

HC-One Limited

# Highfield (Stockton)

## Inspection report

Highfield Care Centre  
The Meadowings  
Yarm  
Cleveland  
TS15 9XH

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Tel: 01642781309

Website: [www.hc-one.co.uk/homes/highfield](http://www.hc-one.co.uk/homes/highfield)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Highfield (Stockton) is a residential care home providing personal care for up to 40 people in one purpose-built building. The service provides support to older people and people living with dementia. At the time of our inspection there were 27 people using the service.

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

Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections. There were safe systems of recruitment in place. Staff received safeguarding training and knew what to do if they thought someone was at risk. Risks to people and the environment were identified and well managed. Plans were in place for a refurbishment of the home.

Systems and processes were in place to monitor the quality of the service being delivered. The culture of the service was positive, and people and staff were complementary of the management team. Staff felt well informed and supported to undertake their roles.

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](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was good (published 9 October 2018).

### Why we inspected

We received concerns in relation to the environment and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield (Stockton) on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Highfield (Stockton)

## 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 two inspectors and an Expert 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 (Stockton) 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 (Stockton) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 5 people and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, managing director, regional manager, deputy manager, senior care assistants, care assistants, and house keepers. We also gathered feedback from 4 professionals who worked with the provider.

We reviewed a range of records. This included 4 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were systems in place to reduce the risk of abuse which included policies and procedures.
- Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff were up to date with their safeguarding training. Staff did not have any current safeguarding concerns but told us how to report concerns if they did.
- People told us they felt safe at Highfield. One person said, "Yes, I feel safe. I'm well looked after, and I'm well provided for. Staff are very helpful."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and mitigated. Support plans provided a person-centred approach to supporting people. Risk assessments provided guidance on effective risk management. This included risks to people's personal safety, physical health and where behaviours had the potential to put a person or others at risk. Risk assessments were reviewed regularly to ensure staff had access to accurate information to keep people safe.
- Health and safety certifications were up to date including water checks, electrical, gas and fire safety procedures. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency such as fire.
- Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents and used this information to drive service improvements. Analysis of incidents was used to assess whether preventive measures were missed, and lessons were learnt to keep people safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met

- People's capacity to make decisions about different aspects of their care and support was identified and well documented.

#### Staffing and recruitment

- The provider followed safe recruitment procedures. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included obtaining references and checking employment histories.
- There were enough staff to meet people's needs consistently and keep people safe. However, there was mixed feedback from staff. One staff member told us, "I do feel we could do with more staff during the day, I feel like the more staff, the more that gets done." Another staff member told us "Yes, I do feel there are enough staff."
- People and relatives spoke positively about the team supporting them. One relative told us, "There are always carers to help [person]. [Person] had no company before, [person] was lonely and isolated and now they have a glint in their eye." One person told us, "I see plenty of staff here all the time."

#### Using medicines safely

- Medicines were managed safely. Stocks were monitored to ensure people had their medicines available when needed and were stored securely.
- People received their medicines as prescribed. Medicine Administration Records (MARs) were completed in line with best practice and processes were in place to identify and act upon any errors or omissions. Protocols were in place for people who received their medicines 'as and when required' (PRN). This guided staff to ensure people received their medicines in line with the prescriber's instructions.
- Staff had received training and their competence in administering medicines was checked periodically.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.



# 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 good. The rating for this key question has remained 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 person-centred. Systems were in place to obtain and respond to the feedback of people, relatives and staff. One person told us, "We have residents' meetings. We all meet in the dining room and if we have any complaints, we will tell them. I tell them if they're doing a good job too. I sometimes open the kitchen door and say, that was gorgeous, that was."
- Staff told us the registered manager was open and approachable. One staff member told us, "The registered manager is nice and very approachable, they have shown us how to do things correctly. I have noticed a difference since they have been here, I really like the registered manager."
- The registered manager was passionate about the service, people and relatives. Feedback from relatives included, "I know who the manager is, and I think the home is well managed. I looked at 10-15 providers and chose this one. They've taken the time to get to know [person]."

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 open and transparent. The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents to CQC and had systems in place to do so.
- Staff applied duty of candour where appropriate.

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

- Governance processes were effective. These processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care. For example, the registered manager undertook regular audits looking at medicines, infection prevention and control and care plans.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. They maintained oversight of the service they managed.
- The provider invested in staff by providing them with training to meet the needs of all the people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were actively involved in the service. Regular 'resident and relative' meetings took place and

people were encouraged to share their views. People's suggestions and concerns were sought during individual 'person of the day' meetings every month.

- Staff told us they felt confident in giving feedback to the registered manager. One staff member said, "I do give feedback to the management team, they always ask for my feedback as they know I'll be honest."
- Ongoing improvements were planned. this included a full refurbishment of the home.

Working in partnership with others

- The staff had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. This help achieve positive outcomes for people.