

# Bedford Borough Council

## Highfield

### Inspection report

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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 

#### Overall summary

The inspection of Highfield took place on 17 November 2014. It was an unannounced inspection.

Highfield is a care home offering personal care for up to 34 older people. There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe. We found that the staff knew about the systems in place to protect people from the risk of harm and they knew how to recognise and respond to abuse correctly. There were sufficient staff over the 24 hour period to meet people's needs. They had been recruited appropriately and were checked regularly to confirm they remained safe to look after and work with vulnerable people.

Some people who used the service did not have the ability to make decisions about aspects of their care and

# Summary of findings

support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings were held and documented in people's care records. Whilst inspecting the home we reviewed cleanliness and infection control because we were told there had been an outbreak of diarrhoea and vomiting the previous week. No concerns were identified in this area.

People had their personal care needs met in a timely manner and staff were attentive and kind when responding to them. One person said of the staff, "They

do everything with a smile on their face." Staff understood people's needs and how they wanted to be supported even though we noted that people's wishes were not always documented. We observed that staff were mindful of people's privacy and dignity and gave them choices. For example, people chose where to sit, where to have their meal and what to wear as well as how they spent their time.

Staff received a variety of relevant training to meet the needs of people using the service. We saw that they had the opportunity to request any additional training. The provider encouraged and supported the staff to update their skills and knowledge in order to provide the best care and support to people using the service.

People and the staff told us they had a good relationship with the manager and felt they could speak with her at any time. One person said, "She checks on us each day. She is lovely and caring." Visitors confirmed they knew the process to raise concerns.

# Summary of findings

## 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.

Staff at the home knew how to recognise and report abuse.

There were sufficient staff to meet the needs of the people living at the home and they had been recruited safely.

The medication processes at Highfield were safe and people received their prescribed medication at the correct time.

Staff understood the importance of infection control during their daily routines and during an infectious outbreak.

Good



### Is the service effective?

The service was effective.

Staff received training to ensure they carried out their role effectively and had good relationships with other professionals from whom they could request advice and support to help maintain people's well-being.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Good



### Is the service caring?

The service was caring.

The staff team treated people with respect and dignity. They also took time to speak with people and understand their needs. We observed that people's wishes were acted upon.

We saw that the staff team understood people and tried to provide care and support that pleased them and made them feel valued.

Systems were in place to ensure staff had all the information they needed to meet people's assessed needs.

Good



### Is the service responsive?

The service was responsive.

Where possible people were asked about their care and how they wished it to be provided. This ensured people received personalised care and support.

The staff responded promptly to any requests for assistance made by people who used the service.

People were aware of how to make complaints and voice concerns about the service.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The provider had systems in place to identify practices that could put people at risk or lead to unsafe care.

All staff we spoke with felt confident to raise any concerns to the manager who we found to be open and transparent.

We saw that complaints or incidents were used by the manager to facilitate learning.

Good



# Highfield

## 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.

The inspection took place on 17 November 2014. It was an unannounced inspection and the inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also reviewed the information we asked the provider to send to us, this included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our

planning and determine what areas we needed to look at during our inspection. We also asked the safeguarding team and the compliance team for the local authority to provide us with any information they had about the service.

During our inspection we spoke with 14 of the 32 people who lived in the home, two visitors and nine members of staff, including the registered manager and the operations manager, care staff and the cook. We also took the opportunity to speak with three visiting health professionals. We observed care and support in the communal areas of the home. We looked at the care records for seven people and also looked at the records we asked the registered manager to provide that related to how the home was managed.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. This supported our inspection as some of the people living at Highfield could not communicate with us. We also observed the interactions between staff and the people who used the service during breakfast and lunch.

# Is the service safe?

## Our findings

People told us they felt safe living at Highfield because of the support they received from all of the staff. One person when asked about their safety said, “Yes I feel safe here. The staff look after me very well indeed.” Another person said, “I am safer here than at home. There is always someone around watching out for me.” A relative said, “It is such a relief now they are here; I know they will be safe.”

We spoke with staff about protecting people from abuse. One staff member said, “I feel well trained in recognising the signs of abuse and I would have no issue to report any concerns to my manager.” Another member of staff said, “I had concerns in the past about the way some staff had dealt with residents. I raised this with our manager and it was resolved straight away.” All the staff we spoke with understood the signs of abuse to look out for and were confident in how to escalate any concerns they had in respect of the safety of the people who used the service. They clearly understood the provider’s policies and procedures, and the information we held about the service confirmed the staff reported any concerns of possible abuse correctly. This demonstrated that the service had an effective safeguarding and whistleblowing process to support people safely.

Care staff told us that when they identified people were at risk they followed risk management policies and procedures to protect them. One member of staff said, “Care plans and regularly assessing risk are key to keeping people safe.” We found that individual risk assessments had been completed and regularly updated for risks, including falls, manual handling and nutrition. The staff were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. During our inspection we observed staff using equipment to support and move people safely in accordance with their risk assessments.

One person we spoke with said, “There are always staff around and if not you call them.” Other people made comments that suggested there were enough, staff to meet people’s needs to a good standard. One staff member said about the staffing levels, “It is now much better I feel we are doing a really good job.” They also told us that although there was some reliance on agency staff the registered manager used the services of one agency and tried to keep the same staff in order to ensure continuity. We saw that

the provider used a tool to calculate the number of staff needed in relation to people’s care needs. The night staff told us the staffing had been increased by one care worker under the new provider as a result of using the tool to assess need. The provider confirmed that a recruitment drive was planned for the New Year when it was hoped the use of agency staff would then be eliminated.

We spoke to staff about their recruitment process. They told us about the processes they had been through to transfer their employment terms and conditions from the previous provider to the current one, including updating the checks made by the disclosing and barring scheme. New staff confirmed they had been subject to the necessary pre-employment checks and that these were reviewed and updated in order to keep people safe by ensuring the staff were suitable to work with vulnerable adults.

We spoke with people about medication processes. One person said, “They always ask me if I want my medication and it is always given to me on time.” We observed that people using the service were not rushed to take the medicines offered. We looked at Medication Administration Records (MAR) and saw that staff had signed them correctly when they administered a medication and had clearly recorded any reason for not administering a medication. This meant there was a clear record of the medication prescribed to people, when it had been given and by whom. We also saw that people were asked individually if they needed their ‘as required’ medication and this was correctly recorded.

We also spoke to a person who had been cared for in their bedroom because of a recent outbreak of diarrhoea and vomiting. They said, “Staff explained why it was necessary for me to stay in my bedroom and I agree.” We spoke with staff who explained that during the weekend prior to our inspection visit, five people living at Highfield had experienced a ‘bug’. We observed that staff wore gloves and aprons when providing personal care and disposed of any infected items correctly. A member of the housekeeping staff working in the laundry described robust processes for infected laundry to prevent the spread of the infection.

We found that the communal areas of the home were clean and tidy and the cleaning staff were working safely to ensure the infection was contained. We saw that staff had responded correctly and informed the Environmental Health Service of the infection and sought their advice in

## Is the service safe?

order to control it and prevent the spread. This included restricting visitors and isolating those affected. We did however note a lounge carpet was badly stained. The manager showed us the invoice for a new carpet and was waiting for confirmation of the date it was to be laid.

# Is the service effective?

## Our findings

People we spoke with told us they received good care which met their needs. One person said, "I could hardly get out of bed before I came here. Look at me now." A visiting relative said of their loved one, "The care has been 'spot-on', she is much brighter since being here." Staff we spoke with told us about the care they provided, one said, "Our residents are our priority here. We try to learn from best guidance and we try to offer choice in everything we do." Staff told us they received training that reflected the needs and conditions of the people using the service.

One staff member told us, "I really like working here. Our residents are fantastic. We treat and care for our residents as if they were our own family members. This is the reason I came here." All of the staff we spoke with were very positive about the standard of care provided by the service. Staff also told us they felt well trained and supported to effectively carry out their role. We spoke with a visiting paramedic and community nurse during our visit. Both told us that the staff provided a good standard of care and used them for advice and support appropriately. The training records we looked at confirmed staff training was kept current and varied and reflected the needs of the people who used the service.

Staff told us they received ongoing support from the manager and effective supervision from a senior member of the staff team. They told us they had the opportunity to discuss people's needs with a senior member of the staff team during a one to one supervision session. We saw evidence of regular supervision and staff meetings which staff told us were valuable. We could see how any actions from meetings had been addressed. For example, staff told us that the wheelchairs in the home had recently been replaced after they identified they were becoming increasingly difficult to manoeuvre.

Staff told us that they considered the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) for people to ensure their human rights were protected should their liberty be restricted in any way. One care worker said, "It really focuses you to think about what you are doing and not restricting people by your actions." We looked at care records and saw evidence that two people using the service had received mental capacity assessments and applications under the MCA had been made appropriately in regards to the use of sensory alarm

mats and bed rails. We saw that the registered manager understood the importance of recording the right information to demonstrate why the proposed restrictions were in a person's best interests.

Staff we spoke with were confident in discussing the importance of consent to care. One staff member said, "I always try to get consent from our residents." We observed this in practice as staff checked with people that they ready to be moved to the dining table, or happy to go to their bedroom to see a visiting health professional. We also observed that staff were alert to the needs of those people living with dementia who could exhibit behaviours that challenged. For example, staff would suggest activities when people were anxious or would take people away from a situation for a one to one activity to help them feel calm. This was always done with the persons consent and not forced upon them.

The people we spoke with told us they enjoyed the food. One person said, "Meals are always hot and we have a choice, what more could you want." Another person said, "If I want something that I haven't had for a long time I can ask for it." Staff told us that the quality of food provision had improved considerably over recent months. We spoke with the staff member in charge of the kitchen on the day of our inspection. Although they were not the head chef, and not directly responsible for meal planning, they had a good understanding of nutrition and people's needs and could tell us how food was fortified to provide the best possible calorie content.

We observed breakfast and lunch and saw that where people were either unable to eat in the dining room or chose not to, they were offered timely meals and refreshments in their bedrooms. We observed that the meals served were well presented and appeared appetising. Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner. Where people had any risk issues associated with potential inadequate nutritional intake we saw from their records that dieticians and speech and language therapists had been consulted.

We spoke with people about how their health needs were met. One person said, "I can ask the staff to get the GP to visit me, but they look after me so well I don't do it very often." Staff told us that any one in the staff team could request a GP visit for a person if they felt it necessary. They also told us they had good relationships with the visiting



## Is the service effective?

community staff and would seek their advice if this was appropriate. We spoke to a visiting community nurse who said, "If the staff have any concerns about someone they will ask our advice." We looked at the care plans for two people who used the service with particularly complex health needs. We noted the provider had involved a wide selection of health care professionals to ensure that people's needs were met to a good standard. We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service to advise the staff and support them with meeting people's needs. We noted all of this advice and information had been incorporated into people's care plans and risk management strategies. This showed us that people's care and support was regularly reviewed and changed as their health needs required. During our inspection we spoke to one person who

became unwell during breakfast. Staff responded quickly and calmly and called for the paramedic service. The paramedic told us they had been given clear information about the person's condition by the staff and we observed staff supporting the paramedics. We also talked to a community nurse who told us that the staff always spoke to them about people living at the home and acted on any advice or instructions they gave them. This demonstrated that the staff were responsive to people's needs

People told us they were happy at Highfield. One person said, "My family have helped me make my bedroom very homely. I feel settled now." Another person said, "I can go out when I want and although the garden is not very big it is lovely. Not so good now winter is here." This confirmed that people had access to the outside when they wanted.

# Is the service caring?

## Our findings

All of the people we spoke with were complimentary about the staff providing the service, they particularly commented on the “friendliness and kindness” of the staff. One person said, “Everyone looks after us very well and they try their best. The staff are so nice here.” Another person we spoke with received regular respite care at Highfield. They said, “I like coming here the staff look after me so well I feel special.” We observed that people were supported by kind and respectful staff who showed patience and gave encouragement when supporting people. We saw staff were calm and not rushed in their work so their time with people was meaningful. Staff said they were, “very busy” and had “hectic times in the day and night” but they all said they had, “time to care”.

One staff member said, “I know my residents very well. For example when I am making teas and coffees, I know just how everyone likes theirs made. I also know which biscuits they like the best and I make a point of always trying to give people their favourite choice. This really pleases people and lets them know that I take account of their preferences and I know what makes them happy.” They went on to tell us that they were aware of the need to offer people choices but weighed this up at times against demonstrating personalisation for an individual and showing them they knew them well.

During our inspection we saw a lot of positive interaction between staff and people using the service and noted any requests for assistance were responded to promptly. For example, calls bell were not left for long before they were answered. We observed one person request a drink and it was made immediately and people were taken to the bathroom as soon as they asked and not kept waiting.

We spoke to people using the service about how involved they were in making decisions about their care and support. We received mixed responses to this enquiry. One person said, “Yes I am involved in all discussions relating to my care and I make all my own decisions with a little support.” Another person said, “I do not know what a care plan is and I don’t recall speaking to anyone about this. The staff know what I need.” We saw staff involving people in discussions about their care. For example, we saw a person who felt unwell. They had been due a bath, prior to the district nurse visiting them. The staff member asked the person what they wanted to do and we saw their requests were actioned. The interaction was caring and no pressure was put on the person to do anything they did not want to.

We spoke with a visitor to the home, they said, “The care the staff provide is really good. They also look after us when we come to visit. We always get a cup of tea.” We saw displayed a number of thank you cards from relatives that spoke of the standard of care provided to their loved ones. We also saw information displayed about advocacy services that could support people’s best interest if a family member was not available to ensure they had the care they required.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff told us they discussed dignity frequently and were encouraged to consider how they would like care provided to them or a family member. When staff entered the lounge area, they would always enquire after people and make sure they had everything they needed. Before entering a person’s bedroom, they would knock and wait to be given consent to enter. We observed that any personal care was provided in the privacy of a person bedroom and not in communal areas.

# Is the service responsive?

## Our findings

People using the service were positive about their views being acted on by staff and the manager. One person said, "Whenever I ask for anything it is done for me." Another person said, "I am quite happy here and if I do raise anything I am always listened to." One person told us they were concerned about the possible effect limiting visitors to the home, because of the outbreak of sickness and diarrhoea the previous week could have on people. They said, "Staff explained why it was necessary and what they were doing to help people who liked having visitors and I now understand the need to keep people away. Anyway it is all over now." This demonstrated that the provider responded correctly to a possible outbreak and people who used the service were appropriately informed.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. For example one staff member told us, "Some people always like to sit in the same lounge. Even so, I always check which lounge they would like to go to each morning. I never just assume I know what their preference is." We observed staff seeking people's views about many aspects of their care and support. However, not all the care records we reviewed clearly documented people's wishes, aspirations and preferences in detail. However, we observed that where people's wishes had been written the interactions by staff were in accordance with the interventions described. For example we spoke with one person who was up and dressed early in the morning. They confirmed they liked to be up early and the information in their care plan supported this. Because the staff team knew the people who used the service well we were confident the service responded to their needs. The care records we looked at demonstrated that people's needs were assessed before admission to Highfield and then kept under review and updated as people's needs altered.

We looked at the planning of people's care. Staff told us that they spent time with people or family members in order to gain information about people's previous interests in order to understand their pre-admission histories and be

able to provide personalised care. We found these assessments were reviewed and updated on a regular basis. For example, one person had risk assessments and management plans in place in relation to occasional behaviour which challenged. When this happened we saw staff gently encouraging the person to remain calm until they became less agitated and then distracting them by suggesting a walk to the paper shop. When they returned the person said, "I really enjoyed that, yes very nice indeed."

The service had recently introduced a new electronic call system. We observed call bells were answered swiftly and staff responded positively and completed any requests happily. The new system recorded exactly what time a person called for assistance and how long they had waited. We were told the results from the system could be used to determine staffing levels.

We spoke to people about the planned activities in the home. One person said, "I am not bothered about joining in with things." In contrast another person said, "I love it when something is planned, particularly a good sing song." We spoke with staff about providing stimulating activities for people, one said, "It is important that people are asked about things they used to like so we know what to provide." There was a schedule of activities displayed in the home and some people told us about recent activities, which have included bingo and a music event. We saw staff running a keep-fit session with a big ball. The registered manager told us they hoped there would be more planned activities when a dedicated activity co-ordinator was employed in the New Year.

People and their relatives told us they knew how to make a complaint and were confident they would be listened to. A relative said, "If I had any concerns I would speak to someone about them." The staff told us they considered complaints positive as they learnt from them and used them to make improvements. We saw there had been some complaints made and the records detailed how they had been investigated. We saw that new beds had been purchased after a complaint was made about a bed being uncomfortable and that additional heating had been provided to someone who felt their room was cold.

# Is the service well-led?

## Our findings

The home had a registered manager in post and it was evident that they were known and visible to the people who used the service and staff. People told us that the registered manager visited them every day and had time for them. One person said, “I look forward to our little chats, she wants to know what is going on.” We observed the registered manager having conversations with people that demonstrated she was aware of their needs and was asking questions to ensure they were satisfied with the care and support they received. A visitor said, “[name of the manager] always has time for me, it helps me feel involved in my wife’s care.”

Staff told us there was positive leadership in the home and the registered manager was approachable and willing to work with them. This was confirmed by the interactions we observed between the staff, the registered manager and the operational manager who came to the home to support the inspection, which indicated an open and transparent attitude of the management team that people who used the service and the staff spoke of.

We looked at the processes in place for responding to incidents, accidents and complaints. There had been two formal complaints over the last year. We saw evidence that the registered manager used them as a learning tool and ensured any issues were the subject of discussion at team meetings and staff supervision sessions so that lessons could be learned. We also confirmed that the provider had ensured that any incidents were correctly reported as required under the Health and Social Care Act 2008 to CQC, and to the local authority.

One staff member said, “I would not hesitate to raise a concern with any of the management.” Another member of staff said, “My manager is very approachable and is here

most days if any issues or concerns need to be raised.” All of the staff we spoke with felt confident to raise any concerns to the registered manager. They told us the registered manager was very visible and approachable. Staff also told us they were encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the regular team meetings. Staff told us that the wheelchairs in the home had recently been replaced after they identified they were becoming increasingly difficult to manoeuvre. They also told us they were able to request training they thought would be beneficial.

People we spoke with told us they were asked about their views of the service. One person said, “They ask about things and then make a report. I think it is on the board.” This was a reference to the Customer Satisfaction Survey displayed within the home to which a variety of stakeholders, including people who used the service, their relatives and visitors had been questioned about a wide range of topics. We noted that the survey displayed, although less than a year old, had not been completed by current provider. The registered manager told us that staff were still working to the action plan from the last survey in order to raise standards and ensure any identified improvements were addressed. This demonstrated a desire for continual improvement within the home. We were told that the new provider had completed a quality audit which was currently being analysed.

There were a variety of systems in place to assess the quality of the home, including audits carried out by the registered manager, and by managers from the providers other services. These were undertaken as peer support in order to identify things that the person in day to day control of may not see provide ‘fresh eyes’. We looked at audits for the environment, the care planning processes the administration of medication and health and safety.