

Highfield House Care Home (Heywood) Limited

Highfield House Care Home

Inspection report

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Heywood
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Highfield House Care Home is a residential care home providing personal care for up to 25 people aged 65 and over in one adapted building. There were 22 people accommodated at the home at the time of the inspection.

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

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. Staff were trained in equality and diversity. People's equality and diversity was respected by a caring staff team and where they wanted they were supported to continue with their religious needs. The service had achieved accreditation with an organisation which concentrated on dignity in care for people with a dementia.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff training enabled them to care for people at the end of their lives.

The registered manager conducted audits to improve the service. The registered manager led and attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service and relatives were able to air their views about how the service was run.

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

Rating at last inspection

The last rating for this service was good (published 07 November 2018). Since this rating was awarded the provider has altered their legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our methodology for inspecting services with a new legal entity. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield Manor Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Highfield House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. There were no concerns raised. We used all of this information to plan our inspection.

During the inspection

We talked with four people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), the cook and two care staff. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, plans of care, medicines management and policies and procedures. We toured the premises and observed how staff interacted with the people they looked after.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records for the organisation and further training that was to be provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Highfield House care home. People told us, "I feel very safe. They look after me", "I feel safe. Nobody bothers me. Everybody is friendly" and "I was in the army so can look after myself."
- Staff were trained in safeguarding vulnerable people and there was information in the hallway they could use to report any incidents confidentially. Staff had access to a whistle blowing policy (this is a commitment by the service to not penalise staff for any reporting of abuse). Staff said, "I understand the whistle blowing policy. I would report any poor practice of abuse" and "I would go to the manager if I saw something that was not right."
- We saw the registered manager recorded and acted upon any safeguarding referrals and liaised with other organisations to seek a satisfactory outcome.

Assessing risk, safety monitoring and management

- Staff were trained in fire safety and how to use the fire system. Staff competency with regards to evacuation procedures was regularly checked. People had a personal emergency evacuation plan and there was a business continuity plan to cover all types of foreseeable emergency.
- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity. There were also risk assessments for any hazards in the environment such as slips, trips and unsafe equipment to help protect the health and welfare of people who used the service.
- Equipment in the home was maintained, such as gas and electrical equipment to ensure it was safe.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. People who used the service told us, "I get help when I need it. They may be busy sometimes, but they are around to help us" and "Staff come quickly if you need them." Staff said, "There are enough staff, the manager will arrange cover if we are short" and "There are enough staff usually."
- The recruitment of staff was safe because all the required checks were undertaken prior to a person commencing employment.

Using medicines safely

- The administration of medicines was safe. We checked the systems for ordering, storing, administering and disposing of medicines. We checked the medicines administration records and saw there were no errors. Medicines were recorded when they were given. People told us they received their medicines when they needed them.

- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice. There were policies and procedures for staff to follow safe practice.
- Medicines were stored safely, including controlled drugs which are stronger. We checked the numbers of controlled drugs and found they were accurate.
- We saw people were given pain relief when required and there was a protocol for staff to follow to ensure they did not give people too many and why they needed the medicines.

Preventing and controlling infection

- We looked at the systems for keeping the home clean and controlled bacteria. People who used the service told us, "They keep the home very clean and tidy. Top notch" and "They come in every day to keep it clean and tidy." A relative said, "It is clean and tidy, no odours."
- There were policies and procedures for the prevention and control of infection staff could refer to if needed.
- Staff were trained in infection prevention and control topics and had access to personal protective equipment (PPE), which we observed being worn to help prevent the spread of infection. Managers regularly audited the cleanliness of the home and infection control safety.
- Two members of staff had received extra training at a hospital and become an infection control 'champion'. They used the extra training to advise other staff on good practice and helped management audit infection control in the home.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed the need of each person prior to admission to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability. For example, people were able to follow their religion of choice.

Staff support: induction, training, skills and experience

- All staff received an induction when they commenced employment to ensure they were aware of the facilities and services offered. Staff new to the care industry were enrolled on a more comprehensive induction using the Skills for Care guidelines, which covered all aspects of basic training. Staff were then encouraged to complete a course in health and social care such as a diploma.
- Staff received regular training and refresher training. We looked at the training program for the organisation and saw training had either been completed or arranged to ensure staff remained up to date with any changes. Staff we spoke with said, "I think I have had enough training to be competent at the job" and "I am up to date with all training. The Daisy training was very good. It is all relevant."
- Staff received regular supervision. Staff said, "I have supervision. I can discuss my needs" and "You can talk about your career during supervision which is every two to three months."

Supporting people to eat and drink enough to maintain a balanced diet

- People received a nutritious diet and their hydration was maintained. People told us, "The food is not bad at all. You get a choice of what you want. If you don't like it they will find something else", "The food is good" and "The food is lovely. There is a good choice. There is a new cook who is a grand person."
- People's nutritional needs were assessed and where necessary specialist advice sought from a speech and language therapist or dietician. We saw that where required meals were fortified, or people were given supplements to maintain their weight. We spoke with the new cook who said they were aware of any diets or allergies to food a person had.
- People were given a choice of meal at every serving. Drinks and fresh fruit were readily available. We saw there were enough supplies of dried, canned, fresh and frozen foods to ensure people received a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- We saw the service liaised with other organisations. This included the local authority commissioning team who support all homes who do not have a current CQC rating.
- The registered manager had contact with other agencies and managers from within the organisation to discuss best practice topics. The service had achieved the top rating following the local authority oral health care nurse's assessment. Each person had their own GP.

Adapting service, design, decoration to meet people's needs

- We toured the building during the inspection. The décor was maintained to a satisfactory level. Two bedrooms were being decorated whilst they were empty. People had a photograph on their doors and signage was used to help people find their way around the building.
- The home was warm, clean and tidy. The people we spoke with confirmed this was the normal standard. One dining room had been redecorated and we saw it was attractively set with tablecloths, napkins and a flower arrangement on each table. There was a choice of rooms people could sit or eat in.
- Bedrooms we visited had been personalised to people's tastes and all checks completed to ensure people were safe, such as windows had restricted openings to prevent falls.

Supporting people to live healthier lives, access healthcare services and support

- The plans of care showed records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 had the appropriate legal authority and were being met.

- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork. There were 10 people currently assessed as requiring a DoLS.
- Where possible people were involved in developing their care plans and signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were trained to respect people's individuality. All staff had completed training in LGBTQ topics. A staff member said, "The LGBTQ training opens your eyes to people's needs and how people can be made to feel uncomfortable."
- We observed staff during the inspection. Staff had a good relationship with people who used the service and there was a good atmosphere with laughter and good-natured banter. People told us, "The staff are all fine. They are definitely kind and compassionate", "There is a good family atmosphere here. It was a good choice to live here" and "The staff are all wonderful."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Staff were trained in equality and diversity. Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. People were also able to practice their religion of choice with the visiting clergy and the registered manager said any relationships were respected.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager held meetings with people who used the service and recorded each session. We saw people were involved in making decisions around activities and menu's and planning events such as a Christmas party. The registered manager regularly surveyed the quality of food served at the home and after a new cook started to ensure standards were maintained.
- Plans of care recorded each person's personal preferences and preferred daily routine. This informed staff of how a person liked to be supported and ensured they received care in a manner acceptable to them.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- The registered manager produced a monthly newsletter to advertise upcoming activities, any birthdays, introducing new staff and sharing important information to inform people of happenings at the home.

Respecting and promoting people's privacy, dignity and independence

- The service had achieved an award for successful completion of the Daisy scheme. This scheme assesses how staff treat people with individuality and dignity and is conducted by an external organisation. Staff we spoke with thought the training was beneficial and helped promote dignity and independence.
- Three staff had received extra training in dignity topics. The three staff members role was to ensure people received care in private, choice was always offered, people were treated as individuals and encouraged to be independent where possible.

- Staff received training about confidentiality, there was a confidentiality policy to inform staff on what information could be shared and we saw all records were stored securely.
- Visiting was unrestricted and we saw people could see their visitors in private if they wished. We spoke with one relative who said, "Staff are welcoming. They get us a drink and we can have a chat."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Plans of care were developed with people who used the service if possible, family members where appropriate and regularly reviewed. The plans were detailed and gave staff sufficient information to deliver effective care. A relative told us, "They keep me up to date with anything such as if she is poorly."
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- The registered manager and other key staff audited the plans to ensure they remained effective and updated to reflect people's care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in a format suitable to each individual. We saw that some policies, for example, the complaints procedure had been simplified and menus produced as photographs of the meal to help people make a choice. The area manager was working on other documents to provide more information in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A member of staff had completed a training course in dementia care which included providing activities. There was a schedule of events which included pamper sessions, a dignity dance day, board games, music and exercise, completing jigsaws and going out to places of interest or the shops. People told us they could join in if they wished or not.
- Activities were provided in groups, individually and tailored to gender. For example, there was a gentleman's activity day where they decided what they wanted to do and included card games and dominoes.
- The care home interacted with the wider community. Local schools came in to perform, there were entertainers who conducted interactive music sessions and pet therapy.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of

other organisations if they wished to take a complaint further. A visitor told us, "If I found anything wrong I would deal with it. I want my relative to be happy and safe. They would listen to me."

- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

End of life care and support

- The service did not currently provide palliative care. Staff had completed end of life training and could offer care and support for people who used the service, staff and families in times of bereavement.

- We saw that where people were able and wanted to a comprehensive document had been completed which detailed a person's end of life wishes. This would ensure staff provided the exact care a person wanted when they reached the end of their life.

- The service had contacts with external professionals who would support the service should a person require end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was open, inclusive and empowering people told us, "The manager is lovely. You can talk to her when you want about anything or if you had any concerns" and "The manager is really ok to talk to." Staff said, "When I came for interview the manager was so approachable I felt comfortable then and still do discussing things with her" and "The manager has been like a best friend with personal issues as well as work. I could not ask for more support. The team are a good team."
- Staff were able to attend regular meetings. Good practice information was discussed, and staff were asked for their views to help improve the service. All the staff we spoke with thought they contributed to the meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We saw that the registered manager conducted audits to maintain and improve the service. Audits included cleanliness of the building, infection control, health and safety, medicines and plans of care. The area manager also conducted audits around all aspects of running the service and plans made with the registered manager for improvement where required.
- There was a clear management structure and staff felt supported at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- Staff were encouraged to undertake extra training to become champions. This included safeguarding, infection control, dignity, continence and activities. This helped empower staff to be involved in providing leadership and better support for people who used the service.

Continuous learning and improving care

- The registered manager attended meetings within the organisation and the health and social care community to discuss best practice to help drive improvement.
- There were handover meetings for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

Working in partnership with others

- The registered manager was involved in 'neighbourhood' meetings which were held at Highfield House Care Home. At the meetings local issues were discussed with the local authority team and the registered manager then represented Heywood in a further meeting with the whole borough. Topics included items such as discharge from hospital at a reasonable hour of the day to ensure smoother transition from one place to another for people needing adult social care.