

## Hightrees Residential Care Home

# Hightrees Residential Care Home

### Inspection report

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#### 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 

#### Overall summary

This inspection took place on 8 September 2015 and was unannounced. At our last inspection in October 2013 the service was meeting all the standards we looked at.

Hightrees Residential Care Home is a care home for older adults. The maximum number of people they can accommodate is 12. On the day of the inspection there were 10 people residing at the home.

There was a registered manager in post. 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.

People told us they felt safe and had no concerns about how they were being cared for at the home. They told us that the staff were kind and respectful and they were satisfied with the numbers of staff on duty so they did not have to wait too long for assistance.

# Summary of findings

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

We saw that risk assessments, audits and checks regarding the safety and security of the premises were taking place on a regular basis and were being reviewed and updated where necessary.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the registered manager took their views into account in order to improve service delivery.

# 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?

The service was safe. People told us they felt safe with the staff and we observed positive and kind interactions from staff.

Risks to people's safety and been discussed with them where possible and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



### Is the service effective?

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the Mental Capacity Act 2005 and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



### Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences.

People we spoke with said they always had a say in how their care was delivered and that staff respected their decisions.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



### Is the service responsive?

The service was responsive. Care plans included up to date information about all aspects of people's care and people's needs were being regularly reviewed.

The registered manager and staff responded appropriately to people's changing needs and staff had a good understanding of the current needs and preferences of people at the home.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Good



### Is the service well-led?

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this.

Staff had a clear understanding about the visions and values of the service.

Good



# Hightrees Residential Care Home

## 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.

We undertook this unannounced inspection of Hightrees Residential Care Home on 8 September 2015. This inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, which included notifications of significant events made to the Care Quality Commission since our last inspection.

We spoke with all of the 10 people currently residing at the home and three relatives. We spoke with three staff and the registered manager.

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at seven people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, health and safety documents and quality audits and surveys.

# Is the service safe?

## Our findings

People told us they felt safe and had no concerns about how they were being cared for at the home. One person commented, “I’ve got nothing to worry about.” Another person, who had recently moved into the home, told us, “Yes I do [feel safe] so far all the [staff] I’ve met have been very nice.”

We observed staff interacting with people in a kind and friendly way. Staff could explain how they would recognise potential abuse. They said they would not only look out for physical signs of injury but also for any possible changes in the person’s behaviour that might indicate they were distressed or unhappy.

Staff were aware that they could report any concerns to outside organisations such as the police, the Care Quality Commission or the local authority. We saw information and guidance about how to raise a safeguarding alert and how staff could “whistle blow” was on display in the home.

Care plans included relevant risk assessments including any mobility issues and risks identified to the individual. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk of falling because of their limited mobility, the registered manager had made sure staff monitored the person when they walked and that they had the required walking aids with them at all times.

We saw staff being attentive to people when they were mobilising around the home and making sure they had their walking frame with them.

The registered manager told us that any changes needed to people’s care and subsequent risks were regularly discussed at staff handovers. We saw that care plans had been updated where changes in a person’s care needs had been identified. Staff were able to give us examples of the risks people faced which matched the risks identified in their care plans.

The registered manager sought the advice of healthcare professionals such as community nurses in order to assess and prevent risks to individual’s safety. For example, we

saw that community nurses had been involved in assessing people for pressure relieving equipment where a risk of developing pressure ulcers had been identified. No one at the home had any pressure injuries.

We saw that risk assessments, audits and checks regarding the safety and security of the premises were taking place on a regular basis and were being reviewed and updated where necessary. This included the fire risk assessment for the home. The registered manager had made plans for foreseeable emergencies including fire evacuation plans for each person.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service and staff told us they had no concerns about staffing levels at the home. The staff rota showed that there were always at least two care staff on duty at all times. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed more support. For example, the registered manager told us that staff would be increased where someone required palliative care. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

One person commented, “There seems to be [enough staff] the staff are very good.”

Staff told us that they were busy but not rushed and they had enough time to meet the needs of the people they supported. On the day of the inspection there were 10 people residing at the home and two staff supporting them. We saw that staff had time to be with people and support them safely. We also saw that the registered manager had a hands on approach and supported staff when she was on duty. The registered manager told us that no one at the home currently had high dependency needs.

## Is the service safe?

People told us they were satisfied with the way that medicines were managed and that they received their medicines on time.

All medicines in use were kept locked in the medicine trolley, which was safely attached to the wall when not in use. We saw satisfactory and accurate records in relation to the management of medicines at the home with one exception. Four people were currently living at the home on a temporary, respite basis. Two of these four people did not have the receipt of their medicines recorded to show how much they had brought in to the home.

The registered manager told us that this was an oversight and the amount of medicines would always normally be recorded. We saw that medicine audits took place on a regular basis but due to ill health the last medicine audit had not taken place.

We were assured by the registered manager that this would have highlighted the issue of non-recording and that regular audits would be resumed. People's medicines were reviewed on a regular basis by their GP and by appropriate healthcare professionals.

# Is the service effective?

## Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. People's comments included, "They are all very nice" "The staff are very helpful" and a relative told us, "It's lovely, they are so kind. I feel we have struck gold."

Staff were positive about the support they received in relation to supervision and training. One staff member told us the registered manager, "Always motivates and encourages us."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including fire safety, Mental Capacity Act (MCA 2005) training and moving and handling. Staff told us that they would discuss learning from any training courses at staff handovers and any training needs were discussed in their supervision.

Staff also told us about the specific National Vocational Qualifications they had completed. They told us the training had given them more confidence in carrying out their roles and responsibilities.

We noted that some certificates did not specify how long they remained valid so therefore it was difficult to access when refresher training was required to update staff. We also saw that, although staff had confirmed they had undertaken refresher training, some of these certificates were not in their staffing files.

We discussed this with the registered manager who agreed to carry out a comprehensive training audit on all new staff at the home.

We saw that the registered manager had started the new induction process called the Care Certificate with all new staff at the home and staff had a work book they were completing.

Staff confirmed they received regular supervision from the registered manager. They told us they could discuss what was going well, look at any improvements they could make and identify any developmental needs they might have. Staff said the registered manager was open and approachable and they felt able to be open with her. Staff

also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision. One staff member told us, "She is always around when we need her."

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve looking at the person's past history, asking people close to the person as well as other professionals.

Staff told us it was not right to make choices for people when they could make choices for themselves. One staff member commented, "Just because they have dementia doesn't mean they can't make some decisions and we should respect that."

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they did not want them to do. One person commented, "We do what we want."

The registered manager had a good understanding of the policy and procedure in relation to Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. The registered manager told us about a recent best interests meeting and the subsequent DoLS that was put in place.

People told us they liked the food provided at the home. People's comments about the food included, "It's excellent", "The food is very nice" and a relative told us, "They always have plenty to eat and drink. Lunch is nice and hot."

People confirmed that choices of menu were available to everyone and the menu was discussed with them. One person told us, "If I didn't like it I would ask for something else, I wouldn't worry."

## Is the service effective?

There was no cook employed at the home and instead staff cooked all the meals for people. Staff knew what people liked to eat which was detailed in their care plan and they were aware of any special diets people needed. Most people were of British origin so most meals were traditional. One person told us they liked, “sausage and mash”. A relative told us, “It’s usually meat and two veg.” The registered manager gave us examples of how menus would change if someone from another cultural background moved into the home.

We saw that people’s weight was being monitored, discussed and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals.

People’s records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

Each person’s personal records contained documentation of health appointments, letters from specialists and records of visits. One person told us, “They [healthcare professionals] all come here.”

We saw that assistance from medical professionals was sought quickly when people’s needs changed. People confirmed they had good access to health and social care professionals. Relatives told us they were satisfied with the way the registered manager and staff dealt with people’s access to healthcare and social care professionals. A relative commented, “They always phone me if they phone the doctor.”



# Is the service caring?

## Our findings

People told us they liked the staff and they were treated with dignity and respect. One person told us, “They are polite.” Another person said, “I like to have a laugh with them.” Relatives told us that the staff were “friendly” and the atmosphere was “homely”. One relative commented, “It’s like a family.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home.

We saw that most people had commented and had input in their care plans. Some people had made advanced care plans which gave staff information about what should happen if the individual became very poorly. People told us they were happy with their care and so did not always look at their care plan on a regular basis.

People we spoke with said they always had a say in how their care was delivered and that staff respected their decisions.

We saw that, where people were not always able to have a say about their care, staff had recorded people’s “life histories” with the help from the person and their relatives. These “life histories” recorded people’s likes, dislikes and care preferences as well as important life events that the person had experienced.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to follow their chosen faiths.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

# Is the service responsive?

## Our findings

People told us that the service was responsive to their needs and preferences. A relative told us, “I know they will ring me if anything’s wrong. It’s a great comfort.” Another relative commented that the staff and registered manager “Keep me updated.” One person who used the service told us, “You have everything you want here.”

We saw that the registered manager and staff responded appropriately to people’s changing needs. For example, we saw that, where someone’s general health had deteriorated over time, their increased care needs had been regularly updated in their care plan. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

The registered manager said that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. People and their relatives confirmed they had been involved in these assessments, had visited the home and had been admitted on a trial basis to make sure they were happy with the service before deciding to move in on a permanent basis.

The registered manager told us that she would not accept people with high dependency needs. However, people living at the home who were reaching the end of their life would be supported to stay at the home rather than be admitted to hospital for palliative care. The registered manager told us that the service was currently undertaking the Gold Standard Framework for end of life care.

We looked at seven people’s care plans. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given.

We saw that people could take part in recreational activities in the home. However we did not see many people taking part in activities during our inspection. The

deputy manager was responsible for activities at the home and had undertaken a specific training in providing activities for older people. We saw that people chatted with each other and staff and, on the day of the inspection, the hairdresser was visiting the home. The registered manager told us that some people helped out in the home folding laundry or assisting staff with washing up. People told us they liked to sit and chat with each other and did not raise any concerns about how they kept occupied and engaged throughout the day. One person commented, “I’m quite content.”

People and their relatives told us they had no complaints about the service but felt able to talk to staff or the management if they did. One person told us, “If I had a complaint I’d say.” Staff told us that people were encouraged to raise any concerns with the registered manager and at regular meetings. We saw, from minutes of meetings with people using the service, staff and the registered manager, that safeguarding was discussed and everyone was reminded how they could make a complaint.

One person told us, “I’ve no complaints at all.” Relatives told us they did not have any complaints about the home but that they would complain if they needed to. A relative commented in a recent quality survey, “I have no concerns about my dad being here.” Relatives told us they had confidence that the registered manager would be open to and respond appropriate to concern or complaint they might have.

We saw, from the complaint record, that there had been three complaints in the last year. These had all been appropriately investigated and dealt with by the registered manager who gave us examples of improvements that had taken place as a result of learning from concerns or complaints. These improvements included more flexible mealtimes and more regular maintenance and cleaning of people’s wheelchairs.

We saw that the registered manager recorded the outcome of any complaint including the complainant’s satisfaction with this outcome.

# Is the service well-led?

## Our findings

People and their relatives were very positive about the registered manager and told us that their views were taken into account in order to improve service delivery. A relative told us, “She’s is a really lovely person.” Another relative commented, “She interacts with them, she’s very good.” A person using the service told us the registered manager was, “Easy to converse with.”

People and their relatives confirmed that they were regularly asked for their views about the quality of the service. A relative told us, “We get surveys, I’ve no complaints, I’m always happy with everything.” We saw that quality assurance surveys were sent out each year to people using the service, their relatives and other stakeholders including GPs and community nurses. We saw the results of the most recent quality assurance survey which included very positive views about the home including, “The management and staff care for people with the greatest kindness and respect.”

The registered manager gave us examples of how people’s feedback from the quality monitoring process had informed working practise and identified any further improvements. This included providing people with more accessible information about how to make a complaint.

Staff were also positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns. Staff told us the registered manager was, “professional”, “flexible”, “helpful” and that she, “Always looks after the residents well.”

Staff told us that the visions and values of the service included treating people as individuals and with dignity and respect. We asked staff how the home’s visions and values were shared with them. Staff told us this was discussed in handovers, during supervisions and also demonstrated by the registered manager in her day to day interactions with people.

The registered manager had implemented systems to audit health and safety within the home and was regularly reviewing any identified risks to people’s safety. We saw that the registered manager had systems to ensure all repairs were carried out in good time and that equipment was regularly maintained.

Although records showed that the incidents of people falling at the home was rare, we saw that the registered manager carried out a falls analysis each time to try and reduce the risk of further falls and accidents. We also saw that people were involved in these risk reduction strategies.