High Hilden Limited

High Hilden

Inspection report

High Hilden Close,
Tonbridge, Kent
TN10 3DB
Tel: 01732 353070
Website: **www.highhilden.co.uk**

Date of inspection visit: 12 and 13 May 2015
Date of publication: 02/09/2015

Ratings

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

Overall summary

The inspection took place on 12 and 13 May 2015 and was unannounced.

High Hilden is a care home located in Tonbridge which provides accommodation and personal care for up to 40 older people The home is set out over three floors, with lift access throughout. At the time of our inspection there were 33 people living at the home. Some people were living with mobility difficulties, memory loss and sensory impairments.

The home had a registered manager. 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.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

People said they felt safe living in the home and relatives told us that their family members received safe care. However we found that not all staff understood or had the necessary guidance and information to appropriately report and respond to allegations of abuse in the service.

People had individual risk assessments. However, we found some areas of assessment missing and that some had not been updated or reviewed when people's needs changed. We have made a recommendation about reviewing and updating risk assessments.

We observed that staff sought people's consent before providing care and support. However when we spoke with staff and management they were unable to describe the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Assessments of people's capacity to make decisions had not been carried out in line with the 2005 Act.

Staff were respectful and caring in their approach. However we observed that the people who required the most care and support were not always given the support they needed to ensure they had meaningful occupation during the day.

People felt the home was well run and were confident they could raise concerns if they had any. However, whilst there were some systems to assess quality and safety of the services provided, not all areas had been considered.

The home was well-presented with a programme of on-going refurbishment and maintenance records showed that repairs were carried out promptly.

Medicines were stored and administered safely so that people received the medicines they needed.

Safe recruitment procedures ensured that staff were suitable to work with people.

People received medical assistance from healthcare professionals including district nurses, opticians, chiropodists and their GP.

People were treated with respect and dignity. Their personal records were stored securely.

There was a complaints procedure in place. Information about how to complain was displayed in the entrance lobby so that people knew how to make a complaint. People were supported and encouraged to maintain links with family and friends.

In addition to the breaches of regulation which are detailed at the back of our main report, we have also made some recommendations for the registered provider to consider for improving the service.

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 consistently safe.

Not all staff knew the correct procedures for raising a safeguarding alert with external agencies.

Risk assessments were not always sufficient or updated appropriately to ensure that staff had clear guidance in order to meet people's needs safely.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had received training and supervision relevant to their roles. Staff felt they received good support from their manager.

Staff and Management did not have a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and their responsibilities.

People were provided with adequate nutrition.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People told us they found the staff caring, and they liked living at High Hilden.

People were treated with dignity and respect, records and information about them were stored securely and confidentially.

Staff respected people's right to independence.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People knew how to make a complaint and were given opportunities to give their views. Relatives told us they were kept well informed by the home.

Some people did not have their social needs met and were not supported to take part in meaningful personalised activities.

Summary of findings

Is the service well-led?

The service was not consistently well led.

There was an open culture. Staff said they felt supported and were confident that they could discuss concerns.

People who used the service and their relatives felt the staff and manager were approachable.

There were some systems to assess safety of the services provided, however not all areas had been considered.

Requires improvement

High Hilden

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 12 and 13 May 2015 and was unannounced.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the visit we reviewed notifications we had received. A notification is information about important events which the home is required to send us by law.

We spoke with 12 people and six relatives about their experiences of using the service. We also spoke with the registered manager, four care staff, kitchen staff, the activities co-ordinator, two visitors and three trustees. We examined records which included five people's individual care records, four staff files, staff rotas and staff training records. We sampled policies and procedures and the quality monitoring documents for the service. We looked around the premises and spent time observing the support provided to people within communal areas of the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at High Hilden, that their possessions were safe and that if they were worried about anything they would feel comfortable raising their concerns: People said, "I feel very safe, I never give it a thought. It's a feeling of security and you're helped in every aspect." and "I'm well looked after." Relatives told us they could go home knowing their family member was safely cared for. "I have never seen anything that I haven't liked." Our findings were contrary to people's and relatives positive view about their safety. We found that improvement was required to ensure people's safety at all times.

The home had a copy of the local authority's multi-agency safeguarding vulnerable adult's policy, protocols and guidance. This policy is in place for all care providers within the Kent and Medway area and provides guidance to staff and to managers about their responsibilities for reporting abuse. However, not all staff were able to describe these responsibilities. There was also a one page abuse policy displayed but this did not include contact details for reporting abuse.

Staff were able to describe what abuse is although they had not had recent training in how to protect people from abuse and harm. One member of staff understood they were required to report it to the local authority, whilst others told us that they would report any concerns about abuse to the registered manager or if needed, the Board of Trustees.

We recommend that staff training and information regarding safeguarding is updated to ensure that staff have clear guidance to follow in order to keep people safe.

A number of people had mobility and sensory needs, but risk management strategies were not consistently in place. For example there were no individualised risk assessments for evacuating people in the event of an emergency such as fire. This meant people were at risk as staff did not have the information they needed to ensure people could safely leave the building in an emergency. The manager told us that they had only recently been made aware that these were required and so was in the process of developing personalised emergency evacuation plans.

Although care plans included some individual risk assessments, these were not all up to date and some were missing areas of assessment. For example we looked at the care plan of one resident with visual impairment and there were no risk assessments in place for identifying environmental or activity based hazards.

This meant people were not protected from the risk of harm because staff had not identified potential risks, did not know how to respond and did not have easily available guidance to follow. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We raised the issues of individualised and positive risk management with the registered manager and on our second day some risk assessments had been updated and others were being revised.

Staff reported that the ramped access to the garden was kept locked and alarmed due to security risks. The day of our inspection was a sunny day and the garden room was very hot and people told us they would have liked to have the doors open but understood saying "You can't leave the door open as everyone would feel unsafe." No risk assessments and systems had been put in place to manage the security issue that would enable people easy access to the gardens and fresh air.

We recommend that risk assessments are reviewed and updated appropriately to ensure that staff have clear guidance in order to meet people's needs.

People who were able to move around independently and able to use walking aids were free to walk throughout the home. However we were told that most people in the area known as "The Wing" were there because they had been assessed as having additional support needs, particularly around memory loss and mobility. Although assessed as requiring additional support we observed that when seated in the lounge they were often unattended and did not have easy access to a call bell. Instead, another person living at the home took responsibility for getting up to call for assistance if needed. Staff told us that this one person "Is the bell ringer but we come and check on them all the time."

We raised this issue with the registered manager and on the second day they told us they were sourcing new call bell pendants for people to use.

Requires improvement

Is the service safe?

The registered manager told us that there were a minimum of five care staff in the morning, four during the afternoon and two waking night staff. In addition there was a Head of Care, as well as other staff employed to cover activities, administration, catering, laundry, maintenance and cleaning. They said that staffing numbers were based on the levels of support people needed and care records showed that "The Barthel Index" was sometimes used to assess levels of independence. The home did not use agency staff and rotas showed that staffing levels were consistent, including bank holidays. Minutes of meetings and discussions with staff confirmed that when more staff had been requested, the registered manager had acted upon this and recruited two more part time workers.

People said that if they pressed the call bell this was responded to quickly. "Yes, I press my buzzer, staff come in a minute or so" and "They usually come straight away, I don't very often need something urgent." One member of the staff team told us "I think there are enough staff, as a general rule people are not left waiting."

Relatives told us that staffing levels were sufficient. They said, "They're not bad" and "Yes I think there's enough staff, sometimes you wait a while for them to open the door but they're busy." We found that although there were enough staff to care for people the deployment of those staff was not always effective or safe as people at risk of falling or requiring extra support were left alone at times. They were reliant on another person noticing they needed assistance and calling staff.

We recommend that the deployment of staff is reassessed and action taken to ensure that adequate numbers of staff are available in all areas of the home.

We looked at four staff recruitment files and found they included a completed application with previous work history, qualifications and experience of the person applying for the job. References and criminal record checks were also included. This meant that the Provider had taken action to ensure that staff were both suitable and safe to work with people living at High Hilden.

We observed medicines being given and looked at records of medicines received, disposed of and administered. Medicine Administration Record sheets (MAR) were in place and all medicine had been signed for correctly. Medicines were stored in the home's medicines room. We found that medicines identification forms were used to identify people and that these included the person's photograph, date of birth, any allergies they had as well as their GP's details. By providing this the staff had the information they needed to give people their medicines safely according to their prescriptions.

The home was well maintained. The Provider employed a full time maintenance worker to carry out day to day repairs and the maintenance book showed that any faults or issues were dealt with promptly. Other maintenance records showed that checks and maintenance were regularly undertaken throughout the building including fire equipment, gas and electrical equipment, hoists, portable appliances and the homes two lifts.

Requires improvement

Is the service effective?

Our findings

People told us they felt that staff knew them well and provided the care they needed. They told us, "They are not just here for a job, they're dedicated. They've been very well trained" and "They're pretty good, occasionally something's not right. I used to be a nurse so I know"

Relatives told us they had not needed to prompt the home to call out a visiting professional such as a G.P. One said, "They have done really well with my mum's pressure sores, called the GP and tried everything."

We observed staff obtaining people's consent before providing support. Staff told us that they asked for people's consent before carrying out personal care tasks or offering support. Staff told us, "We have to get consent on everything we do, we would never go against someone's wishes."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. It provides a process by which a person can be deprived of their liberty when they do not have capacity to make certain decisions and there is no other way to look after the person safely. We found that assessments of people's capacity to make decisions had not been undertaken and staff had not considered whether people needed to be subject to a DoLS restriction in their own best interests. The management was unable to describe when an application should be made or when best interest meetings were required for decisions on behalf of people who were not able to make important decisions for themselves. In the area known as The Wing some people required support and supervision to move around the home and one person had their legs elevated in pressure relieving leg supports. Therefore unless supported to move out of their chair and the lounge area, they remained there throughout the day. Neither the registered manager nor staff were able to describe the principles of the Mental Capacity Act 2005 (MCA) and the steps they should take to comply with legal requirements. Although staff had undertaken training, they told us that as it was three hours long it had not helped them in understanding how to apply the Act. People were therefore at risk of having their liberty restricted unlawfully.

Staff and management did not demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Assessments of people's capacity to make decisions had not been carried out in line with the 2005 Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt supported by the management and records showed that there were systems in place to ensure staff were supported through regular supervision meetings with their line manager, as well as staff team meetings. Newly employed staff confirmed that they received a three month induction including shadowing.

Staff had undertaken training relevant to their roles. The training record evidenced that training such as infection control, manual handling, promoting dignity in care and epilepsy awareness was scheduled to take place. Where we found that staff had not undertaken safeguarding training, the registered manager responded and arranged two forthcoming training sessions.

There was a training matrix that showed staff had completed a range of training however staff reported that these had not always assisted their practice.

We recommend that the training provided is reviewed in accordance with staff and people's needs.

People told us they enjoyed the food but there were mixed views as to how much choice was given. One person said, "I'm quite happy with the food. If they haven't got something I can eat they arrange toasted cheese. They get me my Worcestershire sauce". Others told us, "In the main, it's just been the odd occasion when I've had to arrange for something special when it's not been enough." Other people told us, "It's very good food, we have two choices for lunch and get more than enough"; "It's adequate, its good Care Home food. There's a main meal with a second choice"; "On the whole it's acceptable. Now and again one would prefer to be doing one's own. No, they don't give a choice."

We spoke with kitchen staff and they explained that menu planning was undertaken weekly and that some ideas had come from residents themselves and from discussion at residents meetings.

Requires improvement

Is the service effective?

The printed menu outside the main dining room did not show the alternative choice for lunch however we were told that staff gave people a choice each morning and kitchen records showed that alternatives were available.

There were two dining areas. One larger formal dining-room, and one small area in the lounge of "The Wing". Both areas had attractively laid tables with tablecloths, serviettes, appropriate cutlery, and condiments. Food looked and smelled good. A choice of drinks was available and we were told that alcoholic beverages were offered with the Sunday meal. In The Wing we observed that where people needed assistance they were given support. For example people were given cushions to sit on, an apron if needed and beakers.

Kitchen records showed that people's preferences were known to the chef and where special dietary needs were required this was also accommodated. For example, there were jars of diabetic marmalade with people's names on them. The chef told us they made an alternative pudding for those with diabetes, and also made soft foods for those who required it.

A cake was baked every day for people to enjoy, as well as for birthdays and special occasions.

Drinks were made available throughout the day and we saw that some people had jugs of squash beside them. Records showed that people's weight was regularly monitored and that if people lost more than 3kg the G.P was called.

People received medical assistance from healthcare professionals when they needed it. For example, a G.P visited the home during our inspection as staff had reported changes in a person's health. One person told us, "I wanted to keep up my regular visits to the Dentist, Optician and Eye Specialist, I make the appointment myself and go whenever I want" and another person said, "They get the Doctor, the Chiropodist etc - the staff look after it".

Care Plans gave information on general health, allergies and areas requiring on-going monitoring. Records also showed that people had regularly seen the district nurse, optician, chiropodist, and had attended hospital appointments when needed. Medicine reviews had taken place for some individuals in February 2015 and the manager had written to other G.Ps requesting reviews for their patients. Where people had care plans that referenced health needs such as diabetes and pressure sores staff told us that as they were unable to provide nursing care, they contacted G.Ps and district nurses to deliver this. However where care plans called for monitoring of blood glucose levels for example, there were no records that showed this had been done.

We recommend that systems for effective monitoring and recording of assessed health needs such as blood glucose monitoring, are put in place.

Good

Is the service caring?

Our findings

People told us "I like it, I'm very happy, we have a lovely garden, I'm very contented", "Yes, it's quite a good place, in the main you can't grumble" and "I'm very happy, very content, it's better than I thought it could be."

Relatives said "I can't fault it, I've been to lots of different homes and this is streets ahead." "They have a member of staff allotted and that makes a lot of difference, it builds a good rapport and so they are aware of any possible situation that might occur."

One person said; "I have a lovely girl, I was a little timid but she's wonderful, it's more like a friendship" and another person told us, "I have a particular keyworker, she's very understanding."

Staff treated people with kindness and respect, and knew how to interact with people in a way that they preferred. Some approaches were respectfully formal, others were friendly banter. We observed laughter as well as gentle reassurance. For example, we saw one member of staff patiently helping someone into their wheelchair all the time guiding them through what was happening and then offering them a blanket.

People told us they felt cared for. One person who had recently moved to the home said, "They are all lovely. Today they came to ask me to join in and as I am a shy person that was nice of them." Another person told us, "They are not just here for a job, they're dedicated. They will go out of their way, not just one or two of them, all of them are very kind from the top to the cleaners."

The registered manager described how people were supported to feel they matter. For example, people received personalised gifts at Christmas and one person celebrated their 100th birthday with a party that included the mayor, Scottish dancers, local school children, bagpipes and their friends and family.

The Provider subscribed to an advocacy helpline which offered telephone support and advice on a range of issues to people living at the home and their families. Contact details for the helpline were displayed in the entrance lobby.

Staff were careful to protect people's privacy and dignity and we observed staff knocking on doors and waiting to be invited in. Staff told us they closed the door and pulled curtains when supporting people with personal care.

We looked at the compliments log and found that 5 people had written this year to thank the staff for the care they provided and one said: "We feel the support provided was phenomenal, she seemed to be happy and content even towards the end. Even down to having her nails painted by somebody which was something she always did."

People's information was treated confidentially. Personal records were stored securely and people's individual care records were stored in a lockable filing cabinet in the staff office.

We asked people whether they were involved in planning their care and people said; "My daughter was involved- I left that to her," Another said, "Not a care plan, we discussed when I first came, can't remember what it was all about." A relative said they knew of the care plan and went through it the "odd couple of times. Another relative said, "They have always told me everything, they phone me up if there is a problem and when I come in they always update me."

Staff told us, "People's lives are in our hands, they may be elderly but they are just as important as anyone." "You are not always just a carer you are a support worker and a shoulder to cry on." A G.P wrote in a recent questionnaire, "I have always been impressed by the good relationships staff have with patients and each other."

Some people told us they were still able to be independent. One person said they went out on the bus every day, others arranged their own health appointments. We found that one person managed their own medicines and we saw a risk assessment in place for this. Some people had telephones in their rooms as well as facilities to make themselves drinks. Staff told us that they encouraged people to maintain their independence and ability to move around unaided and where necessary were encouraged to use walking aids.

Requires improvement

Is the service responsive?

Our findings

People's views regarding how responsive the service was, were mixed depending on their level of independence and family contact. Some people said, "I don't get really bored, I've plenty of family and friends visiting, I'm very fortunate" and others told us, "You can do what you want, I've just been round the garden in the wheelchair".

Other people said, "It's difficult, I feel I'm wasting time in a sense." and, "I mostly stay in my room, I don't find the other residents forthcoming wanting to talk, I like to be able to talk". Relatives said, "There's plenty to do, the activities are amazing."

However on both days we visited we observed that people spent long periods of time with no engagement in activity, particularly those people sitting in "The Wing" or in their bedrooms.

Assessment included a day's visit to the home, as well as a G.P's report. The assessment included a personal profile that described some life history and people moved into the service for a month's trial. This was intended to be used so they could get to know the home and staff and the staff could continue to assess whether their needs could be met. Some people's care needs had been reviewed following changes in their health and where the provider was no longer able to meet their needs; some people had moved or were planning to move to new accommodation with nursing care.

Care files contained information such as general heath and routine on waking. Basic preferences regarding food, bathing and male or female carers were also noted. Care plans for managing mobility, bathing, diabetes and other health conditions were in place. Some people's care plans had been reviewed and updated regularly to reflect changes in people's health. However, others had not. For example, one person had fallen twice in April and had moved rooms to meet their changed needs. However their care plan and risk assessment remained unchanged and did not reflect their current care needs.

Staff we spoke with were able to describe people's background, their likes, dislikes and clearly knew people well. However care plans were not set out in a way that reflected this and some of the information was generalised rather than person centred. We raised this with the registered manager and on the second day of our inspection were shown how they had responded by updating and personalising some care plans.

We recommend that care plans follow best practice guidelines on personalised care planning and that the plans are maintained and accurate to reflect people's current needs.

Relatives told us that they had been involved in reviewing care plans to ensure that they met people's needs. Relatives also said staff made regular contact with them to provide updates and discuss important issues.

There was an activities coordinator employed by the provider and a timetable of forthcoming activities made available on the noticeboard. There were also photographs of people taking part in activities displayed in the main hall.

Staff told us regular activities usually lasted 1 hour, with some led by the activities co-ordinator some by volunteers and others by paid external providers. They included exercise to music, music for health, film afternoons and once a month computing. In addition the home organised entertainers and trips to local events and places of interest. However, during our inspection we observed that where people required support to be mobile or were living with conditions including sensory and memory loss, they had little activity to occupy their time. For some people, staff interaction was based around a task such as offering a drink, lunch or personal care. We observed that most activities were in the main lounge area, aimed at those people who were more independent. Staff told us that people who were in their rooms or in "The Wing" were asked if they wanted to take part in these activities but often refused.

The main lounge was pleasant and provided opportunities for socialising as well as books and magazines for quiet reading. The adjoining room provided a wide screen TV, an area to do jigsaws and a computer overlooking the garden. However The Wing in contrast, apart from the radio during the morning and the television in the afternoon, did not appear to have any resources. The manager and staff told us that The Wing was used for those people with poor mobility and memory loss, yet there were limited resources available to provide for their needs.

One person in The Wing said: "Some days are long, there's not much going on in here, there's more activity on the

Requires improvement

Is the service responsive?

other side". Staff told us that where people's needs had increased they struggled to provide person centred activities and to engage those people who had sensory, mobility and memory loss. "We need to give them more time" and "Someone needs to come in and stimulate them." One person told us "(Staff) do chat if necessary, they've not a lot of time, depends how busy" and "I'm sure they would come in and talk if I needed it".

Some people had little activity to stimulate or interest them in order to meet their needs or preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We raised this issue with the registered manager who told us they were already aware that this was a need and on the second day we were shown an advertisement to recruit a new ten hour activities coordinator post.

People told us they were supported to maintain links with their family, friends and the wider community. Relatives told us they felt welcome at any time and there were plenty of areas within the home for visiting with privacy.

Family members were encouraged to visit and take part in events. For example staff told us a garden party was held every year. They told us, "It's an opportunity for whole families to come, grand-children are free to run around and it encourages interaction and contact." Staff told us, "If a person is missing their family, we ring them." Another staff member said that they were particularly proud of, "The support we give to families and residents, especially when they are coming to the end of their life."

People told us they felt comfortable raising issues. For example, one person told us they had complained about a member of staff who had been a little abrupt and that they were happy with how it had been resolved.

We looked at minutes from residents meetings held in October 2014 and March 2015 that showed people discussing activities, food and any issues they wanted to raise. High Hilden had a complaints procedure in place which was displayed in the entrance lobby. People told us they could make a complaint at any time and would feel confident speaking to the staff or registered manager. The policy included timescales for making and responding to complaints and contact details for the local government ombudsman, as well as CQC. It had not however been updated with the current registered manager's name, although records we looked at, showed that the registered manager responded appropriately to issues raised. We saw from records that compliments had also been received.

Requires improvement

Is the service well-led?

Our findings

People told us they thought High Hilden was well run and that the registered manager was friendly and that communication was good. They told us, "She's lovely, she's so approachable" and "The place is very well run, no trouble with any of the staff". Relatives said, "It was a smooth transition in terms of the new manager. The administrators are fantastic too, they really care and put themselves out to oil the wheels," and, "Communication is very helpful, they phoned to let me know what had happened when the doctor was coming over." Although people and their relatives shared very positive views about the leadership of the home we found improvements were needed.

We found there were shortfalls that the management team and their systems had not identified. For example, we looked at accidents and incidents records and could see that people regularly fell in the home. The accident and incidents records were not analysed to establish patterns or trends that could inform learning and be used to improve the quality of the service people receive.

Whilst some people used walking frames and one person used a falls mat, staff told us "Mobility is our biggest problem." We found that falls were regularly reported at Health and Safety committee meetings. The minutes of five different meetings noted, "Some residents have sustained falls due to their old age and frailty." However no action was noted to investigate or prevent further falls and there were no examples of falls prevention strategies in response to these.

This meant that people who use services were not always protected against the risk of unsafe or inappropriate care because the registered provider did not have effective monitoring systems in place. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt confident to raise concerns about poor practice and that there was an open culture, with plenty of opportunities to raise issues. They described how the registered manager provided, "Chances to talk it out" and said, "I very much feel comfortable speaking to the manager." Another said, "I back her 100%, she is fair, she listens and if we have an issue she will put it right."

The registered manager described their vision by saying, "I want to make sure clients, staff and visitors have a good caring environment; welcoming people in, improving the building and keeping high standards of homeliness and cleanliness, where residents feel safe, comfortable and looked after."

People we spoke with, their relatives and visitors all said that the home felt welcoming and well kept. One person who had recently moved in to the home said, "It's very comfortable, staff and everyone here are very pleasant and helpful."

There were systems that assessed and monitored some aspects of the quality of the service that people received. For example, we saw questionnaires that had been sent to people living at High Hilden, and their relatives, as well as G.Ps. Feedback gathered from a recent questionnaire sent to Health Professionals included: "First impressions are of a first class hotel- wherever I have been in the home all looks, feels and smells clean."

The board of trustees were actively involved in monitoring the service, and made regular formal and informal visits. For example minutes of staff and resident's meetings both showed times when trustees attended. From looking at records and speaking with three trustees we found that each trustee had a lead role and took turns in monthly visits where they would look at standards of care, premises and issues of concern. These visits were recorded and the reports showed that where issues were identified, action was taken. One trustee said "Residents and families will tell me things they won't tell staff". This trustee had the lead role for visiting new people. They explained that they carried out a Client Satisfaction Survey with both the person and their relatives and any issues identified were then taken back to the manager or board to act upon.

Although no formal Improvement plan was in place, minutes of board meetings and visits showed that there were plans to modernise and update facilities within the home. Some refurbishment had already taken place and further works were planned to update toilet facilities and create two new en-suites. We found that where improvements had been made or planned, they had not always considered the needs of people with visual impairment or dementia.

Requires improvement

Is the service well-led?

We recommend that any improvements to facilities and the environment are made in accordance with published research and guidance for those living with conditions such as dementia, sensory impairment and mobility difficulties.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risk of unsafe or inappropriate care or treatment as risk assessments were not always sufficient or updated appropriately to ensure that staff had clear guidance in order to meet people's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People were not protected from undue restriction as assessments of people's capacity to make decisions had not been undertaken and staff had not considered whether people needed to be subject to a DoLS restriction.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People with additional needs were at risk of becoming socially isolated with little activity to stimulate or interest them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not protected against the risk of unsafe or inappropriate care because the registered provider did not have effective systems in place for monitoring the safety of the service.