

# Highland House Residential Home Limited

## Highland House

### Inspection report

Littlebourne Road  
Canterbury  
Kent  
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Date of inspection visit:  
02 March 2017

Date of publication:  
15 March 2017

### Ratings

Overall rating for this service	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### Care service description

Highland House is a large detached property, set in large, well-maintained grounds, just outside Canterbury. It is a privately owned, family run service and provides accommodation and personal care for up to 30 older people, some of whom may be living with dementia. On the day of the inspection there were 27 people living at the service. The provider is a limited company with four directors. The service is run by two of the directors, one of whom is the registered manager. They were both present on the day of the inspection. 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 and associated Regulations about how the service is run.

### Rating at last inspection

At the last inspection, the service was rated Good overall and Requires Improvement in the Well Led domain.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 June 2016. A breach of legal requirements was found. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook a focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Highland House on our website at [cqc.org.uk](http://cqc.org.uk).

### Rating at this inspection

At this inspection we found the service remained Good and is now rated Good in the Well Led domain.

### Why the service is rated Good

The service had improved since the last inspection. Notifications had been submitted to CQC in a timely manner and in line with guidance.

People, their relatives and staff told us they felt the service was well-led.

The management team were visible and led by example. They promoted openness, transparency, responsibility and accountability. The registered manager and directors had a clear vision, which was shared with people, their relatives and staff, with regard to the quality of service and any future plans.

People, relatives, health professionals and staff were able to provide feedback to the management team to drive improvements of the quality of the service provided. The registered manager regularly met with people, their families and staff to encourage them to input into the day to day running of the service.

There was effective and regular auditing and monitoring of key things, such as, health and safety, infection control, staff levels and the environment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

Good ●

The service was well led.

We found that action had been taken to improve the service.  
Notifications had been submitted to CQC in line with guidance.

People, their relatives and staff felt the service was well-led.

The management team encouraged an open and transparent culture.

People, their relatives, staff and health professionals were involved in developing the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified.

# Highland 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 checked 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 02 March 2017 and was unannounced. This inspection was completed by one inspector. The inspection was carried out to check that improvements to meet legal requirements planned by the provider after our last inspection in June 2016 had been made. We inspected against one of the five questions we ask about services: Is the service well led? This is because the service was previously not meeting one of the legal requirements.

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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and spoke to people who lived there and their relatives. During our inspection we observed how staff spoke with and engaged with people. We spoke with four staff, one director and the registered manager. We looked at how people were supported throughout the inspection with their daily routines and activities and checked if people's needs were being met. We looked at a range of other records, including audits and records about how the quality of the service was monitored and managed.

We last inspected Highland House in June 2016 when a breach in regulation was identified.

# Is the service well-led?

## Our findings

People, their relatives and staff felt the service was well-led. People knew the staff team and management by name and said they could rely on staff to support them. A relative told us, 'I have been coming here for a few years. The changes have been remarkable. [My loved one] receives excellent care. [The registered manager] is always on-hand if I need to check anything. Highland House is definitely well led'.

At the last inspection in June 2016 the provider had failed to notify the Care Quality Commission (CQC) of reportable events in line with guidance and without delay. At this inspection the management team understood their responsibilities in recording and notifying incidents to the Kent local authority and CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. CQC had been consistently notified in line with guidance and there had been no delays in reporting. The breach in regulation found at the previous inspection had been met.

People, their relatives and staff were involved in developing the service. A 'you said – we did' board was displayed in the service and the registered manager told us this was regularly updated. The most recent action taken was 'You said – you wanted a clock in the dining room. We did – put up a new clock'. There was an open and transparent culture where people's views and ideas were encouraged. The provider noted on the Provider Information return (PIR), 'We emphasise people management that is Person-Centred, supportive, open, honest, inclusive and non-discriminatory'. People, their relatives and visiting health professionals were asked, through a survey, if they felt the service was well-led. The results were positive. One person noted, 'I am very happy in Highland House and find it to be well run at all levels. All staff are helpful without exception and any suggestions I make seem to be followed up'. A visiting health professional commented, 'The home is very tastefully decorated, clean and well run. All the staff are very approachable and helpful. Residents appear contented and well cared for'.

The management team worked with organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. The registered manager told us, "Every pound we spend has to have a benefit for the residents". For example, the registered manager had enrolled with the University of Bradford, School of Dementia Studies, to complete a 'dementia care mapping' course. (This is an established approach to achieving and embedding person-centred care for people living with dementia and is recognised by the National Institute for Health and Clinical Excellence. It empowers staff teams to engage in evidence based critical reflection in order to improve the quality of care for people living with dementia). The registered manager told us they intended to hold workshops with the staff to develop their knowledge and drive improvements.

Innovation was recognised, encouraged and implemented in order to drive a high quality service. For example, staff had taken part in a workshop to learn how to enable people living with dementia to live well and thrive through creative and meaningful activities. During the inspection people were taking part in activities on a group and a one to one basis. There were plenty of smiling faces and lots of laughter.

Staff wore a name badge and a uniform and a board displayed each member of staff with a photo and their name to remind people and their relatives who was who. The registered manager worked with the staff each day and told us, 'As the registered manager, I lead by example, I provide hands-on personal care, serve breakfasts and sometimes cook! My role also includes making difficult decisions and recognising areas that require improvement. This includes working closely with staff to find a positive outcome for a resident who had started to become physically aggressive, which made some staff apprehensive. Through personalising their day [using their preferred routines], their behaviour has significantly improved without the need for medical intervention'.

The provider made sure there were resources and support available to develop the staff team and improve people's quality of life. The registered manager told us, "As managers we continuously take on board the feedback from staff to improve the service. We look to understand any issues, then work alongside staff to find a solution. This could be investing in additional staff or using our experience to highlight where a different approach can be more efficient". The provider noted on the PIR, 'Where a member of staff has a change in circumstances, we work with them so that they have the opportunity to maintain their position, whilst maintaining a work life balance. We have 30 regular members of staff and work closely with everyone on a daily basis'. Staff said, "The manager is here every day. We all work closely. I feel supported and valued".

Staff understood what was expected of them and their roles and responsibilities. An email received from a health professional noted, 'We were called out to assist following the death of one of your residents and we were greeted by [staff member]. Myself and my colleague were both impressed by their level of professionalism they showed us. It was obvious they knew the person well and was familiar with their history and medical needs. They were able to answer our questions accurately and it was apparent they genuinely had a great affection for this resident. [Staff member] was an excellent advert for your home and they assisted us to deal efficiently with a difficult task in a respectful way. They stood out as an excellent example of just how good people can be at these challenging roles'.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Regular quality checks and audits were carried out on key things, such as, health and safety, infection control, staff levels and the environment. These were recorded and action was taken to address any shortfalls. For example, the registered manager arranged extra staff at the busiest times of the day to make sure people had the support they needed, when they needed it. Care plans were updated as people's needs changed and were regularly reviewed to make sure they were up to date. Any changes in people's needs were discussed at the handover between shifts to make sure staff were kept up to date.