Some people accessed the community independently. People could have a key to lock their room if they wished.
- People were encouraged to participate in household chores such as cleaning their room.

# Is the service responsive?

## Our findings

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

Good: 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.

- People received care and support which was personalised and responsive to their needs. For example, one relative told us, "They take her out and have her hair put in weaves. They make her feel good about herself. She's 'somebody' up there."
- Staff responded to changes in people's needs and wishes, for example, recognising a person who was unwell wasn't up to their normal activity and needed to rest. One staff member said, "Activities are really person-centred. It's what's meaningful and enjoyable to them."

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

- People were supported to maintain relationships with others who were important to them. This included supporting them to make telephone calls, to arrange visits and to budget for special occasions, such as Christmas. During the inspection the registered manager supported one person to write a 'get well' card for another person; They drew dots the person could connect to enable the person to 'write' in the card themselves, checking what they wanted to say.
- People were well known within their local community, they were frequently out and about and participated in local groups. One staff member said, "Everyone [in town] knows them."

Meeting people's communication needs

- The registered manager was aware of the need to implement the Accessible Information Standard when required. 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.
- Some documents, for example complaints and surveys, were available in easy read format.
- Staff helped people communicate their wishes. A staff member had developed a pictorial communication tool to assist one person, with few spoken words, so they could make their choices known to staff. This tool was used, for example, to show staff which order the person wanted to do things in and which activities they wanted to do. Staff told us this person was using more words since they had moved into Highfield House.

Improving care quality in response to complaints or concerns

- There were arrangements to listen to and respond to any concerns or complaints.
- Information was provided to people and their representatives about how to make a complaint.
- Previous complaints had been investigated and appropriate action taken. One complaint had been made in 2018, the person was 'happy and grateful' with the action taken by managers.

#### End of life care and support

- At the time of our inspection no-one was receiving end of life care. The provider had policies in place to guide staff in relation to this. The registered manager told us end of life care would be provided to people in partnership with health care professionals.

# 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.

Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager understood their regulatory requirements but had not always notified us when required to do so. For example, allegations of abuse had not always been reported to CQC but they had notified us of all other events as required. This had no impact on people as manager's had otherwise acted to protect people from abuse, including involving other external agencies such as the police and local authority Safeguarding team.
- Systems to monitor the quality of the service were in place, however these systems had not always been effective at identifying concerns, to enable the service to take appropriate action. For example, we found shortfalls in environmental health and safety monitoring, medicines management and in ensuring timely reviews of incidents/accidents took place. These shortfalls had not been identified by the audits carried out by the service. Although no impact on people was found; people were placed at risk of receiving unsafe care as systems to identify risks or shortfalls were not operated effectively.
- Day to day management at Highfield House was provided by the 'service co-ordinator', managed and supported by the registered manager. They told us they felt well supported by the registered manager and provider and felt valued and included within the management team. The registered manager visited the service regularly to spot check, offer support and check progress on action plans. However, in response to our feedback, they identified that they needed to spend more time at the service, to ensure it was managed as expected.
- The service co-ordinator carried out audits in relation to health and safety and fire safety practices with the service. In January 2019, these audits had identified some fire checks, (set at a frequency required by the provider, which reflected recognised best practice), had not always been carried out. While some initial improvements had been made, these checks were still not being carried out as required. A staff member had not been identified to take responsibility for completing this action.

Not establishing and operating effective systems to assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our concerns and acted promptly to start addressing the safety concerns we raised.
- The registered manager carried out monthly reports of the service. When these reports identified shortfalls, this informed improvement actions, for example, in relation to mental capacity assessments. The registered manager also worked alongside staff on occasion, for example, to maintain expected staffing

levels.

- The care co-ordinator and registered manager were looking at improving and refining their quality assurance systems to enable them to drive improvements. The care co-ordinator talked about the length of the Skills for Care (SfC) audits and discussed the processes they followed. We reviewed these audits, which reflected the questions CQC ask at inspection.
- Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs.
- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

#### Working in partnership with others

- The feedback we received about how the service worked with other health and social care professionals was mixed. One professional described manager's as, "helpful". One said, "They always try and take on board what we say, but they are reactive rather than proactive". The registered manager described difficult relationships with commissioners and with one health professional. Commissioners confirmed this but told us improvements they had requested at one of the provider's other locations had been completed.
- The registered manager told us they had, "really good rapport" with external agencies. The registered manager and provider engaged with other organisations, including safeguarding and local fire and rescue services, to help ensure the service was following recognised safe practice. Inclusion Gloucestershire, (a charity and user led organisation which carries out quality assurance checks of care services), last visited the service in January 2019. Their report stated, "I am more than satisfied that the provider has taken action to respond to each of the actions raised in this report, I have no plan to carry out further work at this time."

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

- Staff described a positive and supportive culture within the staff team. Staff told us how nice it was to work at Highfield House and said they would be happy to raise any concerns to the registered manager and/or provider. One staff member said, "Managers are approachable, issues are solved really quickly."
- Staff and managers demonstrated the provider's values when supporting people. For example, respecting people's individuality and retaining maximum flexibility in their daily routines. Staff gave examples where there had been good outcomes for people, including one person whose previous accommodation and care placements had broken down.

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

- Staff were open and transparent in responding to concerns. For example, they worked well with the safeguarding team, readily contacting them for advice. They also shared behaviour support plans with health professionals to get their feedback and guidance. One relative said, "I will voice my opinions. They [staff and manager's] encourage me to say what I feel." They described the service's approach as "transparent."

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

- The registered manager and management team were visible and accessible to people using the service, staff and visitors. People's feedback was sought through an annual survey and monthly meetings held with people living at the service. Regular social events were held at Highfield House and people were part of their local community.

- Staff told us their ideas and suggestions were listened to. Regular staff meetings were held where staff contributed and gave feedback when their views were sought.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Effective systems to assess, monitor and improve the quality and safety of the services provided had not been established and operated. Regulation 17(1)(2)(a)(b). |