Care Community Limited

# Highfield House

**Inspection report**

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

The inspection took place on the 15 and 16 January 2015 and was unannounced.

Highfield House provides residential care for six adults who have mental health disorders and physical disabilities. At the time of our inspection there were five people living at the home.

The service did not have a registered manager. The previous registered manager left in October 2014. A registered manager is a person who has registered with the Care Quality Commission (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. The service had been without a registered manager since October 2014. A new manager had been appointed who was applying to become registered with CQC.

People were not protected against being cared for by unsuitable staff because robust recruitment procedures were not always applied. There had been delays in notifying us of some incidents affecting the wellbeing of

# Summary of findings

people living at the home. CQC monitors events affecting the welfare, health and safety of people living in the home through notifications that providers are required to send to us.

People were protected from the risk of abuse by staff who understood safeguarding procedures. In addition people's medicines were managed safely. However people were not protected against the recruitment of unfit or inappropriate staff because robust recruitment procedures were not always applied.

People were supported by staff that received trained to carry out their role. The current arrangement of one waking and one sleeping staff at night were under review at the time of our visit. Staff were supported in their work by the management team. People were also protected by the correct use of the Mental Capacity Act (MCA) 2005.

People's privacy, dignity and their choices about daily activities were respected by staff. People benefited from activities at the home and trips out in the community. There were arrangements in place for people to raise concerns about the service.

Monthly quality assurance checks on the service had been completed by the management as a way of ensuring the quality of the service provided.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

**We recommend that the service consult The Misuse of Drugs and Misuse of Drugs (Safe Custody) Regulations 2001 as amended for information about storage for controlled drugs.**

**We recommend that the service consult The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.**

# 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?**

**Requires Improvement**

The service was not as safe as it could be.

People were not always protected by robust staff recruitment practices.

People's needs were being met by current staffing levels although arrangements at night were under review.

Staff had the knowledge to safeguard people from abuse and there were safe systems in place for managing people's medicines.

**Is the service effective?**

**Good**

The service was effective.

Staff received support and training to carry out their roles.

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

People were consulted about meal preferences and supported to eat a balanced diet.

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

**Is the service caring?**

**Good**

The service was caring.

Staff had knowledge of people's needs and knew when and how to approach and respond to people.

People were involved in decisions about how they spent their day and aspects of how the service was provided.

People's privacy, dignity and their choices were respected by staff.

**Is the service responsive?**

**Good**

The service was responsive.

There was an individualised approach to providing care and support.

People took part in activities in the home and trips out in the community.

There were arrangements to respond to concerns and complaints.

**Is the service well-led?**

**Requires Improvement**

The service was not as well led as it should be

A manager had not been registered with the Care Quality Commission.

# Summary of findings

There had been delays in sending required information in the form of notifications to the CQC.

Management were accessible to people using the service, their representatives and staff.

People benefitted from monthly checks to ensure a consistent service was being provided.

# Highfield House

**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 15 and 16 January 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with two people who use the service and two relatives. We also spoke with management and two members of staff. In addition we spoke with two visiting health care professionals. We carried out a tour of the premises, and reviewed records for three people using the service. We also looked at five staff recruitment files.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 looked at other information received from the service such as notifications. CQC monitors important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

Following our inspection we contacted a number of health and social care professionals using information supplied to us by the home.

Requires Improvement

# Is the service safe?

## Our findings

People were placed at risk of being supported by unfit and inappropriate staff because robust recruitment procedures were not always applied. Three members of staff had been employed without checks of their conduct during all of their previous employment or their reasons for leaving previous employment which involved caring for vulnerable adults. Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However risk assessments had not been completed in relation to information included on DBS checks for two members of staff

**This was a breach of regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010.**

People lived in a home that was clean and this was confirmed by a relative of a person using the service who visited on a regular basis. They told us the home was "generally clean". The laundry had washable floor and wall surfaces and there were facilities for hand washing and personal protective equipment for staff was available. Although there were checks on the cleanliness of the environment of the home, we found that there was no audit system for checking on how risk of infection could be controlled and prevented.

People's medicines were managed safely. Medicines were stored securely and the temperature of the storage cupboard and refrigerator was monitored and recorded. Storage facility temperatures had been maintained within correct limits. However medicines that require stricter controls, whilst being stored in a secure cupboard, did not meet the specific legal requirements for storage. We discussed this with the manager during our visit.

People were given their medicines on time and appropriately. Staff responsible for administering medicines had received training and were subject to twice yearly competency checks. Medicines Administration Records (MAR charts) showed there were systems in place to record administration of medicines appropriately. There were no gaps in the recording of administration on the MAR charts. Individual protocols were in place for medicines prescribed to be given as necessary. There were records of medicines being received into the home and being disposed of when required. Stock checks were carried out twice daily.

People were cared for by staff with the knowledge and understanding of safeguarding. Information sent to us before the inspection showed the majority of staff (12 out of 13) had received training in the safeguarding of adults. When we spoke with them, they described the arrangements for reporting any allegations of abuse relating to people using the service including reporting to outside agencies if necessary. A policy was in place to guide staff in taking action to safeguard people using the service. This included information about reporting any abuse to relevant agencies. One person using the service confirmed they felt safe living at Highfield House.

Staff were aware of whistleblowing procedures and of outside agencies that could be contacted with any concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. The provider's whistleblowing policy was available to guide staff and included details of how outside agencies could be contacted to raise concerns.

Risk assessments were in place. For example for smoking, and financial abuse. Risk assessments had been reviewed on a regular basis and staff had signed to indicate they had read them. In addition, information had been prepared for use in the event of a person going missing from the service. There were appropriate systems in place to manage how people's money was spent and to protect them from financial abuse.

People's care needs were being met by the staff however we received mixed views from people, their relatives and staff about staffing levels. One person told us there was "enough staff" although a relative told us that "staffing levels need to be looked at". We discussed staffing arrangements with the management of the home. They told us that these were not always based on an analysis of people's needs and therefore staffing arrangements at night were currently under review. At the time of our visit there were two staff at night, one waking and one sleeping. Due to the needs of some of the people using the service the sleeping member of staff was being called upon more frequently to assist. Consideration was being given to having two waking night staff instead of one waking and one sleeping.

Requires Improvement

# Is the service safe?

The safety of the premises was maintained through actions taken as a result of risk assessments. These ensured that people were protected from risks associated with portable electrical appliances, legionella and fire. Personal fire evacuation plans were in place for people using the service should they need to leave the building in an emergency.

**We recommend that the service consult The Misuse of Drugs and Misuse of Drugs (Safe Custody) Regulations 2001 as amended for information about storage for controlled drugs.**

**We recommend that the service consult The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.**

Good

# Is the service effective?

## Our findings

People using the service were supported by staff who had received training for their role. People confirmed staff knew what they were doing when providing support. Staff told us they had received training such as safeguarding, medicines and mental capacity. They also told us about plans for training in the future. Records sent to us before the inspection showed the training staff had received. For example fire safety, first aid and infection control. Some training was specific to the needs of the people using the service such as moving and handling and positive behaviour support.

Staff received supervision sessions on a six weekly basis and gave positive comments about these. They described the sessions as "useful" and told us they had been able to have their say and discuss issues with people using the service and staffing. In addition supervision sessions could be arranged at short notice if the need arose.

People's consent to care and treatment was always sought appropriately and this was supported by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. The management were aware of assessments that may be needed in response to a recent court ruling regarding the liberty of people in care homes. We saw evidence relating to two people using the service where applications had been approved to restrict people's liberty. Both related to the administration of medicine in certain situations.

The home had a policy 'working with residents who may lack mental capacity' for guiding staff with any mental capacity issues. Where people lacked capacity to make certain decisions, assessments had been made of their mental capacity with decisions made in their best interests.

People were regularly consulted about meal preferences. Minutes of a residents' meeting showed how people were asked for their meal choices. One person told us the meals were "lovely" and likened them to food they had enjoyed at home. Another person had requested fried egg sandwiches on a regular basis. The request had been considered with a health care professional and provided in line with the person's individual health needs. Monthly inspection visits by the management of the provider included checks that menus were appropriate to meet dietary needs.

People's healthcare needs were met through regular healthcare appointments. People attended their GP surgeries, dentists and appointments. Staff told us people were "up to date" with attendance for routine appointments. Staff told us how they supported people to access health care appointments, commenting that there was a lot of contact with health care professionals to manage people's complex needs. During the inspection people received visits from health care professionals both routinely and in response to a request by the home. For example concerns about one person's health had resulted in increased monitoring by staff and a prompt visit by a GP.

People had health action plans and hospital assessments. These were written in an individualised style. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. We saw evidence of people attending health care appointments in the form of letters about hospital appointments and letters regarding referrals to health care professionals. One person told us how they had visited their GP. Staff told us how they supported people to access health care appointments. A relative of a person using the service described how staff supported the person's health condition. They commented that the person's needs were "managed quite well by staff".

Good

# Is the service caring?

## Our findings

People told us staff treated them with kindness. Staff were respectful and caring in their interactions with people. We observed on several occasions how staff and management were alert to a person's emotions and offered appropriate and effective reassurance. This was clearly based on their knowledge of the person's individual needs. One visitor we spoke with described the care and support given to their relative as 'brilliant' and stated staff were "always there if (the person) needs anything". They were clearly knowledgeable about their relatives care needs and told us they were kept up to date with any changes to the person's support plans. Another relative of a person using the service commented "the care (the person) gets is very good". They also commented how staff would spend time talking with the person.

A visiting health care professional told us how staff were "very good" when supporting patients when any examination was needed for health reasons. Another healthcare professional told us the family of a person using the service "spoke highly of the care their relative received".

The monthly inspection visit by the management of the provider for November 2014 noted "Excellent relationships between staff and residents – evidence of good practice".

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of service user meetings demonstrated how people using the service were able to express their views. Meetings were normally held on a Sunday night with people consulted about their wishes and plans for the week ahead. People had also discussed activities, trips out and meals out of the home. Other meeting minutes showed that people had taken part and enjoyed activities and trips out of the home.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. They told us people should be treated how they (staff) would like to be treated in terms of their privacy and dignity. Staff also told us how they would promote people's independence when supporting them with personal care, offering choices of colours of clothing for example. They also described the importance of supporting people to be as independent as possible. A relative of a person using the service described how the facilities at the home such as a large individual room and walk in shower had allowed the person more independence and less staff involvement with personal care.

Relatives of people using the service were made welcome when they visited the home. There were no unnecessary restrictions placed on visitors. Information sent to us before the inspection visit from the service stated "We ensure that the people who use our service are supported to maintain relationships with the people that matter to them outside of the home."

One relative had visited on an almost daily basis for over a year. They told us they felt they were welcomed by the staff and commented on the lack of visiting restrictions describing an "open house". The relative told us staff provided a meal for them when they visited. Another relative commented about staff, "I do feel that I can talk to them". Arrangements had also been made to enable the wife of one person using the service to spend nights with them at Highfield House. We also saw how one person was supported to follow their preference to spend some of their time out of the home in the company of their relative.

Good

# Is the service responsive?

## Our findings

People received individualised care and support with their preferences and requirements clearly written in their care and support plans. Specific instructions were given for staff to follow, for example "'I will ask staff to close my windows and draw my curtains. Do not do this until I ask you to" and "Please do not rush me". We observed that the windows in the person's room were left open in the daytime when the room was unoccupied.

Support plans had been kept under review, with amendments made as needs changed or reviewed on an annual basis. The acting manager told us how the social needs of one person were being considered where these had been identified as different from other people using the service due to their age. Plans had been made based on consultation with the person themselves. Additional reviews of the support plans were undertaken through the monthly inspection visit by the management of the provider.

Health care professional's feedback was positive about the personalised care and support given to people. One social care professional commented on how she had been "pleasantly surprised" the service had "managed very well" in response to the complex individual needs of a person using the service.

People had communication passports to help staff understand how the person might communicate different needs and wishes. One relative of a person using the service told us they had shared information with the home about the person's specific needs around interacting with others. This had been taken on board by the service and we saw this demonstrated by the staff team during our inspection.

People were supported to take part in activities and interests both in the home and in the wider community. For example the home had responded to one person's requests to renew their faith by arranging for them to obtain relevant items and receive a visit from a representative of their chosen faith.

Information was available and staff and management were aware of people's life histories. Staff knew that the recording of people's beliefs and important events might be relevant to offering support in the future. Photographs showed people had engaged in activities such as singing, shopping and visits from relatives. People had requested the return of a singer who had previously visited the home and this had been arranged as part of the Christmas celebrations.

There were arrangements to listen to and respond to any concerns or complaints. Information explaining how to make a complaint was available in a format suitable for people using the service using plain English, symbols and pictures. The service told us they had received two complaints in the previous 12 months both about the same issue. Records of complaints and relevant correspondence showed these had been investigated and responded to appropriately.

We received feedback from a healthcare professional who told us how they had raised concerns with the management about records not being completed for one person. In response the service had ensured the relevant records were completed. A relative of a person using the service told us how they would freely approach staff if they had any concerns. Another relative stated "I do feel I can talk to them"

Requires Improvement

# Is the service well-led?

## Our findings

Important events affecting people using the service had not been promptly notified to us. We found Deprivation of Liberty Safeguards had been put in place for two people using the service in 2014. However there had been a delay with notifications about the outcomes of the two standard applications made by the home. Notifications must be made without delay.

**This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.**

At the time of our inspection the service did not have a registered manager. The previous registered manager left in October 2014. A manager had recently been appointed whose intention was to apply to become the registered manager for Highfield House.

Staff said they were supported by the management team and were generally positive about the current management of the service. They described the management as "brilliant", "approachable" and they had "got the ball rolling" with improvements to the service such as staff training. During our visit we saw how the acting manager was available to respond to any requests from people, their representatives, visiting professionals and staff.

Links had been made with the local community when complaints were received about noise from the home. Management had been proactive in arranging meetings with neighbours to hear their concerns and address the issues raised.

People benefitted from checks to ensure a consistent service was being provided. Monthly inspection visits by a representative from the provider had been introduced. The inspection visits covered a range of areas including peoples' finances, inspection of the premises, checks on activities undertaken and interviews with people using the service and staff. Reports were produced that included matters arising from visits and action to be taken with deadlines for completion. The visit for November 2014 included checks on activities undertaken by people and an inspection of the premises. However the management of the service had previously failed to identify the lack of effective staff recruitment procedures.

Satisfaction surveys had been sent to people using the service, their relatives and relevant health and social care professionals to gain their views on the service provided. A number of these from different groups had been returned. The deputy manager told us that, as a result of some feedback, improvements had been made to the area to the front of the home. However the results of the surveys as a whole had not been collated and there was no action plan for improvements that may have been identified.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers<br><br>**The registered person was not operating effective recruitment procedures because they did not ensure all the information specified in Schedule 3 was available.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents<br><br>**There had been a delay by the registered person in notifying the Commission of the outcome of authorisations to deprive service users of their liberty.** |