

Highfield Hall Care Limited

Highfield Hall

Inspection report

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Tel: 01706222326

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Highfield Hall is a residential care home providing personal and nursing care to up to 75 people. At the time of our inspection there were 47 people using the service.

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

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.

Staff had received safeguarding training and were aware of their responsibilities. Risks to individuals, staff and within the environment were identified and well managed. There were safe systems of recruitment in place. We received mixed feedback regarding staffing. The provider had recently taken action to improve levels and consistency of staffing. People received their medicines as prescribed. Risks associated with COVID-19 were well managed. On the first day of our inspection some staff were observed wearing face masks incorrectly. Managers took immediate action and throughout the rest of our inspection all staff were observed to wear face masks correctly.

People's needs were assessed, and clear support plans and risk assessments were in place to guide staff. Staff received the induction, training and support they needed to carry out their roles. People's nutritional needs were met. The home was clean and there was a programme of redecoration and building improvements in place.

Most people told us staff were caring and spoke positively about living at the home. One person said, "The staff work hard. They are nice and pleasant."

There was a range of activities on offer for people both within the home and in the wider community, which people told us they enjoyed. There was an appropriate system in place to manage complaints.

The nominated individual and provider had good oversight of the service and demonstrated a clear passion and commitment to improving the quality of the service. The nominated individual had started the application process to register with CQC as the registered manager for the service on a temporary basis, until a new permanent manager was recruited and inducted.

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 12 August 2021).

Why we inspected

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 inspection was prompted in part due to concerns received about staffing, safeguarding, management of falls, medicines management and pressure care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

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 safe.

Details are in our effective findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Highfield Hall

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 undertaken on the first day by three inspectors and an expert by experience and one inspector on the second and third day. 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 Hall 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 Hall is a care home with nursing care. Prior to our inspection the provider had closed the nursing unit and was intending to apply to CQC to deregister the nursing part of their registration. 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 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.

At the time of our inspection there was not a registered manager in post. The nominated individual had started the application process to register with CQC as the registered manager for the service on a temporary basis, until a new permanent manager was recruited and inducted.

Notice of inspection

This inspection was unannounced on the first and third day.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people living at the home and five visiting relatives. We also spoke with 12 members of staff including; interim manager, chef, unit managers, activity coordinators, housekeeper, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We had a tour of the building and spent time observing how people were supported. We reviewed a range of records including five people's care documentation, three staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service including audits and 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 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 and discrimination.
- Staff had received safeguarding training and were aware of their responsibilities. They told us they could raise concerns with managers at the home. Staff said, "Safeguarding is to protect people from harm. I would go to [managers]. I had to report concerns elsewhere but not in this company. People are safe here." One person who lived at the home said, "Yes of course I feel safe. I wouldn't stop here if I didn't. I have made some good friends here."
- Concerns raised were investigated and where required, the local authority and CQC had been notified.

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

- Risks to individuals, staff and within the environment were identified and well managed.
- The required health and safety and equipment checks were taking place.
- Records were kept of accidents and incidents. Immediate action was taken where needed to mitigate future risk. This included referrals to other professionals for advice and support; such as falls prevention.
- The managers monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

Staffing and recruitment

- We received mixed feedback regarding staffing from people who used the service and staff. Staff said, "We're struggling and not getting breaks when the staffing is so low. I'm aware they are recruiting" and "I do think [people] are safe here. It's improving but there's not enough time to spend time with the residents." People said, "There hasn't been enough staff" and "They [staff] have been very good, they have always been very helpful. A shortage of staff has been the only thing occasionally." Other people said, "There are enough staff when I need them. I've no complaints" and "At night the staff are quick to help me if I buzz."
- On the first day of inspection we observed some people did not receive support in a timely manner. Some staff were observed to be task focussed with little interaction with people; the staff call bell rang very for long periods. On the second and third day of inspection staff responded to people in a timely, relaxed and caring way, call bells rang infrequently. We discussed this difference with the nominated individual and the provider. They explained they had recently closed the nursing unit due to staffing difficulties they had identified and were in the process of applying to remove nursing from their registration. This would help with ensuring consistent staffing levels. They were also continuing to recruit staff, monitor staffing levels and make changes where needed. They said staff were getting used to the changes and working in new areas. Rotas showed that staffing levels reflected the staffing tool used by the service, which was based on people's needs. The home used and they had deployed the same amount of staffing hours, once the nursing unit closed, for the remaining number of people who lived at the home.

- There were safe systems of recruitment in place. We found one file had no evidence that gaps in employment history had been explored with the person. Recruitment files were in the process of being audited by the provider's human resources team to ensure files contained all the required checks and action had been taken to update information where needed.

Using medicines safely

- People received their medicines as prescribed. Records of administration of medicines were completed and stocks checked matched records.
- Staff had received training in medicines management and had their competency checked.
- Some records relating to medicines that were to be given 'as required' needed to be more detailed; about how staff would know the medicine was needed and what staff should try before administering the medicines. Following our inspection, the nominated individual confirmed these records had all been updated.

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 somewhat assured that the provider was using personal protective equipment (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.
- During the first day of our inspection we observed some staff walking round the home, and directly supporting people who used the service, were wearing face masks inappropriately, by just covering their mouth not nose. We discussed this with the interim manager and nominated individual. We saw that staff had previously received training in the correct use of PPE and this had also been discussed at team meetings and handovers. On the second day the nominated individual confirmed staff had been reminded of the correct use of face masks. On the second and third day of our inspection all staff were observed to wear face masks correctly.

Visiting in care homes

- People were supported to have visitors as per government guidance.

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

- People's needs were assessed, and clear support plans and risk assessments were in place to guide staff.
- Care records were person centred and gave detail about how people liked their support to be provided.
- There was regular, meaningful review of people's support needs and changes were made following incidents.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively. A staff member said, "The quality of the training is alright, there are a lot of courses available"
- A programme of individual supervisions and team meetings had been started by the new interim manager.

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

- People's nutritional needs were met.
- Where people were at risk of losing weight, there were regular checks on their weights and action was taken if needed, including referrals to dieticians.
- Most people were positive about the food. One person said, "The food is good."

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

- Staff worked closely with other agencies to ensure people's needs were met.
- People were supported to access a range of health care professionals.
- Where incidents or concerns about someone's health were raised, we saw advice and referrals for healthcare support were sought promptly.

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

- The home was clean and clutter free.
- There were spacious communal lounges available to enable people to spend time with others. People's bedrooms all had en-suite facilities and were spacious and bright. People were able to personalise their room with their own belongings.
- There was limited signage to aid people to orientate themselves within the home, including on the outside of bedrooms. We discussed this with the nominated individual who told us plans were in place to improve signage throughout the home. There was a detailed programme of redecoration and building

improvements in place. Some improvements had been made specifically to improve the environment for those living with dementia. One staff member said, "There have been improvements on this unit; the lounge area and dining room have been redecorated, new coloured crockery."

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 provider was meeting the requirements of the MCA.
- Where needed best interests decisions had been made and were well documented. This included involving relatives in the decisions where they had the legal authority.
- Where required, applications for DoLS had been made. Managers regularly checked progress of these applications with the appropriate authority. There were no conditions on the DoLS that had been authorised.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people told us they felt they were treated well by staff and spoke positively about living at the home.
- People told us, "The staff work hard. They are nice and pleasant", "I like it here. Staff are very nice and helpful. I like people to be kind", "I am quite happy; they [staff] do respect me" and "I like the staff very much. They are wonderful with me." A staff member said "It's good, staff are nice, so are residents. It's a lovely home."
- During the inspection two people raised concerns about specific aspects of their personal care. We raised the concerns with the interim manager. Action was taken immediately, and the two people confirmed to us they were satisfied with the outcome, were happy with the changes that had been made and felt safe.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff knew people well. People were well-presented and told us staff helped them make choices such as choosing their clothes.
- Most people told us staff respected their choices. One person said, "Sometimes in the mornings they come in to help me dress and I feel they rush a bit." Other people said, "The staff are nice, they care. They help me to get up and go to bed", "The Staff are very good here; I can't fault them. I've no complaints. I'm quite settled here" and "They listen. I can get up when I want, go to bed when I want. It's a home from home."
- Staff told us they encouraged people's independence. One said, "I always respect what the individual wants. I encourage independence before assisting."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records were person centred and gave information about what was important to and for the person.
- Families were made to feel welcome and kept informed during lockdowns and visiting restriction times.
- There was a range of activities on offer for people both within the home and in the wider community.
- People spoke very positively about the activities on offer. They said, "I've learned a lot. I've learned to play games and to make hanging baskets. We planted all those outside last year. We've done exercises this morning as well" and "We went to the garden centre and then made hanging baskets. We have done all sorts of things. [Activity coordinator] is so kind."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard
- The nominated individual showed us plans to improve the accessibility of the food menus, to include pictorial menus.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints.
- Complaints were investigated, and detailed responses given to people. A relative said, "I haven't any complaints about [person's] care here."

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.
- Records identified advanced decisions about resuscitation.

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.

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

- At the time of the inspection the home did not have a registered manager in place. The provider had employed an interim manager and was in the process of recruiting a new permanent manager. The nominated individual had started the application process to register with CQC as the registered manager for the home, for a temporary period while the recruitment and induction of a new manager took place. The nominated individual and provider had good oversight of the service and demonstrated a clear passion and commitment to improving the quality of the service.
- There was a range of quality monitoring, auditing and oversight. There was a very detailed improvement plan in place. Audits and spot checks were thorough, and records demonstrated any issues identified were addressed.
- Most people spoke positively about the nominated individual and new manager and the changes that had been made. They said, "The new manager listens and answers questions and will make time for me" and "I spoke to [manager] about a few things I wasn't happy with and she has dealt with it" and "[Manager] has been really good. She chats to [person who lived at the home] about what is happening, and she is really accommodating."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us the home had been through a difficult time, but things were improving. They said, "Everyone gets on, but everyone is drained, it might just be with the new changes. There's been a lot of changes" and "Management listen, they are fully supportive."
- The interim manager had a drop-in session each week where families could meet with them individually and discuss any issues. There was a range of meetings for staff to hear and share important information. One staff member said, "Every day we have a flash meeting and the senior goes in and discusses what has gone on and we let the manager know if anyone's lost weight. It's a helpful meeting."
- Most people who lived at the home spoke positively about living there. They said, "It's a lovely place and it's so clean", "It's a good place and I'd recommend it to anybody" and "I think it's a nice place."
- Throughout the COVID-19 pandemic management had worked very closely with health and social care professionals to ensure people's needs were met.

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; Continuous learning and improving care

- Records confirmed managers of the service and the provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- We found there was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.