Burlington Care (Yorkshire) Limited

Highfield Care Centre

Inspection report

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Date of inspection visit:
16 January 2019
24 January 2019

Date of publication:
14 February 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on the 16 and 24 January 2019 and was unannounced on the first day. It was the first rated inspection of the service under the provider Burlington Care (Yorkshire) Limited, which registered Highfield Care Centre as a new location in February 2018.

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

Highfield Care Centre is registered with the Care Quality Commission to provide accommodation and personal care for up to 88 older people some of whom may be living with dementia. There were 49 people using the service at the time of this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff knew how to keep them safe from harm and abuse. Staffing levels were sufficient to provide safe care. Medicines were managed safely and people received them as prescribed. Staff received training and understood how to recognise signs of abuse and who to report this to. Safe recruitment practices were followed to make sure staff were suitable to work with vulnerable adults. Staff were trained in good hygiene practice and were supplied with personal protective equipment such as gloves and aprons. Risk assessments contained enough detail to enable staff to keep people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make choices and retain their independence. Staff had a good awareness of the need for consent. People told us they enjoyed the food at the service. There was a varied menu available to people and specialist diets were catered for. People were supported to maintain their health. They received consistent care and had access to health professionals as required. Staff received training, support and supervision to enable them to be effective in their role.

The environment had been developed to support people's diverse needs. This included clear signage and colour-contrasting equipment to increase visibility for people living with dementia. There was a positive and inclusive culture at the service. The provider and registered manager promoted a culture of dignified and respectful care. People told us they were supported by staff who were kind, caring and compassionate. Staff knew people well and made sure people received care and support that was personal to their needs and responsive to any changing needs. Care plans were person-centred and gave good detailed guidance for

staff to follow.

People were supported to participate in meaningful activities they enjoyed. A church service was arranged so people's spiritual needs were met. Staff also supported people to access community facilities and to maintain contact with friends and relatives.

People and their relatives had regular contact with the registered manager and reported no difficulties in raising any concerns about the service if necessary. Systems were in place to manage complaints. Quality assurance processes were in place to monitor the quality of care delivered. There was a commitment for improvement through quality assurance systems, audits and learning from any shortfalls identified.

The registered manager was committed to providing good quality care and support for people. Staff told us the management team were very approachable and accessible; they said they were well -supported in their role. People, their relatives and staff were positive about the way the service was managed.

The registered manager and staff worked in partnership with external health and social care professionals to ensure people's health and social care needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to provide support to people to meet their needs. Staff had been suitably recruited to ensure they could work with people who used the service.

People were protected from the risk of harm and received their prescribed medicines safely.

People had assessments to identify areas of risk and staff supported people in ways that minimised risk.

Is the service effective?

Good

The service was effective.

People made decisions about how they wanted to be supported and they could decide what to do and how to spend their time.

Staff had the training and support they required to work effectively in their roles.

People received good nutrition, were supported to stay well and had access to health care services.

Is the service caring?

Good

The service was caring.

People had developed positive relationships with the staff, who treated them with respect and kindness.

People were involved in the planning and review of their care.

People and their relatives were complimentary about staff and their approach.

Is the service responsive?

Good

The service was responsive.

Where people had any concerns, they could make a complaint and this was responded to.

People could participate in activities that interested them.

Care records were personalised and contained relevant information for staff to help them provide the care people required.

Is the service well-led?

Good

The service was well led.

The home was led by a management team that were approachable and respected by people, relatives and staff.

Systems were in place to assess and monitor the quality of the service.

People and staff were encouraged to raise any views about the service on how improvements could be made.

Highfield Care Centre

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 registered 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.

We undertook this comprehensive inspection on 16 and 24 January 2019. The inspection team consisted of two inspectors and two experts-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications, which are a legal requirement, provide the Care Quality Commission (CQC) with information about changes, events or incidents so we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority commissioning groups, safeguarding and local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in January 2019. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 21 people who used the service and nine relatives. We spoke with seven members of staff, two activities co-ordinators, the housekeeper, the registered manager, the deputy manager, regional manager and operations manager.

We looked around the service, spent time in communal areas and observed how people were cared for. We spent time observing staff interactions with people throughout the inspection. We also spent time looking at documents and records that related to people's care and the management of the service. We looked at six people's care plans and 12 people's medicines records.

Good

Is the service safe?

Our findings

People told us they felt safe while receiving their care and support. Comments we received included; "I feel safe here, never had any falls, no one bothers you" and "I'm a person who often falls; but not since being here. If I ever had a problem, I would talk to someone and sort things out. I feel safe here. Staff ask me 'What's troubling you love; can I lend a hand?'" Relatives also told us they were reassured their family members were safe at the service. One said, "My [family member] is receiving end of life care. I come in every day, sometimes more than once. My [family member] is so safe here."

The provider had taken steps to protect people from abuse. There were systems and procedures in place to ensure safeguarding concerns were raised with the relevant agencies. Staff had received training in how to safeguard people from the risk of harm and abuse. They knew the different types of abuse and the signs and symptoms to look out for. Staff told us they were confident any concerns they reported would be dealt with by the registered manager.

Each person's care plan contained a range of individual risk assessments in which risks to their safety were identified. These included risks associated with falls, choking, nutrition, leaving the service without supervision, smoking and skin integrity. Where risk was identified a care plan was in place to guide staff in the management of the risk. Staff showed a good awareness of risk management and what they did to keep people safe. Staff told us of the importance of making sure people could take risks in a positive, but safe way to enhance their well-being. For example, a person who required close supervision was supported to keep active and busy to avoid distress from being bored.

Our observations showed there were sufficient numbers of staff to keep people safe and make sure their needs were met. We saw people were provided with prompt assistance when required and staff were not rushed. Most people and their relatives told us there were enough staff. One person said, "I think there's enough staff; they come in, have a chat with me. Never have to wait long for assistance." Another person said, "I think staffing here is okay." Some people said additional staff would be welcomed at night but told us their needs were met. Staff said there were sometimes staff shortages through sickness but this did not affect people's care. They said they worked harder at those times and 'pulled together' as a team. We noted the service did not use any agency staff which ensured continuity of care for people living there.

The service had a robust recruitment process in place. Staff completed application forms to enable gaps in work history to be assessed. Interviews were held and appropriate checks were carried out which included references from previous employment, their fitness to do the job safely and an enhanced criminal records check.

People's medicines were managed safely. Only senior staff administered medicines; they were trained and had their competency to administer medicines regularly assessed. A senior carer had been appointed as medication champion and had oversight of medication systems at the service; with responsibility for the ordering and monitoring. Medicines administration records were accurate and showed people received their medicines as prescribed. There were safe procedures for ordering, storing, handling and disposing of

medicines.

Where people were prescribed medicines on an 'as required' basis there was sufficient information for staff about the circumstances in which these medicines were to be used. The medicine trollies were clean, tidy, locked and secured. People told us they were happy with the support they received with their medicines. One person said, "Always get tablets on time." There were detailed, individualised care plans in place regarding how people liked to take their medicines. One person liked their medicines to be referred to as 'bones' and staff respected this. Another person liked their tablets to be given one at a time with an explanation of what they were for.

Some of the people were given their medicines covertly. (without a person's knowledge). This occurred when a person refused to take medication that was necessary for their wellbeing and had been assessed as lacking the capacity to understand the effect of their decision. There were clear polices in place in relation to covert medication which followed best practice guidance.

Accidents and incidents were documented and regularly reviewed by the registered manager to identify any trends and to prevent re-occurrence. For example, bed or chair sensors put in place for people at risk from falls.

The premises were overall, safe and well-maintained. Some minor issues relating to equipment cleanliness and safety were identified; the registered manager addressed these promptly during the inspection. Equipment used such slings, hoists, the lift, the call bell system and fire safety items were checked and serviced appropriately. People told us they participated in fire drills. One person said, "I feel safe, we have regular fire drills."

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. They said they had access to protective clothing including disposable gloves and aprons. Throughout our inspection the service appeared clean and free from unpleasant odours.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed to provide them with an effective service. One person said, "Staff seem well trained." Another person told us, "The staff are all really good and know what they are doing."

People's care plans showed an assessment of their needs had been undertaken before their admission to the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

Training records confirmed there was a comprehensive induction and rolling programme of training to ensure staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff said they were well supported by the management team and received sufficient training to do their job effectively. One staff member said, "My induction and training has been ace." Another staff member said, "[Name of registered manager] makes sure we do all the updates we need."

Staff had completed training in a range of areas that reflected their job role such as moving and handling, medication, infection control and dementia. Several staff had also been supported to attain nationally recognised qualifications in care. There was a programme of staff supervision in place. Supervisions were one to one or group meetings a staff member had with their supervisor. Staff told us they received supervision and records showed supervisions were held regularly. Annual appraisals were also completed with staff to enable them to discuss their development needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity and it had been assessed that any restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made.

Staff understood the importance of getting consent before providing care. They understood the importance of supporting people to make decisions and remain independent. They could tell us how they obtained consent from people before they provided personal care. People told us staff asked their permission before they helped them with anything. Staff had received training on the MCA so that they had sufficient knowledge of the requirements associated with it. Care records showed evidence of best interest meetings relating to specific decisions that people were unable to make as they lacked capacity. These records showed who had been involved in the decision-making process in the form of a tick list. This did not fully identify which family member was involved or the name of the health professional. The registered manager agreed to ensure records were updated to reflect this.

People's nutritional needs were met. Nutritional risk was identified and referrals made to health care professionals when required. Specialist diets based on health and cultural needs could be provided if needed. Records showed people's nutritional and fluid intake was monitored when any risks were identified. We observed the lunch time meal experience was positive in all the dining rooms; the atmosphere was relaxed and very sociable. Staff asked people what they wanted to eat and people living with dementia were shown the meals to help them make a choice. Food looked hot and smelt appetising. Portion sizes were good. Staff assisted people who needed help. People said they were happy with the quality and variety of food on offer. Comments we received included; "The food is really nice. I like small portions of plain food and I get a choice", "The food is really good. There's plenty of choice and I'm always asked what I want" and "Food here is nice; plenty to eat and good choice." People told us there was an alternative available if they didn't want what was on the menu.

Records confirmed there were systems in place to monitor people's health care needs. Referrals to health professionals such as district nurses, GPs, dieticians, and speech and language therapists were made within a suitable time frame. People's health records were up to date and contained detailed information. Staff implemented the advice made by health professionals to promote people's health and wellbeing. The registered manager reported good working relationships between the service and health professionals. We saw, in the compliments file, that a health professional had recommended the service. People said staff were prompt in getting a doctor for them and they had no concerns with how they were supported to maintain their health.

The environment was suitable for people's needs and was in line with best practice guidance for people who were living with dementia. Toilet and hoist seats were a contrasting colour and there were large pictorial signs to help people find their way around. People had significant pictures on their doors, which also aided their orientation. The corridors were bright and colourful with items of interest for people to interact with. There was a garden area which we were told was well-used in good weather.

Good

Is the service caring?

Our findings

People told us staff were very caring and respectful of their privacy and dignity. People's comments included; "I am happy with the care. I get all the support I need. The staff are wonderful and they treat me with dignity, respecting my needs. The girls are great", "The staff are lovely. The young girls sit with me and chat in the afternoons" and "All the staff are very kind and loving. They can't do enough for me." People's relatives also described the staff as kind and caring. One said, "My [family member] has continual care here by wonderfully caring and compassionate staff."

Staff were motivated, caring and friendly. We saw staff interacted with people in a supportive manner and were respectful of people's dignity. Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We also saw staff speaking with people discretely about their personal care needs. Staff were kind and patient in the way they supported people with tasks such as eating and taking medicines. A person who used the service told us they felt very well looked after. They said, "I am overwhelmed just being here. I feel joyful just thinking about it."

There was a calm and relaxed atmosphere and people had developed good relationships with staff. People had their life history documented which staff used to get to know people and to build positive relationships. Staff demonstrated a good knowledge of the people they supported. They knew people's preferred routines and how they wished to be supported. They knew their likes, dislikes, support needs and things that were important to them such as family and background issues. We saw people were happy and comfortable in the company of staff; with frequent jolly conversation and lots of laughter. Staff spoke of the importance of well-being and how an uplifting atmosphere in the service encouraged this.

People looked well cared for, which is achieved through good standards of care. Staff were confident people received a high standard of care and felt proud to deliver such care. We noted from some people's records that it was not clear how often people had showers or baths. The registered manager agreed they needed to ensure these records were maintained better in the future.

People were encouraged to maintain their independence. For example, to support themselves when eating and drinking and to walk with walking aids or assistance. One person told us, "I'm still independent these days. Can dress myself and have a shower. Staff help me if I ask." Another person said, "They [staff] try to help me be independent. I can dress my top half; they help me along." A relative told us how pleased a staff member had been to tell them their family member had improved with their mobility.

People were protected from discrimination and were supported in any cultural support they required as part of their package of care. For example, we saw people's preferences and cultural background and faith were identified during the initial assessment. This enabled staff to become aware of what was important to a person and support them with this. The provider had a policy and procedure for promoting equality and diversity within the service and ensured all staff had been trained in equality and diversity on induction.

People told us they were consulted with, listened to and made decisions about their support. They said their care and support was planned with them. One person said, "I am happy with the care. I have seen my care plan." People's relatives told us how they supported their family members with care planning and felt involved in the process.

The registered manager was aware of how to assist people to obtain the services of an advocate if needed. There was information available in the service regarding local advocacy services that people could access.

Good

Is the service responsive?

Our findings

Staff delivered personalised care that was responsive to people's needs. Care plans were person- centred and included specific details about people's likes dislikes and how they liked to spend their time. Some people were living with dementia and their records included information, where appropriate, of how to diffuse situations where they might be distressed. This included person-specific distraction techniques such as offering a cup of tea and cake or a glass of their favourite beer. Records also noted that if one staff's approach was not successful, to walk away and another staff take over. Staff were aware of these strategies and could describe how they used them.

One person was cared for in bed and received a high level of support including regular position changes and records of diet and fluids taken with assistance. Supplementary care records were kept in this person's room allowing staff easy access to the information they needed to support them and ensure accurate records of all the support delivered.

Staff knew people well and understood their needs. Records were detailed and it was clear work was ongoing in the development of the care records to make sure they were up to date and reviewed as people's needs changed. We noted there was some repetition and that some 'streamlining' could improve access to the most up to date information. The operations manager acknowledged this and advised that the provider planned to introduce electronic records throughout their services. They felt this would address these issues. The registered manager told us they were going to organise the records with a new index in the meantime to ensure they would be easier to navigate.

Some people had end of life care plans in place so staff could support people in their final days and their preferences would be respected. The registered manager told us they worked with other agencies to provide end of life care when this was needed. This included district nurses. Staff spoke with sensitivity when speaking about end of life care. A relative told us their family member was being treated well at the end stage of their life. They said, "Staff treat [family member] lovingly and gently."

People were supported to take part in a variety of activities. There were two activities coordinators who ensured a daily programme of activities was available to people. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, musical activities exercise classes, group quizzes and arts and crafts. During our visit we observed a group musical activity. People played instruments, sang and participated in dancing if they wished. This was a lively activity with plenty of active participation from people. Staff encouraged and motivated people to be involved but also respected people's wishes if they did not want to be.

People told us they enjoyed the activities and had enough to do. A relative said, "Our relative enjoys staying here; lots of activities. At home they just sit in front of the television. Here they do painting, join in the singing, join in all the activities." People were supported to maintain a sense of purpose which promoted their well-being. One person told us how they liked to give small gifts to people at birthdays and Christmas and gave gifts to visiting children at Christmas. They were also supported to dress as Santa on these

occasions to fulfil this role.

Trips out within the local area were also organised. These included walks and pub lunches. A church service was held weekly to cater for people's spiritual needs. One person said, "The vicar comes once a week and I can chat about the Bible." Links with a local school had been made and the school choir came in to the service to sing for people.

The provider took account of complaints and compliments to improve the service. A complaints log, policy and procedure were in place. We saw where complaints had been received, these had been investigated and a response provided in line with the policy; this included an apology when a complaint was upheld. People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns. One person said, "Would speak to one of the staff if I had a problem." A person's relative said, "Never had cause to complain, would speak to staff if there was a problem."

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. People's comments included; "No discrimination here, we are all treated the same" and "Everyone treated the same. Never make a fuss of one and not another."

Good

Is the service well-led?

Our findings

People who used the service, relatives and staff were complimentary about the registered manager and management team. They said they were approachable and visible. People told us the service had a pleasant atmosphere and was well managed. They said they were very satisfied with the service. A member of staff said, "This place has turned around since [name of registered manager] came. All the things that were wrong have been addressed and dealt with". A person who used the service said, "Best thing; [about the service] staff all love each other and they love us. Just like we are all one family."

People and their relatives were consulted and involved in decisions about the service. Regular meetings were held for people living at the service and their relatives at which they could participate in decision-making regarding activities and menu planning as well as provide feedback about the service. Records showed people were asked for their suggestions and ideas on how the service could be improved.

Observations and feedback from staff showed us there was an open leadership style and the service had a positive culture. Staff spoke highly about the culture and management of the service and said they felt valued. One staff member said, "I feel I can really talk to any of the managers and they listen to us." Staff also said morale was good and communication throughout the service was effective. Another staff member said, "It's a really happy team; I love coming to work." We saw the registered manager and management team were enthusiastic, caring and very committed to providing a good quality person-centred service.

Staff confirmed they could raise issues and make suggestions about the way the service was provided in their one-to-one or group supervisions and staff meetings. Minutes of the meetings showed staff were given the opportunity to share their views. The registered manager also used these meetings to keep staff updated with any changes or lessons learnt from incidents or complaints. This helped to drive improvements in the service.

Arrangements were in place to monitor the quality and safety of the service. A schedule of audits and checks supported the continuous improvement of the service. These audits had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. Spot checks were also carried out at night. The findings of these were not recorded and the registered manager said they would ensure this in future. The registered manager and deputy manager worked alongside staff in the service. This meant they could observe staff practice, check on care delivery, medication, meals, activities, housekeeping and care plans. Any shortfalls from checks and audits were collated into action plans and progressed by the registered manager. The provider and senior management team also monitored the service to review progress and ensure actions were completed.

The provider had carried out a satisfaction survey in December 2018 to gain the views of people who used the service and their relatives. The results showed a high degree of satisfaction with the service. Comments included; 'Would recommend the home', 'All staff are lovely' and 'Residents are treated with love and dignity'. The results of the survey were on display in the service and showed actions taken in response to any concerns raised such as a carpet that was to be replaced.

There was evidence of partnership working with other agencies to support the staff, and to provide expertise in specific areas when required. These included the community nursing staff, who also provided teaching sessions at the service, the speech and language team therapists, the NHS continuing care team, the diabetic liaison nurse and the GP.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.