

Mrs Gillian Waller

# Highmead House

## Inspection report

153 Finedon Road  
Irthlingborough  
Wellingborough  
Northamptonshire  
NN9 5TY

Tel: 01933650244

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### 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 Highmead House is a residential care home providing accommodation and personal care for up to 32 people. The service provides support to older and younger people, people living with dementia and people with physical disabilities. At the time of our inspection there were 29 people using the service.

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

People felt safe with the staff and the care provided. Systems were in place to ensure staff were trained and understood how to protect people from poor care and abuse.

People's individual care and support needs and any known risks had been assessed, managed and monitored. Care plans were comprehensive and provided guidance for staff to follow to mitigate risks. Staff understood people's individual care needs and associated risks. People were supported with their medicines safely.

Since the last inspection the provider had invested in the service. Improvements had been made to the premises and infection prevention and control practices and continued refurbishment. People lived in a homely, clean and hygienic environment which promoted their health, safety and wellbeing. 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.

Recruitment procedures needed to be strengthened to ensure suitable staff were employed to support people. There were enough staff to meet people's needs and keep them safe. Staff were supported through ongoing training and supervisions.

The registered manager understood their legal responsibility and duties. The provider's quality assurance systems and processes had been fully embedded to monitor all aspects of the service provision and to drive improvements. This included systems to identify trends from incidents and accidents and learning opportunities.

People were involved in the review of their care and their equality and diversity needs were considered and respected. The registered manager was responsive to feedback regarding monitoring records. Feedback about the quality of service was sought from people, their relatives and staff and used to make improvements. The management team worked collaboratively with external agencies. Feedback from the local authority was positive in relation to the improvement made at the service.

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 and update

The last rating for this service was requires improvement (published 1 August 2023) and there were breaches

of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highmead House 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 safe findings below.

# Highmead House

## 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.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Highmead House 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. Highmead House 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. This included the action plan which set out how the provider would meet the regulations. We sought feedback from the local authority and healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. 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 3 people who use the service and 2 relatives, and observed the interaction between people and the staff. We observed staff interaction with people, to help us understand people's experience. We also spoke with 6 staff. They included the registered manager, deputy manager, senior care staff, care staff, house-keeping and maintenance staff. We reviewed a range of records. This included 6 people's care records, multiple monitoring records and medication records, and 4 staff files in relation to recruitment and supervision. We checked the environment of the home. A variety of records relating to the management of the service, including staff training information, audits, meeting records policies and procedures.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people and others from the risks associated with unsafe or unsuitable premises because of inadequate facilities and maintenance. The provider had failed to mitigate, manage and monitor risks associated with people's care. These were a breach of regulation 15 and regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of these regulations.

- The provider had invested in the home which had undergone and continue to have refurbishment works to reduce risks to people and promote their safety and wellbeing. These included accessible bathing facilities, protective radiator covers had been fitted to prevent people from risk of scalding and burns, free-standing wardrobes were secured to the walls and decoration and access to the garden.
- Regular servicing and maintenance checks including fire safety were carried out. Emergency evacuation plans provided staff with the guidance to support people to evacuate in an emergency.
- People told us they felt safe and liked the changes made to the environment. One person said, "I use a walking frame which I keep next to me so I can get to the toilet. I've got a new [call] buzzer to hand and staff come if I use it." A relative said "it's much cleaner and nicer looking."
- Risks to people's individual needs were assessed, mitigated and monitored. Care plans were sufficiently detailed to guide staff to mitigate risks such as falling.
- Staff showed good knowledge of managing risks to promote people's safety. However, monitoring records were not consistently completed, for instance we found gaps in the fluid intake charts and re-positioning charts to prevent people to develop skin damage. When this was raised with management, action was taken immediately and recording improved.

### Preventing and controlling infection

At our last inspection the provider had failed to protect people from the risk of infectious diseases. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- All areas of the home were clean and hygienic. Refurbishment of the laundry area, bathrooms and food stores, décor and regular cleaning regimes protected people and staff from the risk of infectious diseases.

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff were observed using personal protective equipment correctly.

#### Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance. People and relatives raised no concerns about visits.

#### Staffing and recruitment

- Staff recruitment practices needed to be strengthened. Identity checks, right to work in the UK and Disclosure and Barring Service (DBS) were in place. However, references were not always in place and no risk assessment had been carried out when DBS detailed convictions and cautions. When this was raised with the registered manager they assured us this would be addressed.
- People told us they were happy with the staff. We observed staff checked on people who were cared for in bed or preferred to spend time in their bedroom.
- Staff told us and our observations confirmed there were enough staff on the day of inspection to meet people's needs safely. A staff member said, "Staffing is better; reduced agency staff and clear allocations [tasks and responsibilities] for daily shifts. We've got a new senior and carers employed, so it's feeling a lot better."
- The registered manager demonstrated how they looked at people's individual needs to establish how many staff were required on each shift.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People felt safe with the staff and the care provided. One person said, "I like it here very much because I feel safe. I know there's staff around to help me." Although feedback from relatives their family member's safety was mixed but they confirmed management did respond to concerns.
- Staff were trained and competent in recognising and reporting signs of potential abuse. Staff had confidence that management would act if there were any concerns about people's safety.
- The provider had a safeguarding policy and reporting system was in place. The registered manager was aware of their duty to report safeguarding concerns to CQC and the local authority and worked in collaboration to investigate and mitigate risks.

#### Is consent to care and treatment always sought in line with legislation 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager understood their duties under the MCA. There was the appropriate paperwork and assessments in place to ensure where decisions were made in people's best interest this was done legally.



### Using medicines safely

- People were supported to receive their medicines safely. A person said, "The carer usually brings my tablets to me. If I have any pain I let them know and they'll give me paracetamol for it."
- Medicines were administered at the right time by staff trained and assessed competent to do so. Staff had clear guidance about people's medicines including, how and when to administer and what the medicines were for. This included protocols for medicines prescribed 'as required', such as pain relief. Medication administration records we checked had been completed fully.
- Medicines were stored and disposed of in a safe way. Regular audits and checks were carried out by the deputy manager to ensure medicines management was safe.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong, for instance they made improvement to the premises and improved audits on the environment and equipment since the last inspection.
- Incidents and accidents were minimal. Systems and processors were in place to report, monitor and review incidents. Any opportunities for learning to reduce further risks were discussed with staff. For example, staff had guidance to follow to support a person who experienced a regular pain and breathing difficulties.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider's oversight systems and processes was not fully implemented to monitor all aspects of the service and mitigate risks to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- There was a clear management structure in place to drive improvements in service delivery. However, support for care staff in the absence of management needed to be strengthened.
- Audits of the monitoring charts completed by staff and the staff recruitment processes needed to be strengthened to address issues reported on in the safe section of this report. Following the inspection site visit the registered manager sent evidence to confirm people's care records were completed fully and management monitored this.
- The provider had invested in the service to improve the environment, safety and embedded systems and processes to regularly monitored quality and safety in all areas of the service. For instance audits were used to monitor people's care needs, staff performance and environmental safety, and action had been taken when shortfalls were found. Oversight of incidents, accidents, safeguarding concerns and complaints, helped to improve people's safety. The registered manager had regular contact with the provider who monitored the progress of improvements and the rolling action plan.
- System was in place to ensure staff were trained and supported in their role. Staff had received regular training updates, and included specialist training to meet health care needs and training in learning disability and autism.

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

- There was a positive and open culture within the service which encouraged feedback regarding all aspects of care and support.
- People spoke positively about the staff. A relative said, "Carers are really good. I usually speak with one of them if I have any worries about [Person] as they know her more than anyone else."
- Management and staff understood people's needs and family members who were important to them.

Care plans were comprehensive and provided clear guidance for staff to ensure people received personalised care and support which promoted positive outcomes.

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 understood their responsibilities and had notified CQC of certain changes, events and incidents that affected the service or the people who used it as required. This meant risks identified were shared with relevant agencies.
- The registered manager understood their responsibilities under the duty of candour. They ensured people were kept informed and apologised if errors occurred.
- The provider had displayed their last inspection rating as required.

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

- People and staff were involved in the running of the service; they understood and took into account people's protected characteristics.
- People received regular opportunities to share their experience of service they received. People told us and records confirmed, regular residents' meetings provided updates on the refurbishment and covered topics such as menus, activities and staffing. The results from the recent satisfaction surveys from people, relatives and staff were positive, and action was taken to address individual concerns raised.
- Staff were positive about their work and felt involved, listened to and supported in their role. The registered manager told us they valued the staff team and had commissioned an external resource to promote staff well-being.

Working in partnership with others

- Management and staff worked in partnership with others. Care records and feedback from staff, confirmed there was partnership working with external professionals to promote their wellbeing and to achieve positive outcomes.
- Feedback from the local authority who monitored people's package of care, was positive in relation to the improvement made to premises, quality of care provided to people and response to concerns. This showed a commitment to improve the service.