

Highfield Manor Care Home Limited

Highfield Manor Care Home

Inspection report

70 Manchester Road
Heywood
Lancashire
OL10 2AW

Tel: 01706623388

Date of inspection visit:
05 November 2019
07 November 2019

Date of publication:
03 December 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

About the service

Highfield Manor Care Home is a residential care home providing personal care for up to 38 people aged 65 and over in one adapted building. There were 35 people accommodated at the home at the time of the inspection.

People's experience of using this service and what we found

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. Staff were trained in equality and diversity. People's equality and diversity was respected by a caring staff team and where they wanted they were supported to continue with their relationships. The service had achieved accreditation with an organisation which concentrated on dignity in care for people with a dementia.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff training enabled them to care for people at the end of their lives.

The registered manager conducted audits and attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service and relatives were able to air their views about how the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was requires improvement (published 11 December 2018). Since this rating was awarded the provider has altered their legal entity. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

Why we inspected.

This was a planned inspection based on our methodology for inspecting services with a new legal entity. You

can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield Manor Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Highfield Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Both the local authority and Healthwatch Rochdale were positive about improvements made at Highfield Manor care Home. We used all this information to plan our inspection.

During the inspection

We talked with three people who used the service and three visitors about their experience of the care

provided. We spoke with the registered manager, area manager, the cook and three care staff. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, policies and procedures. We toured the premises and observed how staff interacted with the people they looked after.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records for the organisation and further training that was to be provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe. People commented, "I feel very safe here. I told you it is ok here" and "I feel safe and enjoy it here." A relative told us, "I can feel we can walk away and leave him. [Name of person] is safe and that is a big thing for us."
- Staff were trained in safeguarding vulnerable people and there was information in the hallway they could use to report any incidents confidentially. Staff had access to a whistle blowing police (this is a commitment by the service to not penalise staff for any reporting of abuse). Staff said they would use the procedures to report any poor practice and action would be taken by the registered manager.
- We saw the registered manager recorded and acted upon any safeguarding referrals and liaised with other organisations to seek a satisfactory outcome.

Assessing risk, safety monitoring and management

- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity. There were also risk assessments for any hazards in the environment such as slips, trips and unsafe equipment to help protect the health and welfare of people who used the service.
- Equipment in the home was maintained, such as gas and electrical equipment to ensure it was safe.
- Staff were trained in fire safety and the fire system and staff competency was regularly checked. People had a personal emergency evacuation plan and there was a business continuity plan to cover all types of emergency.

Staffing and recruitment

- The recruitment of staff was safe because all the required checks were undertaken prior to a person commencing employment.
- All the staff we spoke with said they felt there were enough staff to meet people's needs. We saw people did not wait long when they required support. Staff made comments such as, "There are enough staff. We have time to have a chat with people."

Using medicines safely

- The administration of medicines was safe. We checked the systems for ordering, storing, administering and disposing of medicines. We checked the medicines administration records and saw there were no errors. Medicines were recorded when they were given.
- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice.

- The medicines systems were audited to check for any errors and if found they were rectified, and advice sought to ensure people had not come to any harm.
- Medicines were stored safely in a locked room and trolley which was attached to the wall. The temperature of the room and fridge was recorded to ensure medicines were stored to manufacturers guidelines. There were safe guidelines for staff to administer 'as required' medicines.

Preventing and controlling infection

- A person who used the service told us, "They keep my room very clean and tidy, every day." A relative said, "It is always clean and tidy. They clean it up if something happens." We observed the home to be clean, tidy and fresh smelling. The cleanliness of the home was audited by management to ensure standards were maintained. There were policies and procedures for the prevention and control of infection staff could refer to if needed.
- Staff were trained in infection prevention and control topics and had access to personal protective equipment (PPE), which we observed being worn to help prevent the spread of infection.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was an assessment of need for each person prior to admission to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people were able to follow their religion of choice.

Staff support: induction, training, skills and experience

- All staff received an induction when they commenced employment to ensure they were aware of the facilities and services offered. Staff new to the care industry were enrolled on a more comprehensive induction using the Skills for Care guidelines, which covered all aspects of basic training. Staff were then encouraged to complete a course in health and social care such as a diploma.
- Staff received regular refresher training. We looked at the training program for the organisation and saw training had either been completed or arranged to ensure staff remained up to date with any changes. Staff told us, "I have done all the training and the Daisy training which was eye opening and worthwhile" and "I have completed all the training everyone else has done and am completing the level three diploma in health and social care."
- Staff received regular supervision and an annual appraisal. All the staff we spoke with said they could discuss their careers and personal issues during supervision and appraisal and felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of nutritious meals and drinks to keep them hydrated. People told us, "The food is good. I have no complaints about the food. It is good home cooked food", "The food is very good and there is a good choice" and "The cups of tea are well nice, and the food is very good."
- People's nutritional needs were assessed and where necessary specialist advice sought from a speech and language therapist or dietician. We saw that where required meals were fortified, or people were given supplements to maintain their weight. We spoke with the cook who was aware of any special diets and any allergies people may have.
- People were given a choice of meal at every serving. Drinks and fresh fruit were readily available. We saw there were sufficient supplies of dried, canned, fresh and frozen foods to ensure people received a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service liaised with other organisations. This included the local authority commissioning team who had supported the home to make improvements to the environment and more meaningful activities for people who had a dementia.
- The registered manager had contact with other agencies and managers from within the organisation to discuss best practice topics. The service had achieved the top rating following the local authority oral health care nurse's assessment. Each person had their own GP

Adapting service, design, decoration to meet people's

- The service had improved the environment for people who had a dementia. People's bedroom doors were individually coloured, and they had a memory board containing photographs or items of familiarity they could identify with. There were tactile pictures and items on the wall to provide interest. People we spoke with said, "I have a good room and it has enough space. I moved to a better room" and "My room is OK. I can use the lift to get to it and they keep it tidy for me. "
- We saw that people had personalised their rooms to own taste with the addition of ornaments, family photographs and their own furniture to help them feel more at home.
- We saw there was a choice of bath or shower and equipment was provided for people who needed assistance with their mobility. Further improvements included the use of new brightly coloured seating for easy recognition.

Supporting people to live healthier lives, access healthcare services and support

- From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork. 16 people were currently assessed as requiring a DoLS, with further applications or reassessments going through the process.
- Where possible people were involved in developing their care plans and signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were trained to respect people's individuality. All staff had completed training in LGBTQ equality. Staff told us, "I completed this training and for me it was not long enough. I was intrigued to feel how a person had to cope with being different", "I found the LGBTQ training was very useful" and "LGBTQ training was great for treating people as individuals."
- We observed staff during the inspection. Staff had a good relationship with people who used the service and were kind and caring. People who used the service told us, "The staff are very nice. I have made friends here with staff and the other people who live here", "The staff are all very kind and easy to talk to" and "The staff are all kind are caring I have a good laugh with them." Relatives said, "We are very happy with the care here and how much our family member has improved."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. People were able to attend a religious service of their choice or maintain contact with their partners.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager held meetings with people who used the service and recorded each person's individual response. We saw that people were taken out to have a drink, went shopping and the menu was changed following meetings. The relatives we spoke with were very happy with the care provided, how they were consulted and informed of any changes in the care or support needs of their family member.
- Plans of care recorded each person's personal preferences and preferred daily routine. This informed staff of how a person liked to be supported and ensured they received care in a manner acceptable to them.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- Relatives were asked for their views in satisfaction surveys. We looked at the results for 2019 which showed relatives were happy with care and support of staff, management, the environment, meals and activities. Comments included, "The quality of care is very good, and staff are friendly and approachable", "Over the last 18 months the home has improved vastly" and "The registered manager provides a service with patience, understanding and a good sense of humour."

Respecting and promoting people's privacy, dignity and independence

- The service had achieved an award of excellence from the Daisy award scheme. This scheme assesses how staff treat people with individuality and dignity. The excellence score is only awarded to the homes who

show outstanding care and support to people who live with a dementia.

- Staff received training about confidentiality topics and we saw all records were stored securely.
- Visiting was unrestricted and we saw people could see their visitors in private if they wished. Relatives told us, "The staff are welcoming, know my name and have a smile for me. They offer me a drink. They treat all the visitors very well" and "There is a good staff team. They are very welcoming and inclusive. We get involved when we can." People were encouraged to remain socially active.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care were developed with people who used the service if possible, family members where appropriate and regularly reviewed. The plans were detailed and gave staff sufficient information to deliver effective care.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- The registered manager and other key staff audited the plans to ensure they remained effective and updated to reflect people's care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in a format suitable to each individual. We saw that some policies, for example, the complaints procedure had been simplified and menus produced as photographs of the meal to help people make a choice. The area manager was working on other documents to provide more information in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements had been made to the activities on offer. There was an activities coordinator who provided activities with a group, or, if more beneficial to individuals. One room had been converted to 'The Rovers'. A replica of a pub where games and other activities could be enjoyed in comforting surroundings. We saw that this was widely used and appreciated.
- Other activities included arts and crafts, bingo, pamper sessions, bowls, going shopping, baking sessions, music and exercise.
- The care home interacted with the wider community. A school choir come into the home to sing, other entertainers provided music and the service went out to venues, including a high school for a meal where a band played for them. The service had also commenced a community project where people send and receive postcards worldwide.

Improving care quality in response to complaints or concerns

- All the people we spoke with and relatives thought they could approach the registered manager with

concerns.

- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

End of life care and support

- The service did not currently provide palliative care. Staff had completed end of life training and could offer care and support for people who used the service, staff and families in times of bereavement.
- We saw that where people were able and wanted to a comprehensive document had been completed which detailed a person's end of life wishes. This would ensure staff provided the exact care a person wanted when they reached the end of their life.
- The service had contacts with external professionals who would support the service should a person require end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open, inclusive and empowering. People said, "The manager is great" and "The registered manager is lovely." Relatives said, "The manager is brilliant, and she does not give up on anybody" and "The manager is great. She gets things done." Staff also thought the registered manager was, "Very supportive and you can go and chat about everything" and "The manager is approachable and has pushed and supported me a lot."
- Staff were able to attend regular meetings. Good practice information was discussed, and staff were asked for their views to help improve the service. All the staff we spoke with thought they contributed to the meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We saw that the registered manager conducted audits to maintain and improve the service. Audits included cleanliness of the building, infection control, health and safety, medicines and plans of care. The area manager also conducted audits around all aspects of running the service and plans made with the registered manager for improvement where required.
- There was a clear management structure and staff felt supported at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The service was committed to involving people who used the service during meetings. At the meetings the registered manager asked questions around the care and facilities. This simplified way of conducting quality assurance surveys was easier to record and act upon for people with varying degrees of mental capacity. Family members were also asked for their views about how the service was performing.

Continuous learning and improving care

- The registered manager attended meetings within the organisation and the health and social care community to discuss best practice to help drive improvement.
- There were handover meetings for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

Working in partnership with others

- We saw the service was working and liaised with many organisations within the health and social care sector including the local authority, Healthwatch Rochdale, NHS Stockport (Daisy accreditation) and various healthcare professionals. The service had made many improvements which were commented on by all the organisations and were due to attend an award ceremony for their efforts.