Larchwood Care Homes (South) Limited

Highfield

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Highfield is a residential care home providing accommodation with personal and nursing care for up to 34 people. The home was arranged across two floors with lift access to the upper floor. The service provides support to people with a range of needs, including people with physical disabilities and people living with dementia. At the time of our inspection there were 24 people living in the service.

People's experience of using this service and what we found
The service did not always deploy enough staff to fully meet peoples' support needs. There were not always enough staff to support people in a timely manner who needed assistance with their meals. Activities were limited due to staffing levels and there was a lack of social engagement with people.

People told us they felt safe living in Highfield and people received safe care and treatment from staff who knew them well. Medicines and infection control were both managed safely, and lessons were learned when things went wrong. People were protected from the risk of abuse by well trained staff.

People were involved in decisions about their care and they received care which promoted their dignity and encouraged independence. Relatives told us they were involved in their relative's care plans and were kept up to date with changes, either in the service or with their relative's care or health.

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. Staff had received appropriate training. A new registered manager had been appointed since our last inspection. People, relatives and staff all told us they found them approachable and supportive with an open-door policy.

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.

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 15 January 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed following this focused inspection and remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Highfield

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Highfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highfield is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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. The service had a manager registered with the CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority who did not have any concerns about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and 13 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with eight members of staff including the registered manager, support manager, nurses, care workers, admin and maintenance. We reviewed a range of records including six peoples' care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records, audits and the home development plan.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

● There were not always enough staff deployed to meet peoples' needs. The service used a dependency tool which helped the registered manager to calculate the number of staff needed. During our inspection people requiring assistance with their meals had to wait up to 45 minutes after the meal was served. One person said, "They need more staff to do things proper."

● Some people and relatives told us although the care was good, there were rarely enough staff to spend time having conversations with people. The service did not have an activities or wellbeing team at the time of our inspection, although the registered manager was actively recruiting. Relatives said lack of meaningful activities and outings was having a detrimental effect on the people living in the service. One relative told us, "[Relative] seems to respond to people and activities make a huge difference to [relative's] condition. To me it is very important that [relative] gets some kind of stimulation and not just left in the lounge to sleep with the tv on loud."

● Some people spent most of the time in their rooms and lacked stimulation. One person told us, "I'd like there to be more staff so that they could have the time to have a ten minute chat with me twice a day, I feel lonely here, especially in the evenings. The evenings are long."

● Most people told us their call bells were answered quickly. One person said, "I have a call bell, if I press it they come quickly. I'm well cared for." One person who told us they did not need a call bell said, "They [staff] always look in on me to check I am okay. The carers are good." A relative told us, "I rang the call bell by mistake once and someone was here within five minutes."

● Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. There were comprehensive profiles for temporary nurses that came from an agency which detailed their training and experience.

Systems and processes to safeguard people from the risk of abuse

● Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.

● Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations.

● People and their relatives without exception told us they felt safe living in Highfield. One person told us, "I

feel safe; I sleep with the door open, that shows I feel safe." Another person said, "It's the security that makes me feel safe, no strangers can get in." Relatives agreed and confirmed this feedback. One relative said, "My [relative] is safe because of the constant attendance of staff." Another relative told us, "I am very happy with the care, no concerns."

Assessing risk, safety monitoring and management

● Some medical equipment that might have been needed in an emergency had not been checked and it was not in a state where it was ready for use. We discussed this concern with the registered manager who took immediate steps to rectify this.

● Risk assessments were comprehensive and up to date. A summary page gave staff a snapshot of care and support needs. Risk assessments contained enough information to enable staff to provide safe care and manage risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage and nutrition, for example, Waterlow Scores. Daily records of care and support provided were clear and updated after each staff interaction.

● Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required pressure relieving mattresses, the required settings were documented and checked regularly.

● Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. The service had a maintenance folder in which staff documented any issues. The maintenance person checked this daily so that faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. Evacuation training had been completed, evaluated and lessons learned shared.

Using medicines safely

● Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. People and relatives were positive about the management of medicines. One person said, "Staff give me my medication at the right time." A relative told us, "The home are pretty spot on with medication and will call a GP out pretty quickly if needed." Medicine administration records were completed accurately.

● Medicines were administered by nurses who had been assessed as competent. Training and competency records were up to date. Where mistakes with medicines had happened, these were investigated and actions implemented to minimise the risk of recurrence, for example, enhanced checking procedures.

● Medicines were audited regularly by the registered manager and there were clear actions in place to address concerns found. There had been an improvement in the audit scores as a result.

Preventing and controlling infection

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was supporting people living at the service to minimise the spread of infection.

● We were assured the provider was admitting people safely to the service.

● We were assured the provider was using PPE effectively and safely.

● We were assured the provider was responding effectively to risks and signs of infection.

● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

● Visiting was unrestricted in accordance with government guidance. During the inspection we saw visitors coming and going freely.

Learning lessons when things go wrong

● There were systems in place for recording accidents and incidents and staff knew what to do if someone had an accident. Professional advice was sought if necessary, for example, from the GP or emergency services.

● Accidents and incidents were investigated, and actions taken to prevent recurrence. For example, there had been a change in the medicine administration process as a result of an incident. We saw the use of low-rise beds and crash mats for people at risk of falls and referrals had been made to physiotherapists when falls had happened.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Peoples' care plans were comprehensive; they contained enough information for staff to know about peoples' individual choices and wishes. Relatives told us they had been consulted, where appropriate, about their loved one's care plan. One relative said, "We have been involved in the assessments and decisions are made as a family with the home." Another relative said, "I asked for the care plan to be amended and it has been done." People had comprehensive oral health care plans and staff supported people to maintain good oral hygiene. Staff supported people to access dental service where appropriate. There was a new system in place for reviewing and updating care plans.
- Peoples' assessments included needs relating to their culture and spiritual needs, their hobbies and interests and things that were important to them. Care delivery was person focused and responsive to peoples' needs. One person said, "The carers are excellent, they treat me with dignity and respect. I wouldn't want to live anywhere else." Staff understood risks, for example, choking or falls, and knew what to do to keep people safe.
- People received safe care and treatment by staff who knew them very well. Relatives told us that staff were knowledgeable about peoples' needs. One relative told us, "Staff are sensitive to my [relative's] preferences. They can choose their getting up time and when they eat." Another relative said, "Staff are pretty good with my [relative's] choices. They get asked what their preferences are, and staff act within the rules."
- Relatives commented positively on the care and attention shown when laundering clothes. One relative said, "My [relative's] nightclothes are all hung up and the laundry is done regularly." Another relative said, "My [relative's] clothes are laundered regularly and hung up ready for them to wear. It is done by someone who knows all the residents very well."

Staff support: induction, training, skills and experience

- Nurses and care staff had received training and had the knowledge and skills they needed to provide safe care. Staff told us they had received training and we saw that training was up to date. People and their relatives agreed staff were well trained. One relative said, "I have no doubt about the carers abilities, they are very reliable people." Another relative said, "The nurse knows what they are talking about and they have reassured me. They ring me straight away if there are any concerns and update me regularly."
- Care workers had either completed or were working towards completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. It is made up of the 15 minimum standards that form part of a robust induction programme.
- Staff told us they had supervision sessions regularly which they found useful. Care workers knew when something needed to be reported to a nurse. Staff felt well supported by the registered manager.

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

● People were supported to eat and drink enough and peoples' individual food preferences were respected. People had dietary notification forms containing information about food and drink likes, dislikes, intolerances or allergies. These forms were kept in the kitchen. There were no printed menus, but staff ask people each day what they would like from the menu.

● Some people needed modified diets following assessments by Speech and Language Therapists (SaLT). People were protected from the risk of choking by staff following the guidance provided. The chef attended daily meetings to ensure they were kept up to date with any changes.

● Most people and their relatives told us the food was good. One person said, "The food is good here, I get a choice." A relative told us they raised concerns about the food and changes had been made. They said, "Since I raised the concern they have been spot on and give [relative] more palatable meals now. Most of the time the food is amazing." The presentation of food, especially for people needing a pureed diet, was being reviewed by the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Assessments and care plans included peoples' health care needs and there were details of healthcare professionals visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services.

● Nurses and care staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. There was input from health care professionals such as GPs, dieticians and podiatrists. We saw care being provided in accordance with the plans.

● The registered manager worked closely with the local surgery. A nurse practitioner visited every week and reported any concerns back to the GP if necessary.

● People and their relatives told us they could see a doctor whenever they needed. One relative confirmed, "A GP is called in on time when needed." Another relative said, "I have been amazed that [relative's] health condition has been so well controlled since being at the home."

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

● The service was arranged on two levels with a lift to access the upper floor. We saw people walking around the service safely, using walking aids including in the communal areas.

● All doors were the same colour but had names and photos to help people identify their room. Most peoples' rooms were personalised with photographs, ornaments and things that were important to them. Communal areas and bathrooms had good signage including photographs to aid recognition.

● People and relatives said rooms were kept clean and tidy. One relative said, "The home is always tidy and when it was [relative's] birthday the staff put up balloons and posters and put her flowers into a vase."

● The outside grounds of the home were untidy and in a poor condition. This had been identified by the senior manager audits. Relatives told us it would have been nice to spend time outside in the summer, but due to the state of the grounds this had not been possible. The registered manager told us there was a plan in place to tidy up the outside areas and make them more accessible for people.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of bed rails or for dietary needs. Best interest meetings were held between staff, relatives and other professionals and decisions documented.
- The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Care was provided in the least restrictive way. Consent was documented in peoples' care plans. People and relatives told us staff asked consent before providing care and we observed this happening. One relative said, "[Relative] is very sensitive about personal care and they (staff) ask their permission and preserve their modesty."

Good

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open and honest. Staff told us teamwork was good and everyone pulls together. One staff member said, "The whole team are really nice."
- People and their relatives agreed. Everyone we spoke to told us they thought the home was well organised with kind, friendly and caring staff. One relative said, "The home has a nice atmosphere and the carers seem happy working there." Another relative told us about kind and caring staff and said, "I love the way they treat everyone."
- People we spoke to knew who the registered manager was. One person said, "I know the manager, I find them approachable." Relatives were all positive about their interactions with the registered manager. One relative said, "The manager seems very 'switched-on' and caring. They are 'on the ball'." Another relative said, "I have every faith in the manager. It is a new role for her, but I can see changes going in the right direction."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed staff were in regular contact with them. Relatives confirmed that staff contacted them with updates when necessary. One relative said, "I know they will let me know if there is a problem, whatever time of night or day. I can relax in a way, knowing that." Another relative said, "There is always a good rapport with the staff. The home always lets me know if there are any concerns."

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

- There was a management structure in place; nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the registered manager was supportive and approachable and Highfield was a good place to work.

● The registered manager met daily with a representative from each department to ensure key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. The handover document had recently been improved and contained more information. All meetings were documented.
● The registered manager and provider were aware of the staffing concerns and had active recruitment plans in place.
● The provider had a quality monitoring process in place. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audit results and key clinical indicators, such as weight monitoring or falls, were reported to senior managers and fed into a clinical governance submission for the company's senior quality team to review.
● Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff were invited to meetings and encouraged to contribute. Notes from the meetings showed that staff were involved in the meetings and had made suggestions. Some changes had been made, for example, to storage solutions as a result of feedback. Staff told us they had supervision sessions regularly. The results of last staff survey (October 2021) were positive; people enjoyed their jobs.
● The registered manager took the time to talk to relatives when they visited. People and their relatives were asked their opinions on the service, either individually or through feedback forms or websites. Feedback from people and relatives was generally positive. Relatives told us they received regular newsletters from the service. Relatives said if they raised issues with the registered manager they were sorted straight away. People and relatives told us the registered manager was friendly and approachable. One relative said, "The manager is a very nice person, all my questions are answered".
● The registered manager was planning more meetings for people and relatives and was also planning to undertake a food audit imminently.

Continuous learning and improving care; Working in partnership with others
● The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. There was an active home development plan in place which was reviewed regularly. The registered manager was supported in their role by a regional team of senior managers.
● The registered manager worked in partnership with and had a good working relationship with local health and social care teams, including safeguarding teams.
● Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams.