

Accommodating Care Newent Limited

Highfield Residential Home

Inspection report

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22 June 2017

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

Highfield Residential Home is a care home for up to 27 older people. At the time of our inspection there were 14 people using the service.

Highfield Residential Home had 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.

The inspection took place on the 20 and 22 June 2017 and was unannounced. This was a comprehensive inspection that was carried out to check whether the provider had made the improvements required as a result of our previous inspection on 20 and 23 May 2016. At the previous inspection we identified two breaches of the regulations relating to seeking people's consent before providing care, the recording of information about people's needs and the management of risks in the service. Following the inspection the provider sent us an action plan detailing how and by when they would meet the regulatory requirements.

At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

We found improvements to how information about risks to people using the service and information about their needs were recorded. There were also improvements to how people's consent to receiving care and support was assessed and recorded. The provider's quality monitoring systems were effective in monitoring and improving the quality and safety of the service provided. Some time was still needed to ensure appropriate pre-employment checks would always be completed in accordance with the provider's recruitment processes in the registered manager's absence.

People were protected from harm and abuse through the knowledge of staff and management. People's medicines were safely managed. People received personalised care and there were arrangements in place to respond to concerns or complaints from people using the service and their representatives. People were treated with respect and kindness, their privacy and dignity was respected. They were supported to maintain their independence and keep in contact with relatives. People were enabled to be involved in activities in the home and to enjoy occasional trips out.

Staff were able to develop the knowledge and skills for their role through a programme of training and were supported through regular individual meetings and annual performance appraisals.

The registered manager was accessible to people, their visitors and staff. People and their representatives were asked for their views about Highfield Residential Home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not fully safe.

Sufficient staffing levels were maintained to meet people's needs.

Improvement was needed to ensure appropriate pre-employment checks would always be completed in accordance with the provider's recruitment processes in the registered manager's absence.

People were safeguarded from the risk of abuse and from risks in the care home environment.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and were supported to take part in a choice of activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good ●

The service was well-led.

The provider's quality monitoring systems were effective in monitoring and improving the quality and safety of the service provided.

A registered manager was in post who was accessible and open to communication with people using the service, their representatives and staff.

The views of people and their representatives about the service provided had been sought.

Highfield Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 22 June 2017 and was unannounced. The inspection was carried out by one inspector. We spoke with three people using the service, three visitors, the registered manager, the administrator, the cook and four members of staff. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition we reviewed records for four people and examined records relating to the management of the service, staff recruitment, support and training.

Before the inspection, the provider completed 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

The provider had completed pre-employment checks before staff were offered employment to ensure staff were suitable for their role. These checks included information about their previous employment, health and identity checks. Disclosure and barring service (DBS) checks had also been carried out for each member of staff. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with vulnerable groups.

The registered manager would always ensure references were received from an applicant's current and previous employers when they recruited staff to support them to judge whether an applicant was of good character. The registered manager explained that two staff members had been recruited during their absence. We saw that evidence of conduct in their previous employment had been accepted from colleague statements instead of previous employers. The recruiting manager might therefore not have all the information they needed to make a judgement about an applicant's suitability. Improvement was needed to ensure appropriate pre-employment checks would always be completed in accordance with the provider's recruitment processes in the registered manager's absence.

People's medicines were managed safely and they received their medicines as prescribed. Guidelines were in place for staff to follow to give people their medicines prescribed on an 'as required' basis. For example medicines for anxiety and for pain relief. We also found all bottles of liquid medicine had been dated on opening to indicate the expiry date. Regular audits were completed on the management of people's medicines to ensure safe medicine systems remained effective.

People's medicines were stored securely and storage temperatures were being monitored. Action was taken during the inspection to ensure medicines stored in one trolley were kept at the appropriate temperature in the warm weather. Medicine administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. The suitability of giving people domestic medicines known as 'homely remedies' had been checked with their GPs to ensure they would be safe to use. There were records of medicines received and of medicines disposed of. Staff had received training and competency checks to support people with taking their medicines safely.

Sufficient staffing levels to support people were maintained. The manager explained how the staffing was arranged to meet the needs of people using the service. There had been a recent increase in the number of staff at night in response to the needs of people using the service. Agency staff had been used on some shifts while recruitment was underway. One person told us, "There are normally enough staff." Staff acknowledged the registered manager was "sorting it out" when asked about staffing levels.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and confirmed they had received safeguarding training. They were confident any issues reported would be dealt with correctly. A policy and procedure was in place for guidance in dealing with a safeguarding concern along with the correct contact details for the local

authority for reporting. One person using the service told us Highfield Residential Home was a safe place to live. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely. A relative of a person using the service commented, "It's lovely to know Mum is safe."

People were protected against identified risks. For example there were risk assessments for mobility, pressure area care, the use of bed rails and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a monthly basis. People had individual emergency evacuation plans in place to ensure their safe evacuation if an emergency was to occur.

People were cared for in a safe environment. They were protected from risks associated with legionella and electrical systems and equipment. A new heating boiler was being fitted during our inspection visit. The latest inspection of food hygiene by the local authority in February 2017 had resulted in the highest score possible. We observed the environment of the care home was clean and people confirmed it was always clean. Work had been carried out in one room to replace flooring although there was still a residual odour which the registered manager was looking into.

Is the service effective?

Our findings

At our previous inspection in May 2016 we found there was an inconsistent approach to recording the assessment of people's mental capacity. People lacked assessments of their capacity to consent to 'day to day' decisions such as personal care. This was a breach of regulation 11 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014 and we rated this domain Requires Improvement.

The provider wrote to us and told us the actions they were going to take to ensure improvements to how people's capacity to consent to care was checked. They told us these would be completed by 31 August 2016. At this inspection we found improvements had been made in this area and this regulation had been met.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At this inspection we found people's capacity to consent to their care and support was being assessed and recorded. Assessments had been completed of people's capacity to consent to receive care and support. Applications for authorisation to deprive people of their liberty had been made. One had been approved. We checked and the conditions associated with the approval were being met. Another application had been submitted and the registered manager was waiting for a decision.

People were cared for and supported by staff who had the appropriate knowledge and skills. Staff had received training in subjects such as manual handling, protecting vulnerable adults and food hygiene. They also received training specific for the needs of people using the service such as dementia care. Staff told us they had enough training for their role and were able to complete additional training they felt they needed. Since our previous inspection staff had received support through regular meetings with the registered manager known as supervision sessions. Areas covered in the meetings included, work load, achievements and training and development. Staff also had annual performance appraisals. A relative of a person commented, "the staff are on the ball".

A four week menu had recently been introduced based on people's requests for more variety with meals. Lunch included a choice of main dishes and a vegetarian option. An exercise to find out and record people's individual dietary preferences was in progress for planning the winter menu. Some people received high calorie fortified diets in relation to their needs. One person told us "They come and ask you what you want which is good." A relative of a person described the meals as "Excellent, like good home cooking" and noted

the person had put on weight since moving in.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. We saw records of contact made with people's GPs where there were concerns about their physical and mental health. The registered manager reported good working relations with local health care professionals.

Is the service caring?

Our findings

People were treated in a kind and caring way by staff. One person told us "the staff are very friendly and very helpful". Another person said "They don't fall out with you; all of them are very kind and polite". A relative of a person commented, "the staff show a lot of empathy". They added they had witnessed staff reassuring people when they were anxious or upset. Another relative commented staff were "really pleasant". A relative was positive about how care and support was delivered in a "calm way" which was suitable for the needs of the person. They also praised the approach used to help the person settle when they moved into the home to reduce any distress.

When we observed people being supported at lunchtime we saw positive interactions between people and staff. Staff regularly checked on people's well-being, were observant to people's needs and responded promptly to people's requests. When one person became upset, staff intervened to provide emotional support using a calm, reassuring and effective approach. Staff took their meals sitting with people and therefore were on hand if any support or prompting was needed.

People and their representatives had been consulted about plans for their care. We saw records of annual reviews and meetings with people and their relatives to discuss and review their care. Relatives comments about the care provided were recorded.

People were able to access advocacy services if they did not have representatives that could support them to make decisions about their care. Information was on display about advocacy services. Although at the time of our inspection people were not using any of these services, the registered manager was considering referring one person to an advocacy service.

People's privacy and dignity was respected. One person told us how they could enjoy their own privacy and staff would knock on the door before entering their room and draw the curtains when giving personal care. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. When supporting someone with personal care they would ensure doors were closed and people were covered appropriately. The Provider Information Return (PIR) stated "All staff knock on doors before entering their room". This was the practice we observed and people also confirmed this as their experience.

People's independence was respected and promoted. The PIR stated "we encourage all service users to maintain independence with a task such as their personal care and mobility". Staff gave examples of how they would promote people's independence through encouraging them to carry out certain personal care tasks for themselves, making decisions about clothes to wear and being offered choice at lunchtime, which we observed. People's care plans guided staff in promoting people's independence, for example "(the person) is independent with personal care but needs a lot of prompting and encouragement."

People were able to keep in touch with family and friends and received visitors without unnecessary restrictions. One visitor was positive about the welcome they received; they told us "Staff are so welcoming" and added they were always offered a drink. People's relatives were sometimes invited to take meals.

Is the service responsive?

Our findings

People received personalised care and support. The Provider information return (PIR) stated, "Our care plans are person-centred and have specific and individualised information about service users care needs and what action staff have to carry out to meet their care needs". One person told us how they were able to get up in the morning at the time they chose. A relative described how individual activities facilitated by staff had been particularly beneficial for a person's needs. People using the service for respite care were able to use rooms they were familiar with from previous stays. One person preferred a quiet atmosphere and was able to make use of the front lounge which was set aside for this. People received care that reflected their preferences and wishes

Care plans were detailed with specific information about people's daily routines, their needs and the actions for staff to take to meet them. In order for staff to understand the people they were caring for, information about people's life histories was readily available for staff to consult at the front of people's care plan files in documents titled "reach out to me" and "all about me". These contained details about a person's life including important events, relationships, interests, likes and dislikes such as "I am right-handed" and "I have glasses for TV and reading". People's individual preferences for how they wished to receive care and support were recorded. For example one person had specific arrangements for night time to help them to sleep such as times of going to bed and having the door to their room propped open.

Staff told us providing personalised care was "caring for specific needs" and "it's all about the individual, doing what is best for them." A relative of one person commented, "staff are very good at the personal touch" and "they really thought about how to settle (the person) into the home." They told us how the person always had their chosen newspaper delivered to them each morning.

People were supported to take part in group activities such as bingo, quizzes, and exercises to music. As well as group activities, people were also able to participate in smaller groups or on an individual basis to play board games, card games, dominoes and painting. An annual trip on a specially adapted boat was planned for July 2017 and two people had recently visited the seaside. One person told us "I don't get bored, there is enough going on". They described the activities they enjoyed taking part in. One member of staff told us there had been an improvement in the amount of activities people were taking part in. A member of staff dedicated to supporting people with activities worked three days a week. Individual activities had been provided successfully for people living with dementia and with sensory impairment.

There were arrangements to listen to and respond to any concerns or complaints. Two complaints had been received since our previous inspection; these had been investigated with appropriate responses given. Information about how to make a complaint was on display including how complaints could be referred to the local authority or the local government ombudsman. The registered manager described how when people moved in, they and their relatives were made aware of the complaints procedure. One relative told us how they had raised an issue with the registered manager and this had been dealt with. A complaints and suggestion box was situated in the entrance hall.

Is the service well-led?

Our findings

At our previous inspection in May 2016 we found information about people's needs and the management of risks were not always clearly or consistently recorded. We found inconsistencies in the information recorded for staff about people's care and support, particularly relating to the management of risks to people. People's care plans had not been consistently reviewed to ensure they were up to date. We also found audits were not as effective as they should have been. The quality assurance processes in place had failed to identify the shortfalls such as a lack of robust record keeping. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act (2008) Regulated Activities Regulations 2014 and we rated this domain Requires Improvement

The provider wrote to us and told us the actions they were going to make to ensure improvements around record keeping relating to risks to people and the introduction of monthly audits. They told us these would be completed by 31 August 2016. At this inspection we found improvements had been made in this area and this regulation had been met.

At this inspection we found the information about people's needs and the management of risks was consistently recorded. People's care plans and risk assessments had been reviewed on a monthly basis. The Provider information return (PIR) stated, "A system is in place where the care plan gets audited every month and risk assessments so if there are any changes in mobility or health we can change and put new risk assessments in place or change health need." Audits had been completed on a monthly basis and included areas such as training, falls, accidents, people's money and the care home environment. The falls audit had picked up a number of falls for one person using the service. As a result they had been referred to their GP.

Highfield Residential Home had a registered manager in post who had been registered as manager since April 2017. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The registered manager described their vision as having a full home with an improved reputation locally. The values they wanted staff to hold included giving people time for choice and allowing people to have what they wanted with their personal choices and preferences. Staff meetings demonstrated how the registered manager gave a clear direction to all staff about expectations of how they worked and issues they should prioritise.

The registered manager aimed to improve the service provided to people. In order to ensure people's needs were met a system of allocating staff to certain areas of the home to work and to complete allocated tasks had been introduced. Staff confirmed this had been successful. The registered manager was aware of the need to update the environment of the care home and develop aspects of the environment for people living

with dementia. During our inspection visit, new carpets were being fitted in some areas. A new seating area had been created on the first floor. Two relatives of people we spoke with commented they felt improvements were needed to the decoration of the environment although one acknowledged "they are tidying it up." Plans for developing the service included converting two bathrooms into 'wet' rooms and raised garden beds for people to take part in growing vegetables. There were also plans for people to go for coffee and walks with staff in the local town.

Staff were positive about the registered manager describing them as "easily approachable" and describing how they would work alongside staff. One staff member told us "The registered manager has put her mark on the home" and added "she always thinks of ways of making it nice for the residents." A relative of a person acknowledged the registered manager was "trying to turn the place around". Staff were positive about their role and acknowledged the improvements to the care home. Staff told us "I love working here" and "It's a nice place to work."

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. The PIR stated "I make sure that staff have an understanding when it comes to the whistle blowing procedure and are able to make their views known to outside professionals and outside groups without identifying themselves".

Surveys had been sent out to people's relatives to gain their views on the home. The survey allowed people and their representatives to give their views on such areas as the environment of the home, politeness of staff, privacy and dignity and whether visitors were welcomed. The responses in the returned survey forms were analysed and actions drawn up for any areas of improvement. This was then communicated back to the participants of the survey. In addition monthly visits were made by the area manager and the nominated individual. Records of these visits would further support the registered manager to monitor that all areas requiring improvement had been addressed between quality assurance visits. Examples of improvements made were, a new menu, the employment of an activities organiser and plans for the garden.