Island Healthcare Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Highfield House on 8 September 2016.

Highfield House is a care home registered to provide accommodation for up to 20 people. At the time of our inspection there were 20 people living in the home. The service provides specialist care to people living with varying degrees of cognitive impairment. Some of the people at Highfield House had complex and sometimes challenging needs. Care was provided in a safe and dementia friendly environment.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People received exceptionally person centred care from staff who knew each person well, about their life and what mattered to them. The people living at the home experienced a level of care and support that promoted their health and wellbeing and enhanced their quality of life. The service focussed on the individual needs of the people and their families. People, families and professionals all described Highfield House as a "Home from home" and praised the high quality person-centred approach to care provided by the staff.

People were supported by enough staff who were highly skilled and knowledgeable in caring for people with cognitive impairments. People and their relatives said or expressed that they felt safe in the service. Staff were clear about their safeguarding responsibilities and knew how to recognise signs of potential abuse and how to report it.

Staff carried out their roles and responsibilities effectively. Staff had an excellent understanding of managing risks and supported people to reach their full potential through inventiveness and personalised care. The attitude of the staff and their knowledge of the people clearly had a positive impact on the people and their families. Staff were skilled in helping people to express their views and communicated with them in ways they could understand.

People were treated with dignity and the greatest of respect at all times. Staff demonstrated caring and positive relationships with people and was sensitive to their individual choices. Staff focused on people's wishes and preferences and people were supported to remain active and independent.

The registered manager, provider and staff were highly responsive to the needs of the people and their families. Staff thought creatively about how people's needs could be met and demonstrated a commitment to ensuring the service was tailor made and flexible to each individual. People and relatives and visiting professionals described the staff as 'going out of their way' to meet the needs of the people.

Staff worked tirelessly to meet the social, emotional and physical needs of the people they cared for. People's lives were enhanced by being encouraged and aided to take part in activities they enjoyed and that were meaningful to them. Staff continually encouraged and supported people to remain active and independent.

People benefitted from an exceptionally well-managed and organised service and the provider and registered manager led by example. People were placed at the heart of the service though the providers clear vision and values that underpinned practice. The staff all recognised the on going importance of ensuring the vision and values were understood and implemented, without exception.

The registered manager was very approachable and well supported by the provider. There were comprehensive quality assurance processes in place using formal audits and regular contact with people, relatives, professionals and staff. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were extremely happy with the service provided. The provider were responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements.

The provider, registered manager and staff all strived to improve the lives of the people using the service but also took an active role to increase the understanding of dementia and improve the quality of care provided to people living with dementia and their families in the wider community.

The management team and staff protected people's rights to make their own decisions. Where people did not have the capacity to consent to care, legislation designed to protect people's legal rights was followed correctly and confidently by staff. Staff demonstrated a clear knowledge and understanding of when Deprivation of Liberty Safeguards (DoLS) should be used and applications were made appropriately. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and staff was clear about their safeguarding responsibilities. Staff knew how to recognise signs of potential abuse and how to report it.

Risks to the people were identified and appropriately managed. Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. There were enough staff to meet people's needs and the process used to recruit staff was robust.

Medicines were administered safety. Processes were in place to ensure that people received their medicines as prescribed. Medicines were administered by staff who had been suitably trained.

Is the service effective?

Good

The service was effective.

People experienced a level of care and support that promoted their health and wellbeing.

People were cared for by skilled and experienced staff who were suitably trained. Staff received ongoing additional support with practice through regular supervision and appraisals.

People received a choice of fresh and wholesome food and were supported appropriately to eat and drink enough.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

Guidance had been followed to ensure the environment was

suitable for people living with cognitive impairment.

Is the service caring?

Good

The service was caring.

People and their relatives said that staff developed exceptionally positive, caring and compassionate relationships with them and they were cared for with kindness and treated with consideration.

People's privacy, dignity and independence was respected by the staff.

The attitude of the staff and their knowledge of the people clearly had a positive impact on the people and their families. Staff were skilled at helping people to express their views and communicated with them in ways they could understand.

The people were supported to have a comfortable and dignified death. People's end of life and later life wishes were respected and acted upon.

Is the service responsive?

Outstanding

Highfield House was outstandingly responsive to the needs of the people and their families.

Staff showed they had an excellent understanding of the people they cared for and people received exceptionally person centred care which promoted their health and wellbeing and enhanced their quality of life.

Care and support was planned proactively and in partnership with the people, their families and multidisciplinary teams where appropriate.

All staff went out of their way to maintain family lives and relationships and Highfield House demonstrated a strong family centred culture and approach to care.

People lives were enhanced by being supported to take part in activities they enjoyed and were important to them.

People, their relative's and professional's views were actively sought, listened to and acted on. People knew how to raise concerns, which were listened and positively responded to and were used to make further improvements.

Is the service well-led?

Outstanding ☆

Highfield House was outstandingly well led

There was excellent leadership. The service was well organised and provided a consistently high quality, person centred care.

The vision and values of the service were visible throughout the service and clearly demonstrated by the staff.

The service worked in partnership with other organisations to make sure they followed best practice, maintained people's safety, continued to provide exceptional care and improve the quality of life of the people they cared for.

There was an open and transparent culture within the home and staff worked effectively with people, relatives, and other professionals. The provider actively sought feedback from people to enable continual improvement.

Exceptional quality assurance systems were in place using formal audits and regular contact by the registered manager with people, relatives and staff.

Highfield House

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.

The inspection was unannounced and was carried out on 8 September 2016 by one inspector and an inspection manager. Before this inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to send to us by law.

We spoke with three people using the service and engaged with seven others, who communicated with us verbally in a limited way. We spoke with four visitors, two health professionals and one social worker. We observed care and support being delivered in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of the care staff, the chef, the health and safety officer, the financial director and activities co-ordinate. We spoke with the registered manager, who was not available on the day of the inspection, by telephone following the inspection. We looked at care plans and associated records for three people using the service, three staff recruitment files, records of complaints/compliments, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in January 2014 when no issues were identified.

Good

Is the service safe?

Our findings

The home provided a safe, secure and calm environment for people living with varying degrees of cognitive impairment. People and their families told us that they felt safe. One family member said, "Even though there are some people here that can become very distressed and agitated, I always feel safe when I visit; there is always plenty of staff around if there is a problem". Another family member said "I know my relative will be safe and well cared for when I go home, I don't have to worry".

There was enough staff to meet people's needs. Staffing levels consisted of six care staff during the day. This included three members of staff to provide one to one support to people who had heightened anxiety. Night time staffing levels consist of three members of staff and an 'on call'. Staff told us "There is enough staff to manage people's needs". One relative said "The care takes some beating and the volume of staff is great". The staffing levels in the home provided an opportunity for care staff to interact with the people they supported in a relaxed and unhurried manner. Staff responded to people's needs promptly. There were clear arrangements in place to cover short term staff absences through an on call system.

The provider had a rigorous recruitment process in place to help ensure the staff employed was suitable to work with the people they supported. Staff recruitment files were viewed and all of the appropriate checks, such as references, work history and Disclosure and Barring Service (DBS) checks were completed for all of these staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff knew how to identify, prevent and report abuse. One staff member told us "The safety of the people is vital and I would not hesitate to report any concerns I had". Another staff member said "Depending on the situation would influence who I would report my concern to, I would usually go to the registered manager or the provider but if I needed to I would make contact with the local safeguarding team or CQC directly". There was clear recorded evidence that the staff and the registered manager had taken appropriate action when safeguarding concerns were raised.

The registered manager had assessed the risks associated with providing care to each individual. Each person's care file contained robust risks assessments which explained the risk, prevention and action. For example, some people experienced increased anxiety and agitation, the risk assessments clearly identified to staff the warning signs to look for, how to prevent/reduce anxiety and the action to take for each individual. Where other risks were identified such as risk of falling, and skin damage, clear and informative plans were in place to identify how these risks would be managed. Staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. Staff we spoke with explained the risks related to individual people and what action was needed to reduce the risk. The registered manager continually reviews all risks, incidents and accidents and these are clearly recorded. This enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

Equipment was used where appropriate to keep people safe. For example, a personal safety alarm was

activated belonging to the care worker and four staff, including a director and a member of kitchen staff arrived to provide support immediately. Although this was a false alarm it demonstrated staff responded quickly when required to keep the people and each other were safe and free from harm.

The provider and staff actively managed and reduced environmental risks. Processes were in place to ensure there was an appropriate standard of cleanliness and hygiene within the home to protect people, staff and visitors from the risk of infection. During the inspection we found the home was clean and well maintained. There was an infection control lead in place who completed regular 'spot checks' to ensure that staff followed the infection control policy. Staff had received infection control training and was able to demonstrate a good understanding of its principles.

People received their medicines safety, at the right time and in the right way to meet their needs. Staff who administered medicines had been suitably trained and assessed as competent to administer them. Suitable and robust arrangements were in place for the ordering, storing, administering and disposing of medicines. Medicine administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Each person had a medicines profile record in place, which provided information to the staff about what medicines people needed, why it was required and when and how it should be given. This medicines profile also contained information about any 'as required' (PRN) medicines that may be needed. This profile provided clear information to staff to help them to understand when PRN medicine should be given, the expected outcome and the action to take if that outcome was not achieved.

Medication was stored safely and at the correct temperature in accordance with the manufacturer's instructions. Staff supported people to take their medicine in a gentle and unhurried way. People's preferred communication styles and understanding was considered by the staff when explaining the need for the medicine to the people. On occasion some people required their medicines to be given covertly. There were clear guidelines in place around giving medicine covertly to individual people. Care files contained risk assessments and best interest decisions that had been made in relation to the administration of covert medication. Staff demonstrated an awareness and understanding of when and how medicines should be given this way.

Suitable plans were in place in case of an emergency occurring. For example, personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. These were up to date and easily accessible in the event of an emergency.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective; staff understood their needs and had the skills to care for them. A relative said "They [staff] know what they're doing" and another relative told us "I don't have to worry about [my relative], the staff are amazing".

Staff had the skills and knowledge to carry out their roles and responsibilities effectively. The provider had arrangements in place to ensure staff received an effective induction to enable them meet the needs of the people they were supporting. Staff told us that when they started working at Highfield they received a 12 week induction and worked alongside experienced staff before they were permitted to work unsupervised. New staff received mandatory training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

Care staff completed training when they started working at the service and confirmed that they had access to further training, ongoing updates and development opportunities. Staff understood the training they had received and how to apply it. For example, they explained how they would support a person to mobilise, how to use appropriate moving and handling equipment and how they provided care to people living with dementia. Staff comments on training included "The dementia training really helped me understand the needs of the people and why they do the things they do", "The home management are really supportive with the training needs we [staff] have" and "If I think I need training in a certain area, I only have to ask". One staff member told us "I was concerned around our [staff] end of life care as it had been a while since anyone had died, this was discussed and training was arranged". The registered manager had a system to record the training that staff had completed and to identify when training needed to be repeated.

All staff received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff who had worked at the home for over a year had also received an annual appraisal, with the registered manager, to assess their performance and identify development needs. Staff told us these sessions were helpful and spoke positively about the support they received from management on a day to day basis. One staff member told us "I feel comfortable in supervision and adequately supported in my role".

Staff obtained verbal consent from the people before providing them with care and treatment, such as offering to help them mobilise or to have an assisted wash. A staff member told us, "I will always explain to the person what I am going to do and why and then only provide the care if they agree to it". Another staff member said "Some of the people are unable to give verbal consent to care; I will still always ask them and then pick up on their facial expressions and body language to make sure they don't mind".

Staff assessed people's abilities to make decisions in line with the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The

provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. For example, where bed rails were used to keep people safe and in relation to the provision of personal care activities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had followed the necessary requirements and DoLS applications had been completed for 19 of the 20 people living at the home. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

Staff supported people to have enough to eat and drink and fluids and snacks were offered throughout the day and evening. During the inspection one person asked a member of care staff for a glass of milk, the staff member responded in a happy and respectful tone "On its way" and returned with this a moment later. People told us they enjoyed their meals. One person told us, "lovely" when asked about their meal. A family member said "the meals are wonderful" and a health professional said "the food looks absolutely delicious". We saw fresh and wholesome food being prepared and served. Staff took time to support and encourage people to eat both independently, by ensuring food was cut up and appropriate cutlery was provided if required and with full support where needed. When people did require full assistance to eat this was done in an engaging, patient and friendly way. People were given the opportunity to choose where to have their meals. The home had two small dining areas and at least one staff member was present in each of these areas during mealtimes to provide encouragement to those who required it as well as promoting calm and relaxed conversations with people.

Staff monitored the food and fluid intake of people at risk of malnutrition or dehydration. This was supported through the use of food and fluid charts and regular weighing. Where monitoring highlighted issues and concerns appropriate action had been taken by staff. This action included requesting guidance from health professionals and making changes to the menu. Food was given at the appropriate consistency for people's individual requirements. One person required a pureed diet and this was presented in an appetising way. The kitchen staff were aware of people's likes and dislikes, allergies and preferences. People were provided with a choice of food and an alternative was provided if they did not like what was offered.

People's health was closely monitored by the staff who knew them well. Staff picked up on changes in people's health by looking for changes in body language, mood and behaviours of the people who were unable to verbally communicate. This allowed timely and effective care to be provided. Support tools to assess people's health were often used by the staff, particularly where people had difficulty to verbally express themselves. For example, a pain tool was used when a person with limited verbal communication displayed mood and behaviours changes. This allowed the staff to establish if the person was experiencing pain and provide medication if required. The administration of the medicine had a positive impact on the person's mood. When discussing pain management with the staff they demonstrated an awareness of how this tool should be used in conjunction with closely monitoring body language, facial expressions and changes in mood and behaviours.

People had access to required healthcare as required and the registered manager had good working relationships with healthcare professionals. The doctor from a local medical centre made weekly visits to the home to discuss any issues in relation to people's physical health. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, one person had been seen by the speech and language therapist and a pureed diet had been recommended. Within the persons care file there was clear guidance to staff of how to manage nutrition and actions to take if food was declined or the person experienced choking. A healthcare professional told us "The staff are very aware of the need of the people, if I asked them to do something I know they will do it". Another healthcare professional said "Any problems with foot care are jumped on immediately, one person had a small lesion on their foot and this was monitored and sorted straight away. If they [staff] see a problem they will act". The care staff were able to tell as about the health needs of the people and actions they had taken to keep people comfortable and promote their physical health.

Each person's care file contained a 'My Life, a Full Life' care passport, which provided information about how people wished to be cared for. The information within the care passport was written in an easy to read format to allow the people to have more understanding and control over what had been written about them. It also provided health professionals with clear information about how to support the person if they were taken to hospital in an emergency.

The environment was suitable for people living with a cognitive impairment. It had been decorated taking into account research to support people living with dementia or poor vision to find their way around. Bold signs were present on all doors and key doors such as toilets and bathrooms were painted a bright colour so that they stood out. Throughout the building there were various homely items designed to assist with memories or provide interest and activity for people living with dementia. People had access to the gardens which were safe, fully enclosed and provided various seating options and safe pathways.

Good

Is the service caring?

Our findings

People and relatives could not praise the service enough and consistently told us about the excellent care at Highfield House. People, professionals, relatives and staff described the service as "A home from home". One person told us "I couldn't be happier, the staff is just fabulous". A relative said "It's the best home going, points out of 10-12, it's incredible, brilliant" and a health professional told us "It's a fantastic place, the staff are lovely and the people are so well looked after".

Staff treated people in a caring and kind way, with dignity and respect. Staff spoke to the people in a friendly, polite and respectful manner when they provided them with support. Staff took the time to provide people with reassurance when needed and made sure people were comfortable and had everything they needed before moving away. Staff knew each person well and had an excellent understanding of how they wanted to be supported. They organised their day flexibly around people's needs and wishes and noticed what was happening for people. Staff took prompt and immediate action to relieve people's distress or discomfort. For example, one person became agitated and expressed a strong wish to sit/lie on the stairs. A staff member respectfully and gentle supported the person to do this safely, ensured they were comfortable by provided a pillow and then observed the person from a distance. The action by the staff member reduced the person's anxiety and resulted in them becoming calm and relaxed. This approach followed guidance highlighted in the person's care plan.

Staff spoke emotionally about the people they supported and talked with pride about making a positive difference to people's lives. For example, one member of staff told us "Some people have had medication to calm them reduced or stopped since being at Highfield House as they no longer need it as they are settled and happy", this was confirmed by a relative. Another staff member said "When [person] moved to the home they were a shell, with the person-centred care, respect and interest we gave them, they went on to become affectionate and happy". A relative said "The Staff always seem happy, they are tireless in what they do and so patient".

The attitude of the staff and their knowledge of the people clearly had a positive impact on the people and their families. This was evident in the calm atmosphere within the home and the caring nature of the staff towards people. Staff were highly motivated to offer care that was kind and compassionate and had a real interest in the people they cared for. Staff comments included, "We want to make a difference and give people and their families their lives back", "We don't just want to look after them [people] physically, but socially as well", "We treat people how we would want to be treated ourselves" and "We do our upmost to make everyone who lives here as happy as can be". We saw the staff focus on the people and what they needed to support them to lead fulfilled and active lives. For example, staff were seen to provide individual attention to people and encourage them to be independent. This resulted in people being calm, happy and interested and also helped to reduce people's anxieties.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat, where they wanted to be and whether they took part in activities. Choices were offered in line with people's

care plans and preferred communication style. Staff considered people's cognitive abilities when providing them information to make informed choices and would use objects of reference, visual aids and consider body language and facial expressions to support this. Where people declined to take part in an activity or wanted an alternative this was respected.

Staff were seen knocking on bedroom doors before entering and were able to tell us how they would promote maintaining privacy, dignity and independence. On visiting one person's room with a staff member, they knocked, waited a few seconds before opening the door, explained the purpose of their visit and sought permission from the person before entering their room. I discussed this action with the member of staff, as the person was unable to respond to the initial knock on the door and was told, "I would never enter without alerting the person first, I always knock".

Staff communicated with care and compassion towards the people and good humoured interaction was used when appropriate. Staff supported people to express their views by showing an interest in what people had to say, giving people time to communicate and maintaining eye contact. It was evident that the staff know the people well, including their past history and personal interests. One staff member told us "finding out about what the people used to do fascinate me, they have led such interesting lives". Staff used their knowledge of the people's personal history and likes and dislikes to provide distractions when they became anxious or to gain their interest in activities. For example, one person became upset over another person's actions; a staff arrived immediately and spoke calmly to the person in distress guiding them away with suggesting of doing something they enjoyed.

People were supported to take pride in their appearance and staff had taken time over people's personal appearances. For example one person had freshly painted nails and their outfit had been accessorised. One relative said "[My relative] always looks clean" and another said "they always help [my relative] to look nice and take so much care".

Staff supported people to have a comfortable and dignified death. The end of life and later life wishes of people were clearly documented within the care plans which highlighted family involvement and capacity assessments where required. The later life wishes were respected and acted upon. A relative told us that they had recently been invited to attend a bereavement seminar which had been arranged by the provider. The staff told us that they support families though their bereavement by registering the death or offering support to a relative to do this if needed. The registered manager often kept in contact with relatives where a person had died and invited them to attend functions at the home or visit for tea and a chat. When this was discussed with a staff member we were told "This is all part of the Island Healthcare vision about a person's safe journey through the service, making the last bit of journey not just about the person but also the family. Make it as easy as possible".

Outstanding ☆

Is the service responsive?

Our findings

Everyone we spoke to told us that Highfield House provided excellent, personalised care to support people and their relatives. The comments we received included "If my relative had not come to Highfield it was likely that they would have had to move 'out of area' due to their needs. The care [my relative] gets has changed our lives and we [family and person] are all so much happier", "If I need help or feel unwell the staff will always listen to me and get the doctor if I need one" and "The care and environment has helped us rebuild family relationships". Professionals visiting the service described the home as achieving exceptional results through the provision of person centred care. One social care professional said "Highfield is one of the best, it's brilliant. The home provides high quality care to some people with very complex needs. [Person's] quality of life has gone through the roof since being at the home and the staff are totally engaged with families. The care is so person-centred".

Staff showed they had an excellent understanding of the people they cared for and worked extremely hard to rebuild and maintain people's independence. Relatives told us about the vast improvements in their loved ones physical, emotional and psychological wellbeing since living at Highfield House. One relative commented, "My relative was doubly incontinent when they came here, but now has their continence back". This was discussed with the staff who told us that this has been achieved by observing the person's body language, picking up on non-verbal cues, giving the person time to express their needs and wishes and the brightly coloured bathroom doors. Another relative said "When my relative was at home they had a number of chest infections and asthma, it's been nearly a year and no breathing difficulties". The relative believed that this reduction in breathing issues was due to an improvement in the person's appetite, the healthy diet provided, being supported to remain active and the high quality care that was being provided. A third relative told us "My relative couldn't walk when they came out of hospital and had to use a hoist, the staff worked really had to help my relative regain their independence and they are now walking again".

The service was flexible and responsive to people's individual needs and staff worked tirelessly to meet the holistic needs of the people they cared for and their families. This was achieved through the staffs' excellent understanding of the person and their condition. Staff thought creatively about how people's needs could be met and demonstrated a commitment to ensuring the service was tailor made and flexible to each individual. This was demonstrated during our visit and from correspondence following the inspection. For example, when one person became restless and was looking for a loved one; a member of the care staff reassured them gently and distracted the person by encouraging them to engage in an activity that they had a particular interest in. This resulted in reduced restlessness for the person and them becoming engaged in a calm and interested way. A telephone discussion with the registered manager confirmed the flexibility and responsiveness of the service. The registered manager told us that they had just returned from taking a person out who had become increasingly anxious and been requesting to leave the home.

Care plans viewed were individualised and detailed with people's preferences, such as sleeping arrangements, their backgrounds, likes and dislikes and behaviours. These care files also included specific individual information to ensure medical needs were responded to in a timely way. One healthcare professional we spoke with told us "It's clear the staff know the residents". Care plans and related risk

assessments were reviewed monthly or more frequently by the registered manager to ensure they reflected people's changing needs.

Care and support was planned proactively and in partnership with the people, their families and multidisciplinary teams where appropriate. People were given the opportunity to spend time at Highfield before admission, for example visiting for lunch, day visits or overnight stays to allow relationships to be built and empower the person to be actively involved in their future. The management team completed robust assessments of the people before they moved to the home and these were regularly reviewed during their stay. Assessments considered the person's whole self, supported the provision of personalised care and allowed the staff to look at innovative ways to enhance people's sense of wellbeing. Assessments were supported by the use of 'Life Books'. Life books are designed to gather as much information as possible about the person and are completed by the person or their family before admission to the home. This helped to ensure the staff was responsive to people's individual needs. A relative told us "Before my relative moved in we looked around the home, the registered manager asked what colours my relative liked and their room was decorated with these colours in mind. They also put in a small fridge so it's more like a bedsit, which means that we have comfortable and private family space".

All staff went out of their way to maintain family lives and relationships. Relatives comments included, "I'm always made to feel welcome anytime", "I visit most days and can spend a number of hours with [my relative], no one minds", "I bring [persons] grandchildren in to visit, we sometimes go in the garden or just spend time in their room, there is plenty of space" and "I am able to spend a lot of time with [relative] and can come and go between my work shifts, I'm always welcome". Two rooms we viewed had space and privacy to allow the people to entertain visitors and family. Rooms were personalised with photographs, pictures and other possessions of the person's choosing. People's choice to have double beds were respected and provided. Visitors of all ages were encouraged and there were toys and books around the home and garden for younger visitors. When we mentioned this to the registered manager she said "We really want to encourage families to visit, but are also aware that some of the people living in the home can get anxious if there is lots of noise and people about. Having something for the children to do when they come can help both the people and the visitors feel safe and comfortable in their surroundings". The care staff and registered manager have supported people to go home or visit loved ones in their own time. For example one person went home for an important family event, this was the first time they had returned home in eight years due to their complex needs. Two staff, one of which did this in their own time accompanied the person to their home for a loved ones birthday, stopping on the way to enable to person to buy a gift. This had a positive impact on the person and their family. The member of the care staff who was present during the home visit told us that "It was clear from the person's and loved one's reaction that this meant a lot to them and it was very emotional".

People lives were enhanced by being encouraged and aided to take part in activities they enjoyed and that were meaningful to them. The provider, registered manager and staff were continually looking at innovative ways to enhance people's sense of wellbeing and quality of life through the activities offered. People and their families completed a 'My life story' book to provide the staff with information about people's lives and interests so activities could be tailored to their individual interests. People who were physically active were stimulated to remain so through person-centred activities that incorporated the person's past enjoyments. This approach had reduced people's anxieties and periods of agitation. For example, one person was regularly supported to take a dog out for a walk, information held within this person's care plan highlighted their enjoyment for walking and how they had a dog at home. Their relative told us, "[my relative] has always been very active and likes walking; they get the opportunity to go out walking daily and is also supported to go to the donkey sanctuary, for train journeys, paddling in the sea, to the zoo or for a cream tea". Families were continually involved in people's lives and kept fully informed about activities that their relatives had

enjoyed.

During our visit the people were involved in arranging a barbeque for their friends and family for the coming weekend. There were dementia friendly items around the home which related to people's working lives for them to enjoy, such as 'safe' tool boxes, plumbing equipment, fiddle boards and a push along lawn mower as well as hats and handbags. These items were also used to distract people during periods of heightened anxiety and restlessness. Throughout our visit we saw these items being used by the staff and people. The use of these had a positive impact on people's emotional wellbeing and we saw people interacting and enjoying these. Following information received from the people and their relatives about what the people enjoyed doing before moving to Highfield House the provider was in the process of developing an accessible 'safe shed' for the people to use. A director of the home told us "This shed will provide the people with a safe and familiar place for them to go, where they feel at home and feel they have a purpose". One person who used to be a chef was given regular opportunities to cook with support. Other activities included craft and art work, music and reminiscence. Where people did not want to engage in group activities staff interacted with them on a one to one basis.

The home has strong links with the local community and has regular events at the home including family BBQs and a recent visit from the local pre-school when two of the people living at the home read the children stories. One of the people reading to the children used to be a teacher and it gave them a sense of purpose. A member of staff told us that during the pre-school visit "The people came alive, they [people] were all really engaged and they loved it". The home also has plans to get the community involved in the garden which are currently being pursued.

The provider and registered manager activity encouraged people, relatives and professionals to give their views on the service and care they received. Where the people were unable to do this independently support was provided through advocacy services and one to one support from staff.

People and their relatives told us that they would feel comfortable raising concerns with the staff if they had any and were confident that any issues or concerns raised would be acted on. For example, a relative had commented on the condition of the car park and this was promptly addressed. The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. The registered manager told us they had received one complaint from a family member during the previous year. They explained the action they had taken to investigate the complaint and respond to the concern raised. The registered manager has an open door policy for the people, families and staff to enable them to discuss any issues or concerns they may have. A relative told us "I'm kept up to date on things, good and bad. They can't do enough for you", nothing is hidden". A person said "If I was concerned about anything I would go straight to [registered manager], I have no reason to complain".

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and health and social care professionals could not praise the service enough and told us that the service was exceptionally well-led. One relative said, "The registered manager is pretty brilliant". Another relative described the provider as "super, fantastic, and amazing". All staff described the culture of positive leadership within Highfield and demonstrated enthusiasm throughout the inspection process. One staff member said "The best thing about working for the company is that the directors are really hands on, they have a real interest in the staff and the people". Another staff member commented, "I love working here, the management really care about the people and the staff".

All staff clearly showed confidence in their roles and abilities and worked tirelessly to achieve and maintain the provider's clear vision and values for the service. People received care that reflected Highfield's VITAL (Valuing individuals; Inspiring them to keep; Treasured memories; Active; Lives) visions and values, which placed the people at the heart of the service and underpinned practice. The service recognised the on-going importance of ensuring the vision and values are understood and implemented, without exception. There were posters displayed in the home explaining the VITAL philosophy and reinforcing the provider's expectations with regard to people's experiences of the care. A VITAL coordinator was employed by the service whose role it was to ensure that the vision and values were implemented and understood by staff and communicated to people in a meaningful and creative way.

There was a strong emphasis on continually striving to provide seamless and person-centred care. Opportunities were available for people and their families to regularly contribute in a meaningful way to develop the service and help drive continuous improvement. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were extremely happy with the service provided. The provider recognised that relatives had needs of their own and held regular family forums and presentations which discussed topics that were important to the people and relatives, such as finances and understanding capacity issues. These forums also provided families the opportunity to discuss any issues or concerns they may have in relation to their loved ones generally wellbeing or the service they receive. The providers were responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements.

The provider not only strived to improve the lives of the people using the service but took an active role to increase the understanding of dementia and improve the quality of care provided to people living with dementia and their families in the wider community. The provider was a member of the Isle of Wight Safeguarding Adults Board, Chair of the Isle of Wight Registered Care Homes Association and had worked with other professionals in developing health care initiatives. The provider had played a lead role in the setting up of the local Alzheimer's café which has been an initiative on the island that has benefited the wider community. This has provided relatives of people in the service, the people themselves and people on the Island with a place where they can get support, meet people with similar issues learn about services available and be themselves. The providers and staff's commitment and passion to provide effective care resulted in a number of the care team volunteered at the Alzheimer's café.

The service had strong links with healthcare professionals, including nursing staff and consultant psychiatrists, the local clinical commissioning group (CCG) and social care professionals. The registered manager and staff worked in partnership with these to keep people safe, provide exceptional care and improve the quality of life of the people they cared for. Establishing and maintaining these links were essential for times of crisis or when planning appropriate care and personalised activities to people. One social care professional told us "When the registered manager contacts us it is always because she wants to ensure that the home is providing and able to continue to provide the best care to the people living at the home. The registered manager knows what is needed for the people and will do everything possible to get this".

There was a clear management structure within the service and staff told us there was strong leadership and they [staff] were led by example. This management structure consisted of a registered manager, a deputy manager, senior care staff and support staff. Staff clearly understood the role each person played within this structure but were also confident to 'step up' when required. For example during our inspection the registered manager was not available, this did not impact on the service provided and all staff we spoke to were able to provide comprehensive information on the running of the service.

We found the registered manager promoted an open culture of transparency where lessons could be learned to drive improvements. We saw examples of this in the safeguarding policies within the home and through information sent to the CQC directly from the registered manager. Where appropriate, staff had been given additional training and support to ensure consistent high quality care is provided. Staff told us they were encouraged to raise concerns and confident that any issues rose would be acted upon. One staff member said "The manager is approachable and will always act on any issues I have" and another told us "I wouldn't hesitate, if I had concerned I would go straight to the manager".

Staff told us they felt valued and well supported by the registered manager and ideas and suggestions made about the way the service provided care was considered, discussed and taken seriously. One staff member told us "I suggested that we change the way we order medication, the manager listened to my suggestions and this change was implemented" and another staff member said "Some of the us said we didn't like the forms used to support us during handover, we were given opportunity to be involved in the development of new forms and these are now in place".

The provider had suitable arrangements in place to support the staff and the registered manager. The registered manager had regular meetings with the provider, which also formed part of their quality assurance process. The registered manager told us that support was available to them from the provider who was responsive to any issues raised. The registered manager attended a quarterly management meeting which provided good support and allowed managers to mentor one another and share ideas. During these meetings the managers were updated about any organisational change and new legislation. Staff were supported in their role though regular supervision and have been supported to access counselling services and occupational health where necessary.

The home had comprehensive quality assurance processes in place. Surveys and questionnaires are regularly sent to people, families, advocates and professionals to gain views on the care provided, the environment and the running of the service to enhance and enable continual improvement. The registered manager and provider had acted on feedback received, for example in relation to the car park condition and use of the garden. The registered manager had an open door policy for the people, families and staff to enabled and encouraged open communication. Families told us they were kept fully informed and were fully involved in their relative's care.

The home had robust systems in place to monitor the safety of the environment and manage the maintenance of the building and equipment. The service employed a health and safety officer whose role is to ensure that policy inputs, reviews, and appropriate audits are undertaken and effective in these areas. Equipment, such as fire extinguishers and mobility aids were checked in line with manufactures guidance. Clear understanding around legionnaires, water temperature management, safe storage of hazardous materials, asbestos management and Infection control was demonstrated. The health and safety officer completed unannounced spot checks in the home to ensure that the staff were working within the health and safety guidelines. A relative told us "my relative taps were overflowing; these had been changed the same day to push down ones which made it easier for my relative to use. If a bulb goes it's fixed within minutes".

The provider and compliance officer carried out quality assurance checks and provided documentary feedback of their findings to the registered manager who then acted on this. These included observations in line with the fundamental standards of care and checking the appropriate completion of consent forms, care plans and risk assessments. They also carried out an informal inspection of the home and the registered manager completed unannounced spot checks at night to ensure that a high standard of care is being provided to the people. Operational reports were produced which looked at a range of areas including number of falls, infections, safeguarding, and complaints, as well as medication errors, pressure wounds and DoLS authorisations. This allowed benchmarking across all Island healthcare limited services and showed any patterns allowing learning and appropriate action to be taken.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.