

92 Higher Drive Limited Highfield House

Inspection report

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Purley
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Ratings

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

Summary of findings

Overall summary

About the service

Highfield House is a residential care home providing personal and nursing care to up to 45 people. The service provides support to people who are living with complex neurological conditions. At the time of our inspection there were 36 people using the service. Highfield House accommodates people across three separate wings. This includes a high dependency unit for people who require ventilation. There is also a nursing unit and a unit supporting people with their rehabilitation. Included in the staff team is a dedicated therapy team, providing on-site physiotherapy to support people's rehabilitation.

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

People received safe care and treatment. Staff were knowledgeable about how to maintain people's safety and provided care in line with best practice guidance. Care staff worked with the physiotherapy team and other specialist healthcare professionals to ensure they had the skills to support each person at the service and knew how to use the required equipment safely, this included receiving tailored training on how to meet each person's needs. The provider reviewed their practices in response to any incidents that occurred at the service to ensure they were learnt from and action was taken to minimise the risk of recurrence.

Safe staffing arrangements were in place. There had been a large recruitment drive since our last inspection and many new staff were in post. This had reduced the reliance on agency staff and further plans were in place to continue to strengthen the staff team. Induction processes had been improved including the delivery of more clinical training, so staff had greater knowledge prior to starting to provide hands on care. There was a regular programme of training to enable staff to update their skills. However, we recommend the provider reviews their practices to ensure agency staff are competent to undertake all activities assigned to them.

The management team had been restructured. As part of this there had been additional roles created to provide further clinical leadership at the service. Governance processes had been strengthened to enable the nursing team to discuss examples of care and how they had been learnt from to improve practice. There was a commitment to continuous improvement, a regular programme of audits and review of key service improvement.

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

Rating at last inspection and update

The last rating for this service was good (published 11 August 2022).

Why we inspected

We received concerns in relation to the delivery of safe care and treatment, risk management and staffing arrangements. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Highfield House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector and a specialist advisor, who specialised in nursing and infection control.

Service and service type

Highfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The previous registered manager had recently left and a new manager had only come into post the day before our inspection site visit. They had plans to apply to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people, 2 relatives and 16 staff, including staff from the management team (including the nominated individual), the service improvement team, the recruitment team, the training department, physiotherapy, nursing, care staff and domestic teams. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records relating to people's care, medicines management, staff recruitment, staff training, audits, policies and records relating to the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People received safe care and support. A relative told us their family member was still alive due to the prompt action from care staff when they noticed their family member had become unwell. They also said, "I know my mum is safe, in every way. I can sleep at night... My mum has a new lease of life since being here."
- Staff were knowledgeable of the needs of the people using the service and how to support them in line with best practice guidance. We observed staff providing people with prompt support to ensure their safety and comfort. One person was observed asking staff for support as they were uncomfortable in their wheelchair. Staff provided prompt support to ensure this person was supported to reposition.
- Staff understood how to safely use the equipment provided to people to keep them safe. This included receiving tailored training to support one person who had a different ventilator to that which was usually used at the home, so staff knew how to use the equipment safely and in line with this person's needs.
- Staff worked with the clinical skills training team and specialists from a NHS trust to ensure they had the knowledge and skills to provide safe and appropriate care in line with best practice guidance.
- The physiotherapy team worked with care staff to ensure safe moving and handling was in place for each person at the service. The physiotherapy team provided individual training, as well as pictures and videos about how to support each resident safely with their mobility needs.
- The allocation of agency staff had been reviewed to ensure they did not work with more vulnerable people at the service and were not involved in the complexities of supporting people who required ventilation or tracheostomies to further enhance safe working practices. However, we had concerns that competency checks were not undertaken by the provider on agency staff and we had concerns about the risks associated with this, especially when agency staff were supporting people who had a percutaneous endoscopic gastrostomy (PEG) feeding tube in place.

We recommend the provider reviews their practices to ensure agency staff are competent to undertake all activities assigned to them.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- The provider responded appropriately when things went wrong and incidents occurred. This included a full review of their systems, processes and any issues related to staffing. Action was taken to make improvements to further protect people's safety and welfare, this included improving pre-assessment processes and ensuring sharing of information to all relevant staff.

Staffing and recruitment

- There were safe staffing levels at the service. One person told us, "There's always staff around. I just shout if I need them." The home had continued with its recruitment activity to increase their staff team and have less reliance of agency staff. The home continued to restrict its bed numbers until they felt they had sufficient staff to open all beds at the home safely.
- The impact of this recruitment activity could be seen at this inspection. The use of agency staff had reduced by 500hrs between November and December 2022.
- The physiotherapy team was now fully staffed and they were now able to meet their targets to ensure they provided people with the required number and frequency of physiotherapy sessions to support their rehabilitation.
- There were plans in place to increase the number of nurses allocated to each floor to support the opening of all the beds at the service and to provide further clinical oversight. We will review the impact of this at our next inspection.
- Safe recruitment practices were in place to ensure people were supported by suitable staff. This included obtaining more than one reference, checking people's eligibility to work in the UK and undertaking criminal records checks.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we identified some minor improvements required regarding the practices around cleaning of tracheostomy tubes. We spoke with the provider about this who took on board the advice and told us they would change their practices.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no visiting restrictions in place at the home. Relatives were visiting at the time of our inspection and they confirmed they were able to visit their family member whenever they wished to. If they were unable to attend, staff supported them to contact their family through phone and video calls.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection the provider had rebranded their service as a specialist care centre, and with this they had undergone a reorganisation of their staffing team, in particular their management team. The deputy/clinical service manager had been made a supernumerary position and additional matrons/ward managers had been recruited so there was one per floor at the service to further strengthen the clinical leadership of the service. The reorganisation had also made staff's roles and responsibilities clearer so they knew what to focus on, who to go to for support and when they needed to escalate concerns.
- Senior nursing staff had completed leadership and management training to provide them with further skills around decision making and empower them to lead their floors.
- Senior nursing staff were now involved in governance processes and asked to present a case at the regular governance meetings as a means of reviewing the quality of care delivery and a reflective practice session. As part of this the team had improved handover arrangements to improve upon effective communication amongst the staff team.
- There was a regular programme of audits and review of key service information, this included compliance with mandatory training. At our last inspection the provider was aware that staff compliance with training was something they were working on and at this inspection we saw it had improved up to 88% compliance. This was achieved through a regular programme of training opportunities. There were drop-in training sessions held every day and every night which staff could attend to update their knowledge and skills. The improvement in the induction process had also come into effect and was having an impact on the service. New staff completed additional clinical training as part of their induction process which meant they had greater knowledge when they started providing support to people.
- The findings from audits were used to drive continuous improvement. The latest audit findings showed improvements in care records were required. Actions were in the process of being completed, however, the system for reviewing and ensuring timely update of actions could be improved. The manager told us they would work with the nursing team to review the system and ensure effective and timely follow up of actions when identified. There was also additional care records training planned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us the care at Highfield House was "absolutely phenomenal... Here it's exceptional."
- People, relatives and staff were asked for their views and involved in the service. There was regular

engagement and staff were working with a group of relatives to set up a forum. This forum was working on projects regarding information for families, so they were more informed about the service and what to expect before the family member came to the service.

- During our inspection we observed one staff member speaking with a person in their first language. The staff member told us they had taken the time to teach themselves Russian, Polish and Nigerian so they could speak with people and ensure they were engaged with and involved in their care.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- Staff worked in partnership with other healthcare specialists and other relevant professionals to provide effective, coordinated care.
- Staff liaised with relevant professionals to ensure they provided care in line with best practice guidance and asked for support when needed, including the delivery of training when they had gaps in their knowledge.