

Silverleaf Care Homes Limited

Highfield Private Rest Home

Inspection report

77 Seabrook Road
Hythe
Kent
CT21 5QW

Date of inspection visit:
20 December 2017

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18 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Highfield Private Rest Home on 20 December 2017 and the inspection was unannounced.

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

Highfield Private Rest Home is a large detached house. Accommodation is provided over three floors, with a passenger lift and stair lifts allowing stair free access. There are communal sitting and dining rooms together with a sun lounge. Large enclosed gardens are accessed at the rear of the property.

At the last comprehensive inspection in June 2016 the overall rating for the service was Requires Improvement. Five breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The provider failed to ensure that medicines were managed safely and that equipment was fit for purpose. Recruitment processes were incomplete. They did not ensure people were not unlawfully deprived of their liberty. People's individual needs and preferences had not been established. The provider also failed to ensure systems and processes used to improve the service were effective.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good.

At this inspection we found some improvements had been made and some breaches in regulation had been met. However, there were still improvements to be made and embedded to ensure improvements were sustained. We found two continued breaches and one new breach.

A registered manager worked at the service each day. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Shortfalls had been identified by a specialist consultant regarding the fire safety arrangements at the service. Action had not been taken to remedy these and there was a risk that people may not be evacuated from the service quickly in the event of an emergency.

When new staff were being employed the registered manager had not consistently recorded their decisions to employ people.

People's medicines were stored, managed and disposed of safely. There was guidance for staff to follow about how to keep people's skin healthy. Staff understood their responsibilities in relation to infection control. The service was clean and tidy.

Risks to people, including the risks of abuse and discrimination, were assessed, monitored, managed and reviewed. Accidents and incidents were recorded and analysed by the registered manager to check for any patterns and to ensure that referrals to health professionals had been made when required. Incidents were used as a learning opportunity to drive improvements at the service.

There were enough staff on duty to keep people safe. Staff completed an induction and regular training to keep their skills and knowledge up to date. They met with a senior member of staff on a one to one basis to discuss their performance and personal development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's physical, mental, emotional and cultural needs were assessed and reviewed. They were encouraged to eat a healthy and balanced diet and to drink well. Staff supported people to stay as healthy as possible and worked with health and social care professionals; following any advice they were given.

Areas of the service had been refurbished since the last inspection, including people's bedrooms. People were encouraged to bring small items of furniture in to the service with them to personalise their bedrooms.

People and their relatives told us they were treated with kindness and compassion. Their privacy and dignity were promoted and their independence encouraged. People were involved in making decisions about their care and support. Staff knew people well and made sure people and their relatives had information about external bodies that could provide independent advice.

People were encouraged to remain as active as possible and keep busy. They told us there was always plenty to do and that they did not feel bored or isolated. People and their relatives knew how to raise a complaint and felt the registered manager would listen to them if they had a concern. Staff knew about whistle-blowing and how to take concerns to outside agencies if they needed to.

People's choices for their end of life care were discussed and recorded to make sure staff could follow their wishes. The registered manager and staff spoke passionately about the end of life care and support they provided. Extra staff were available when needed to ensure people were not alone.

Regular checks and audits were carried out by the registered manager and action was taken to remedy any identified shortfalls. People, relatives, staff and health professionals were encouraged to provide feedback on the day to day running of the service.

There was an open and inclusive atmosphere at the service. Staff spoke with people and each other in a kind and respectful way and valued each other's views.

All services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.

You can see what action we told the provider to take at the back of the full version of the report.

This is the second consecutive time the service has been rated requires improvement .

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 not consistently safe.

People were at risk of not being evacuated quickly and safely in the event of an emergency.

Records to demonstrate safe recruitment processes had not been consistently completed.

People received their medicines safely and on time. People were protected against the risks of abuse and discrimination. Other risks to people were assessed and monitored.

There were sufficient numbers of staff on duty.

Requires Improvement ●

Is the service effective?

The service was effective.

People's physical, mental and emotional health needs were assessed and reviewed by staff who were trained in their roles.

People were encouraged to eat healthily and supported to maintain good health.

There was dementia friendly signage around the service. People had access to communal areas and the gardens.

People were supported to make their own choices and decisions. Staff understood the Mental Capacity Act.

Good ●

Is the service caring?

The service was good.

People were treated with kindness and compassion.

People were involved in making decisions about their care and were offered support to do so.

People's privacy and dignity were maintained and promoted.

Good ●

Is the service responsive?

The service was responsive.

People were involved in the planning of their care. They received individualised care and support that was responsive to their needs.

People were encouraged to keep occupied and regular activities were provided.

People knew how to complain and felt that action would be taken if they had any concerns.

People's preferences for their end of life care were discussed and recorded so their wishes could be followed.

Good 

Is the service well-led?

The service was not consistently well-led.

There were continued breaches of regulation.

Checks and audits had been completed and however action had not been consistently taken when shortfalls had been found.

There was an open culture and the leadership of the service was visible. Staff felt supported by the management team.

Staff worked with health and social care professionals. Feedback from people, relatives, health professionals and staff was encouraged.

Requires Improvement 

Highfield Private Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 December 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service and grounds. We met 17 people living at the service and also spoke with three relatives. We spoke with seven members of staff, the deputy manager and the registered manager. Some people were not able to explain their experiences of living at the service because of their health conditions so 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 observed how staff engaged and spoke with people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We reviewed three care plans. We looked at a range of other records including three staff files, safety checks and records about how the quality of the service was managed.

We last inspected Highfield Private Rest Home in June 2016 when we identified a number of concerns.

Is the service safe?

Our findings

People told us they felt safe living at Highfield Private Rest Home. They told us, "I feel really safe it is a very good home always someone around to help me" and "Smashing here, I feel very safe".

At the previous inspection some equipment had not been checked to ensure it was safe for people to use. We asked the provider to take action. At this inspection improvements had been made. However, there were shortfalls identified during the inspection.

Fire exits were clearly marked and could be unlocked easily in an emergency. Some doors, including bedroom doors, were fitted with automatic closures which activated if the fire alarm was set off. Some people's bedroom doors were not fitted with these. We observed that some people had chosen to have their bedroom doors propped open. The registered manager was aware they needed to obtain further door guards to ensure people were as protected as possible in the case of a fire but had not arranged this.

The provider's fire evacuation plan and procedure was not specific about how staff should evacuate people. For example, it did not refer to horizontal or progressive evacuation. This is where staff evacuate people behind fire compartments away from the fire. Staff told us they would support people to leave the building and would get emergency equipment ready for the fire service to use but would not use it to evacuate people. There was a risk that people may not be evacuated as quickly as possible in the event of an emergency.

A fire risk assessment had been completed by a specialist consultant in October 2017. This identified one medium risk as the fire policy needed to be more detailed. The registered manager had not taken action to begin to remedy this shortfalls. During the inspection they contacted the local fire and rescue service and arranged for them to visit and complete a fire audit with them.

The provider failed to ensure that action was taken to keep the premises safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Regular health and safety checks on the environment were completed by the maintenance person and the registered manager. Checks on special equipment, such as hoists and wheelchairs, were carried out. Gas and electrical appliances were checked to make sure they were kept in good working order. The building was secure, external doors were locked and windows were fitted with restrictors, in line with guidance, to make sure people were not at risk of falling through them.

Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure people could be safely evacuated from the service. PEEPs were stored centrally to make sure they were easily accessible in an emergency. 'Grab bags' containing emergency equipment, such as torches, were located with the PEEPs.

At the previous inspection staff had not been recruited safely because criminal record checks had not been

completed consistently. We asked the provider to take action. At this inspection some improvements had been made however we found shortfalls in the recruitment of staff.

We reviewed three staff files. These contained an application form, proof of identity and written references.

Criminal record checks with the Disclosure and Barring Service (DBS) were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. These checks were renewed every five years. However, when prospective staff had declared a previous conviction or a caution these had not been consistently discussed at interview and recorded. We spoke with the registered manager and they agreed they should have discussed this at the interview and recorded their decision to employ the person and documented their assessment of risk. On one occasion a new member of staff had begun their induction without confirmation from the DBS that they were safe to work with people.

The provider failed to ensure fit and proper person were employed. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the previous inspection medicines were not stored, administered or disposed of safely. We asked the provider to take action and this action had been completed.

People's medicines were stored, managed and disposed of safely. Medicines were locked in a trolley and kept in a locked room. Some medicines need to be stored at certain temperatures to make sure they work effectively. The temperature of the room was checked each day to make sure it stayed within safe levels. Medicines that were no longer needed were returned to the pharmacy each month. Staff completed medicines management training and their competency was assessed before they began to administer medicines. Staff made sure people had taken their medicines before they signed the medicines records.

The registered manager had designed a specific medicines record for people who needed transdermal patch medicines. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin and into the bloodstream. The document provided clear guidance for staff on when to change the patch and where to position it. Additional body maps were in place for people with diabetes to make sure they were injected with in different parts of the body.

When people needed prescribed creams to keep their skin healthy there was guidance for staff about where the cream should be applied and how often. Some people had been prescribed 'when required' medicines, such as pain relief. There was guidance for staff to make sure these were taken at the right times and that they were effective. Staff were knowledgeable about people's medicines, why they needed them and how they preferred to take them. Staff arranged for the GP to review people's medicines to make sure they remained suitable.

The registered manager carried out regular medicines audits to check that people were receiving their medicines safely. The local pharmacist completed an annual medicines audit. They had noted on the latest visit, 'Highfield is an extremely well run and organised care home'.

People were protected from the risks of abuse and discrimination. Staff completed training on keeping people safe. They understood what signs and symptoms to look for and knew how to report any concerns. They felt they would be listened to and that their concerns would be acted on if they raised any worries with the management team.

People and their relatives told us there were enough staff. Staff said they had time to spend with people and did not feel rushed. The staff rotas showed there were consistent numbers of staff on duty during the day and at night. There were contingency plans to cover emergency shortfalls, such as sickness. The registered manager and deputy manager provided on-call management cover outside office hours to provide advice and guidance to staff when needed.

Risks to people were assessed, managed, monitored and reviewed. Risk assessments noted any potential risks and gave staff guidance on how to reduce the risks and keep people as safe as possible. These were reviewed and updated as any changes occurred.

When people were living with diabetes there was detailed guidance for staff about what to do if a person's blood sugar levels became too high or too low. Some people were at risk of developing pressure areas and staff worked with health professionals to help keep their skin as healthy as possible. Special equipment, such as cushions and mattresses, were provided to help protect people's skin.

Staff knew how to keep people as safe as possible and understood their responsibilities for reporting accidents and incidents to the registered manager. Records of incidents were reviewed by the registered manager who discussed any possible patterns or themes with staff. For example, the registered manager checked any falls people had and looked at where in the service they happened and at what time. When a trend had been identified, action was taken to refer people to the relevant health care professionals, such as GPs and community nurses, to reduce the risks and keep people safe. Lessons were learnt when things went wrong and advice from health care professionals was acted on.

The service was clean and tidy. Staff understood their responsibilities regarding infection control and completed regular training to make sure they were up to date with current guidance. They wore personal protective equipment, such as gloves and aprons, when needed.

Is the service effective?

Our findings

People received effective care provided by staff who were skilled and knowledgeable.

At the last inspection in June 2016 the provider failed to ensure people were not deprived of their liberty without lawful authority. We asked the provider to take action and this action had been completed.

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. Staff completed training about MCA and understood their responsibilities. Staff assumed people had capacity and supported them to make day to day choices, such as how and where they wanted to spend their time and what they wanted to wear. When people were unable to make a decision themselves staff consulted with their representatives and health professionals to make sure decisions were made in their best interest. A relative noted on a recent survey, 'Staff have always acted in [my loved one's] best interest'.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. DoLS had been applied for in line with guidance and authorised and some people were awaiting assessment.

People were supported by staff who were trained and supervised. Staff completed an induction when they began working at the service. Staff told us they shadowed experienced colleagues to get to know people, their routines and preferences. New staff who had not previously worked in care completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were supported to develop in their role, and training and support was tailored to the staff member, their learning needs and style to ensure staff succeed. Staff completed training to meet people's needs including mental capacity and keeping people safe. Staff had recently completed basic observations training and were able to provide more detailed and specific medical information, including temperature and blood pressure, to health care professionals such as GPs to help them make decisions. Baseline observations were taken for everyone so staff would be able to identify changes in their health quickly. The registered manager worked with the local clinical nurse specialist to arrange additional training. For example, staff had completed diabetes training and now administered people's insulin. This meant that people were able to eat their meals with others as they preferred rather than waiting for the community

nurse to call before eating. This gave people more control over their life.

Staff met with the registered manager and deputy manager on a regular basis in small groups or on a one to one basis. Staff were reminded of their roles and responsibilities. Staff were encouraged to make suggestions about how the service could be improved, for example one staff member suggested sun shades were purchased for people to use in the garden and these were purchased and used. Annual appraisals were held and reflected on what the staff member had achieved throughout the year. They were positive about progress and development. For example, '[Staff member] has made improvement since the last appraisal'. They also contained descriptions of the improvements and evidence of the skills they have demonstrated.

People were supported to eat a healthy and balanced diet. They told us they enjoyed their meals and were offered choices. They said, "The food is similar to what I had at home, so very good" and "Just like home cooking. You can have something different if you don't like it". Many people ate together in the dining room. The atmosphere was very relaxed and sociable. Food was well presented and looked appetising. Two staff remained in the dining room with people and offered support discreetly when needed. Each table had a weekly menu displayed.

People were offered choices at breakfast, lunch and supper and the cook was flexible if people fancied something different. Special diets, for example low sugar and gluten free, were available. People were offered a choice of hot and cold drinks throughout the day to make sure they stayed hydrated. When people were at risk of losing weight meals were fortified with cream and butter to help maintain their weight. People were referred to dieticians or speech and language therapists and staff followed any advice given.

People's needs were assessed before they moved into the service to make sure staff would be able to meet their needs. Their needs were regularly assessed and any changes were recorded. Staff worked together as a team to ensure people received consistent, individual care and support. The registered manager worked with people's relatives and care managers when they were considering moving into the service to make sure any move was co-ordinated effectively.

People were supported to stay as healthy as possible. Their day to day health and well-being needs were met by a staff team who knew them well. A relative commented, "[The staff] will call a doctor if they are worried about anything. They always let me know how [my loved one] is or if there is something I need to know". Staff monitored people's healthcare needs and referred them to health professionals, such as GPs, community nurses and occupational therapists, when needed to obtain input and advice which was followed by staff. There were regular visits from the chiropodist, optician and audiologist. Staff organised transport for hospital appointments and people were accompanied to appointments by staff.

Areas of the service had been refurbished since the last inspection, including people's bedrooms. People were encouraged to bring small items of furniture in to the service with them to personalise their bedrooms. The registered manager said, "I tell everyone, you bring in anything you want. It is your home". When a person had chosen not to have their room redecorated and this was respected. Plans were in place to continually maintain and improve the building including new flooring in the corridors and new stair carpets. The garden was accessible via ramps and chairs and tables were available for people to use. Pictorial signs were used around the building including on bathrooms and the dining room to help people understand what a room was used for.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. Their privacy and dignity were respected. One person said, "The carers take great care of me" and a relative commented, "[My loved one] is loved and cared for".

Staff knew people and their loved ones very well. They had built strong relationships and told us about people's interests and life histories. This information was recorded in people's care plans. A relative told us they felt reassured with their loved one living at the service and said, "I couldn't find anywhere better. The staff are wonderful". Staff knew people's preferred routines. For example, when people went to the dining room for their breakfast the staff served them their breakfast. They knew what drinks they preferred and whether they had a newspaper each day.

Staff supported people in the way that they had chosen and suited them best. Staff made sure that people received the support they needed to make their wishes known. For example, the registered manager told us how they had access to a translation service should people need this. They had used this previously for a person who was living with dementia who had reverted to speaking in their first language. People were asked about their preference regarding the gender of their carer and when people had a preference this was respected and recorded in their care plan.

People were involved in making decisions about their care and support. Staff made sure people and their relatives had information about external bodies that could provide independent advice. For example, when people needed additional support from an advocate to make decisions, this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People and their relatives told us that staff spent time with people and listened to them and their views. Staff engaged with people effectively and understood that people had different ways of communicating their needs. Some people needed staff to speak slowly and clearly. Staff were patient and waited for a response. Staff responded in a timely way if people were in pain or anxious. For example, during lunch staff noticed a person had a headache and immediately discussed this with them, gave them pain relief and checked a little while later to make sure their headache was clearing.

People's privacy and dignity were maintained and promoted. One person commented, "Carers always knock on the door before they come in and during personal care draw the curtains". Staff told us how they made sure people's privacy was maintained, for example by making sure they were covered during personal care. People were encouraged to be as independent as they wanted to be. People went out whenever they chose to. People told staff when they were going out and when they arrived back.

People's families and friends were able to visit whenever they wanted to and there were no restrictions. Staff spoke with people and each other in a kind and respectful way. They promoted teamwork and valued

each other.

Is the service responsive?

Our findings

People said they were happy living at the service. One person said, "I love it here it is home from home". People were involved in planning their care and told us that the staff knew them well.

At the previous inspection care plans had not been developed to meet people's individual needs. We asked the provider to take action and this action had been completed.

When people were thinking about moving into the service a pre-assessment was completed by the registered manager to ensure the person's needs could be met. People and their relatives were involved in the planning, management and reviewing of their care. Staff made sure that people's preferences for their care and support were reflected in their care plans. This included what people could do for themselves and what support was needed. Care plans were regularly reviewed with people by the registered manager and deputy manager to make sure staff had up to date guidance to follow.

People were encouraged to remain as active as possible and keep busy. People told us there was a regular choice of activities and that they did not feel lonely or isolated. One person said, "There is always something to do, I don't get bored". The majority of activities were provided by outside professionals, these included, bingo, singers and reminiscence. The plan for activities for 2018 was being written to inform people which activities would be held and when. People gave ideas of things they would like to do and chose the activities they wanted to take part in. People told us they enjoyed regular visits from a mobile library.

Reminiscence activities included talking with people about their memories of specific times, including 'the milkman', 'the local pub' and 'bonfire night'. People looked at photographs and other props, talked about what these things meant to them and shared their memories with others.

People who chose to stay in their bedrooms were supported to take part in activities, for example, a local choir visited and sung Christmas carols with people in the lounge, they also sang to people in their bedrooms if they wished. Some people liked to have a daily newspaper to keep up to date with the news and these were provided.

The provider had a complaints process in place and no formal complaints had been received. The registered manager said, "My door is always open". Relatives told us that this was the case. One person said, "I would speak to [the registered or deputy manager] or any member of staff and I know they would sort it out". When people and their relatives had raised any concerns they spoke with the registered manager or staff and said that action had been taken. Staff told us that the registered manager addressed any minor concerns quickly so they did not escalate. For example, on the day of the inspection a relative raised a concern about their loved one's curtains; this was addressed during our inspection to their satisfaction. The complaints policy was displayed in the hallway and was accessible. It included how to complain to the provider, the local government ombudsman and the local authority. The process was not available in an easy to read format. The registered manager agreed this was an area for improvement.

People were asked about their preferences for their end of life care, including religious and spiritual choices.

Some people had funeral plans. Their preferences and choices were recorded to ensure staff were able to follow and respect people's choices. Staff completed end of life training with the local clinical nurse specialist. Staff had conversations with people, their relatives and healthcare professionals about end of life decisions. For example, advanced decisions such as Do Not Attempt Cardio Pulmonary Resuscitation were recorded to make sure people's wishes could be acted on.

The registered manager and staff spoke passionately about the care and support provided when people were reaching this stage in their life and felt it was important that people did not pass away alone. The registered manager had contacted a representative from a person's church to make sure the person continued to take part in services and prayers. The registered manager told us this had been very important to the person. Additional staff were deployed when people were reaching the end of their life to make sure that they were not left alone. This had been agreed with people and their relatives. Staff told us, when someone passed away, they stayed with the person until they were taken away from the service. They said that they were respectful of people's personal possessions after their death and returned them to their families if this was what they wished. The registered manager had developed a booklet for people's families to assist them when their loved one passed away. This included information about how to register a death and sign posted people to bereavement counsellors.

Is the service well-led?

Our findings

People and their relatives knew the registered manager and staff well and said the service was good. One person said, "The manager is always about and is easy to speak to". A relative commented, "I knew as soon as I came in that this was the place for [my loved one]. [The registered manager] and staff are excellent".

At the previous inspection the quality assurance systems were not fully effective and some records were not complete. We asked the provider to take action. At this inspection some improvements had been made however there were still shortfalls.

The registered manager had not consistently recorded recruitment decisions to ensure the recruitment process was robust. Action had not been taken to address identified shortfalls around the fire safety at the service.

The provider failed to improve the safety of the service. The provider failed to keep a contemporaneous record of decisions taken in relation to people's care and treatment. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and deputy manager carried out regular checks and audits to monitor the quality of service and to make sure people were receiving the level of care and support that they needed. Care plans were reviewed and updated to ensure staff had the most up to date guidance to follow. Medicines records were checked each month to make sure people were receiving their medicines safely. An overview of accidents and incidents was kept by the registered manager to identify and patterns and to make sure the necessary referrals were made to health professionals.

There was an open, transparent and inclusive culture at the service which was promoted by the registered manager and staff. Management and staff shared visions and values at the service. Staff spoke with us about the need for people "To live a fulfilling life" and "To be treated as an individual". A relative had shared their views with CQC via our website and had noted, 'In my view the culture of care at Highfield is really high and the staff cannot do enough for [my loved one]. They are very happy there and we are so pleased that they are being so well taken of. The staff are very welcoming when I and my family visit'. The leadership was visible. Either the registered manager or deputy manager were leading the service each day, including weekends. The registered manager said it was important to have one of the management team available for people and their relatives at weekends as well as in the week. There was a clear and open dialogue between people, relatives, staff and the management team. Staff spoke with each other openly and honestly and with a mutual respect.

People, relatives, staff and health professionals were asked for their views on the day to day running of the service and asked to provide feedback. They were invited to complete quality surveys each year. The results were positive. A health professional noted, 'I am always very impressed when visiting Highfield, of the dignity given to all residents. The staff seem to understand people's personalities and needs'. A relative noted, 'The staff have always listened to and supported [my loved one] and I'. People told us they had

resident's meetings and were able to express their opinions.

The registered manager and staff worked in partnership with the local authority and multi-disciplinary teams, such as the mental health team and community nurses, to make sure people's needs were met and to help promote joined-up care. The registered manager worked with local clinical nurse specialist to obtain additional training and guidance for staff. Staff understood the provider's whistle-blowing process and knew that they could take any concerns to external agencies, such as Care Quality Commission (CQC) or the local authority, if they needed to. There were reminders about this process on the staff noticeboard. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their roles safely. Staff knew where to access the information they needed. When we asked for any information it was available and records were stored securely to protect people's confidentiality.

All service that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The registered manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that action was taken to keep the premises safe.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to improve the safety of the service. The provider failed to keep a contemporaneous record of decisions taken in relation to people's care and treatment.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure fit and proper person were employed.