

# HC-One Limited Highfield (Stockton)

## Inspection report

The Meadowings, Yarm, Stockton. TS15 9XH  
Tel: 01642 781309  
Website: [www.hc-one.co.uk](http://www.hc-one.co.uk)

Date of inspection visit: 9 April 2015  
Date of publication: 04/06/2015

### 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

The inspection visit took place on the 9 April 2015 and was unannounced which meant the staff and provider did not know we were visiting.

Highfield Stockton is a 40 bedded purpose built care home located on the outskirts of Yarm, providing people with accommodation and personal care. Although registered for three regulated activities, it is not currently providing nursing care or treatment of disease, disorder or injury or diagnostics and screening procedures.

We last inspected the service on 28 November 2013 and found the service was compliant with regulations at that time.

There was a registered manager in post who was on duty at the time of the inspection. 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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. The registered

# Summary of findings

manager also ensured that capacity assessments were completed and 'best interest' decisions were made in line with the MCA code of practice. This meant people were safeguarded.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

All people told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns. The staff team were supportive of the registered manager and each other and feedback from visiting professionals on the day were very positive about the service at Highfield.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development. We fed back to the registered manager and deputy that the quality of recording around supervisions and appraisals was good. We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well. They also told us that they received any equipment and supplies that they requested promptly.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

The service encouraged people to maintain their independence and the activities co-ordinator ran a full programme of events which included accessing the community with people. We saw people popping in and out of the manager's office to chat and spend time with them and it was evident that everyone knew the manager well and were comfortable to speak with them at any time.

We observed that all staff and the registered manager were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members and there was a lovely warm and caring atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

The service undertook regular questionnaires, not only with people who lived at the home and their family, but also with visiting professionals and staff members. We also saw a regular programme of staff and resident meetings where issues were shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. We saw that complaints were responded to and lessons learnt from them. This showed the service listened to the views of people.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Highfield and actions plans and lessons learnt were part of their on-going quality review of 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?

The service was safe.

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Good



### Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular and effective supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



# Highfield (Stockton)

## 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.

The inspection visit took place over one day on 9 April 2015. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

During our inspection we spoke with nine people who lived in the home, three visitors, three care staff, two ancillary staff, the chef, the deputy manager and registered manager. We observed care and support in communal areas and spoke with people in private. We looked at care records of four people, to see if their records matched with the care needs they said they had or staff told us about. We also looked at records that related to how the service was managed.

As part of the inspection process we reviewed information received from the local authority who commissioned the service and spoke with a visiting healthcare professional.

# Is the service safe?

## Our findings

People we spoke with had an understanding of staying safe. We asked people if they felt safe at the service and they told us; “Yes, totally,” and “Yes, I feel very safe, everybody looks after everybody else. We spoke with two relatives who told us; “The staff are very kind here,” and I visited lots of services before I chose this one for my mum, I knew she would be safe here.”

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; “It’s about making sure people are safe and not taking advantage of people.” Another staff member said; “Safeguarding is any form of neglect, we would all whistle blow and report it.” Training records showed they had received safeguarding training which was regularly updated. We saw that information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. In the previous year we found that the previous registered manager had discussed any relevant issues with the Care Quality Commission.

We found the service to be clean and pleasant. We spoke to a member of the housekeeping staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. One of the housekeeping staff had just started at the service on the day of our visit. They told us they had been in training all morning and were now observing the experienced member of staff in their duties.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. For example, the service asked questions such as; “How would you create a nice dining experience?” and “What do you know about safeguarding?”

We looked at two staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The registered manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was a registered manager, a deputy manager, one senior carer, an activity staff member, an administrator, two housekeepers, two kitchen staff, a maintenance staff and two other care staff on duty for 34 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Both staff and people living at the service told us they felt there was enough staff and staff members said if they needed more staff then they were provided.

Staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training chart provided by the registered manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered. Staff asked people if they wanted any pain relief medication and also informed them what their tablets were when giving them to people to take.

## Is the service safe?

We discussed the ordering, receipt and storage of medicines with the deputy manager who was responsible for administering medicines on the day of our visit and for general ordering and medicines management. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. We saw that alongside a medication administration record (MAR) that people also had an emergency health plan in the medication records and there were clear protocols in place for as and when required medicines. The deputy manager also told us they had recently had an audit from the pharmacy that had been positive and that they ensured people received regular reviews from their GP regarding their medicines.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. There was a maintenance man on duty on the day of the inspection and he explained his checks on safety

equipment, such as fire extinguishers, and showed us the records for checking these. He also explained the process for reporting any faults to him which would then be assessed and addressed accordingly.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The four care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. One staff member told us; "We do a falls audit monthly and have meetings with the moving and handling coordinator. We try to avoid using bedrails and put in High Low beds if people are at risk." We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.



# Is the service effective?

## Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; “The girls are excellent and all have good knowledge,” and “The lasses are marvellous, they all get well trained.” Relatives told us, “Yes, the girls are all very competent.”

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, safeguarding, mental capacity, equality and diversity and fire safety. We saw the manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One staff member told us; “I have done a course about dementia and one from the McMillan nurses about end of life care, they were excellent”. Another staff member said; “I’ve never been frightened to ask questions here. I’ve been here since July; I’ve done loads of training and a really good one on dementia. We are a really good team here.”

We saw that a formal induction programme was undertaken by the provider. One member of housekeeping staff told us; “I started today and this morning I have been doing training sessions and now I am shadowing my work colleague and looking at what she is doing, I feel absolutely fine.”

All staff we spoke with said they had regular supervisions with the registered manager or deputy and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns to the registered manager. One staff member said; “Yes I get a lot of support from the manager.”

We looked at supervision and appraisal records for all staff members. We saw supervision was planned to occur regularly and that records for 2015 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and safeguarding.

We also saw records of other regular staff meetings and staff told us about the most recent meeting on 19 March 2015. We saw from the minutes that new appointments

were discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. All staff who attended signed the sheet and other staff signed to show they read the minutes, this showed that everyone knew what had been discussed.

We observed the lunchtime meal in the dining room. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. We sat with a visitor and their relative who were enjoying a meal together, the relative told us; “I sometimes have a meal here, it’s never a problem.” Where people needed assistance with their food the staff were very patient with them, we saw staff asking; “Would you like me to help you with your lunch,” and “Are you enjoying it?” Staff spoke nicely to everyone.

People told us that they could have something to eat at any time, one person said; “I sometimes have a banana on toast later on if I’ve been slow getting up, it’s nice.” Another person said; “I can have what I want when I want”. Following the lunchtime meal, the chef came out and asked everyone for their comments on the meal which they recorded.

Staff told us about how they monitored people’s nutritional needs. We spoke with the chef who told us they were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed. We observed the chef asking people about their food choices during the morning and they told us; “I love my job, I get to talk to people and it’s lovely.” We saw snacks, including fortified snacks such as crisps and biscuits were provided to people along with hot drinks throughout the day. One staff member told us; “I like doing the supper trolley, we did tea cakes and hot cross buns the other night. I always make hot chocolate with milk and I made bread and jam for one lady and she loved it. I encourage people to eat whenever I can.” We saw everyone had a care plan for monitoring their food and nutritional intake.

People told us; “The food is very good but my appetite is poor so I apologise to the cook for not eating her lovely food,” and “It’s so good I can’t believe it.”



## Is the service effective?

We saw for one person living with dementia that staff had worked with the chef to enable this person to eat whilst wandering around the service. They had done this by using a takeaway box and giving the person finger foods such as sausages, crisps, cheese, bananas and toast. We saw this person had gained weight and retained their independence and dignity as they could manage these drier foods much more easily. We saw them enjoying sausages at lunchtime, sitting with the administrator in their office eating out of their takeaway box. This showed the service worked to find ways to ensure people's nutritional needs were met.

The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager was aware of the process for people with lasting powers of attorney in place and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA. One staff member told us; "We are doing a lot around DoLS, making sure we don't assume people have capacity or not. Even if people make the stupidest decision, if they have capacity then we respect it."

At the time of the inspection, five people at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The manager talked us through the application process and explained how they had involved family members. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after

in a way that does not inappropriately restrict people who lack the capacity freedom to leave the care home unless it is in their best interests. We saw that care records recorded any DoLS information for example we saw that for one person subject to a DoLS that it was recorded to refer to the coroner if the person passed away which was the correct procedure in this situation.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said; "I had a doctor's check-up and looked at my medicines with them the day before yesterday. I mentioned to staff about my sore eyes and the next thing I knew the doctor was here." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. Staff told us the local GP services were; "Very responsive." We spoke with a visiting community nurse who said the following about the service; "I always find someone when I arrive, they are very friendly. I can trust that staff will follow what I ask them to do and they are really prompt if I need anything." We saw people had been supported to make decisions about health checks and treatment options.

The service was well laid out, but communal areas were looking a little "tired" in décor. For example, paintwork was chipped from wheelchairs around skirting boards. The registered manager began to address this with the maintenance staff member during the course of the inspection.

# Is the service caring?

## Our findings

We asked people if they were happy with their care at the service and received the following responses; “I moved here when it opened and I am so glad I made that decision.” and “The girls are very kind.” One person said to us; “It surprises me, everything they say is going to happen does.” A staff member told us; “I think of everyone here as my own mam or dad and treat them like that.”

One relative told us; “I’m here every day and I looked at a lot of places before my relative came here and I am able to raise any issues or concerns I have.” Another relative said; “The carers here are very good, excellent in fact.”

Everyone said they got privacy. We saw staff using people’s preferred names and knocking before entering rooms. One person told us; “There has never been any disrespect towards me, the girls are all so patient.” Another person said; “They always explain what they are doing and I have a shower every other day which is great.”

We saw all staff interacted with people over the course of the visit. This included the administrator having one person sit and eat their lunch with them as that is where they wanted to be. We also noted that people came and spent time with the manager in their office to just have a chat and it was evident that this happened all the time. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. One person told us; “The girls all have a good aura about them.”

We spoke with a visiting community nurse who said the following about the service; “I love it here, it’s a brilliant home. You can see the relationship the staff have with people.”

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One staff member said; “You will see people in bed still at 11am if that is what they wish to do.” Another said; “We enable people here, not disable them.”

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to be as independent as much as possible including self-medicating, going out into the community and carrying out tasks such as dressing and washing with staff support if needed. One staff told us; “The practice is much better these days because people have more choices.”

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person said; “Visitors can come anytime. They are always asked if they want tea or coffee.”

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a ‘best interest’ meeting was undertaken. One person told us; “Before I came here they asked me lots of questions and about what was important to me, it’s been A1.” Another person said; “I met the manager before I came here who came to see me to see if I was suitable for here.” This showed that people were involved in the planning and delivery of their care.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person. One person told us; “They always tell me what’s happening and we have a giggle.”

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a weekly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. One person told us; “I fainted in the hairdressers and they got someone straight away.” We saw from care plans appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded.

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service.

Risk assessments were in place where required. For example, where people were at risk of falls and these were reviewed and updated regularly.

The premises were spacious, well-furnished and pleasantly furnished. There was sufficient available space to allow people to spend time on their own if they wished or to join in activities that often took place in other areas of the home.

People told us about activities and said; “There is always stuff going on, we’ve been deciding where to go out in the bus now the weather is getting better.” Other people told us about entertainers who performed at the service and other regular sessions such as bingo and dominoes that people enjoyed. We saw the activities coordinator held weekly meetings at the service to talk about activities, whether anyone had any other issues to raise and if people felt safe and happy. People told us that they had enjoyed the recent baking days and also enjoyed going out shopping.

People told us they would complain to staff or the registered manager. One person said; “I know to talk to the gaffer,” and another said; “I can talk to the lasses about anything.” A relative told us; “I am very happy with things here but am able to say anything if I need to.”

Records we looked at confirmed the service had a clear complaints policy and there was a regular surgery event held by the registered manager. This was out of hours so that family members who worked could come in and chat. Information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home’s record of complaints. There had been 3 complaints recorded within the last 12 months and there was a clear record of investigations and outcomes recorded. The registered manager stated they dealt with any issues quickly and as they arose, but would enable

anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through supervisions or staff meetings.

We saw records of regular meetings that took place for people living at Highfield and their relatives. One person told us; “Yes I go to them and we all talk about things.” We saw from the most recent meeting on 13 March 2015 that eight people attended and they discussed outings in the minibus, Easter activities and the quality of food at the service and the quality of care.

People’s care and support needs had been assessed before they moved into the service. People told us that they met the manager prior to moving to the service and one person told us how they were asked what was important to them before they moved in to Highfield. We looked at the care records of five people at Highfield and saw each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. Care records we looked at detailed people’s preferences, interests, likes and dislikes and these had been recorded in their care plan. Each record we viewed showed that people had agreed to their plan of care. We saw that there were personalised risk assessments in place and that these and the care plans were reviewed regularly with the person where possible, or their representative. There was good evidence of communication with families or healthcare professionals and there was detailed information about people’s lives prior to moving into Highfield that helped staff build relationships with people. We saw that for one person after a meeting with their daughter the service had put in place a very structured day including helping with dusting and the tea trolley as this person liked to be “working”. One staff member told us; “I know what’s important to people as it is in their care plan,” and another said; “It’s about making sure care planning is thorough so everything about that person including their little quirks is recorded.”

# Is the service well-led?

## Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager.

The registered manager showed and told us about their values, which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The registered manager held regular meetings for staff, people using the service and visitors as well as regular “surgeries” where people could pop in to discuss anything. There were also regular newsletters so people were able to keep up to date with developments at the service. People told us that the registered manager was a regular presence at the service and they could discuss anything with them. This meant the manager was accessible and listened to the views of people and staff at the service. One staff member told us; “I can talk to X about anything.” One person told us; “I know she is there if I need her for anything.”

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; “It’s marvellous, everybody speaks to you and people respect one another”. Another person told us; “It’s very relaxed here, everybody knows what they are doing.” One staff member told us; “I love it here,” and another said; “The way our residents are treated with respect and dignity is excellent.” The service used a satisfaction survey to gather feedback, and we saw from the last survey that any issues identified were immediately actioned by the service and a

documented response recorded. The service had recently been recognised in the top 20 care homes in the North East of England for 2014 from the independent feedback at [www.carehomes.co.uk](http://www.carehomes.co.uk) website.

The only improvement staff told us about was that they hoped for more family involvement to join in with activities and the day to day running of the home. “We could try and have a committee” one staff member suggested. Staff told us they felt listened to at the service for example they said; “They implemented a new shift pattern after we all suggested it.”

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Highfield had complied with this regulation.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example we saw that in January 2015 a manager from another of the provider’s services visited Highfield specifically to focus on weight management and falls management. We saw the action plan from this review included improving the tray service for people who wished to eat in their own rooms and to increase the regularity of weight recording. This showed the home had a monitored programme of quality assurance in place.