

Castlemeadow Care Home (Halesworth) Ltd

Highfield House Care Home

Inspection report

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Halesworth
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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Highfield House Care Home is a residential care home providing accommodation for up to 40 people. The service is arranged over two floors and a third storey referred to as a mezzanine. At the time of this inspection there were 29 people using the service.

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

We had significant and multiple concerns at our last inspection and rated the home inadequate in two key questions and overall. We also found three breaches of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Immediately following our last inspection, the provider took action to begin making the necessary improvements including placing a voluntary suspension on any new admissions to the care home. The provider brought in a regional manager to be based at the home full time to help address the significant concerns and to put in place a plan of action to make the necessary improvements. This involved making improvements to governance and oversight arrangements, and implementation of systems and processes to safely assess and manage risks to people. Staffing levels were reviewed and immediately increased, and staff terms and conditions were improved.

At this inspection we found improvements. Despite some remaining areas for improvement, such as the need to consistently improve record keeping, the service had enhanced leadership and there was a changed culture which was commented on by many people, staff and stakeholders we spoke with. The embedding of these new ways of working are now required to ensure consistency moving forward.

People told us they felt safe. People using the service and relatives were complimentary about the staff who they felt were caring and kind. People were protected from the risk of abuse and staff knew how to identify and report safeguarding concerns.

The provider had increased staffing levels in the service since the last inspection and staff had received an induction and training relevant to their role. Staff were safely recruited and the provider had completed the appropriate checks prior to them starting work. Despite this, the service still faced recruitment challenges and we received some mixed feedback about the staffing levels. We have made a recommendation about the provider monitoring the staffing levels closely.

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.

The provider had a process in place for responding to complaints and people and relatives told us they felt

comfortable raising any issues with the management team.

People, relatives and staff spoke positively about the culture of the service and told us the management team were approachable and supportive.

Rating at last inspection and update

The last rating for this service was Inadequate (published 28 January 2022). This service has been in Special Measures since that date. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Previous breaches

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

We undertook this comprehensive inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

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 has changed from Inadequate 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 Highfield House Care Home 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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Highfield House Care Home

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

This inspection was carried out by two inspectors and a medicines inspector who specifically looked at the safe management of people's medicines. Following our visit on site an Expert by Experience made telephone calls to people and their relatives to seek their feedback. 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 House Care Home is a 'care service'. People in care services receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highfield House Care Home is a care service without 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 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 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. The provider was not asked to complete a provider information return (PIR) prior to this inspection. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived at Highfield House Care Home and the relatives of eight people about their experience and views of the care provided to their family members. We also had contact with 12 members of staff, including care staff, maintenance staff, the deputy manager, registered manager and the director of the provider company.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included five people's care records and medication records. We looked at a variety of records relating to the management of the service.

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 Inadequate. 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 robustly assess the risks relating to the health safety and welfare of people which 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 improvements had been made and the provider was no longer in breach of the regulations in respect of the management of risk, however, further work was needed to embed this fully.

- There were significant improvements to people's care plans. In conjunction with people and their relatives, care plans had been updated and rewritten. The new versions were up to date and included details of any risks identified. One person's relative told us, "Initially there was no care plan, now we have gone all through it, initialled it, it is signed and up to date."
- Where risks were identified, assessments were completed and steps taken to mitigate the risk. For example, where people were at risk of weight loss, care plans were in place to support and to highlight the actions care staff needed to take to support the person.
- Some gaps still occurred in the monitoring records in areas such as food and fluid and repositioning, where people were at risk of a pressure ulcer developing. The registered manager was aware of this and was trying to raise care staff awareness and ensure consistency. We corroborated this with staff and there was no evidence to suggest that this care had not been delivered. We have reported on this under the key question of well-led.

Staffing and recruitment

At the last inspection there was a failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of the regulations.

- Some challenges were still faced with recruiting care staff, however, there were increased numbers of care staff available on shifts and greater consistency.
- Family members comments about the care staff team included, " There were a lot of agency staff before Christmas. We had a relatives meeting to discuss, and we were reassured it was all going to change. It did for a while but has all slipped back." Another relative told us they had noticed the service was short of staff but that it had not impacted on their relative, "They are short of staff as so many places are, but they look after [family member] well. [Family member] is putting on weight and their [health] has improved." Another

relative said, "It has changed such a lot. [Family member] is always happy now. They [care staff] are always available."

- The registered manager told us a review of care staff terms and conditions and an extensive recruitment drive had been positive and seen several new care staff joining the team. This had already reduced the use of agency care staff which had previously been used to support staffing gaps.
- Staff confirmed they received induction training and that there were enough of them to meet people's needs in a timely manner. One member of care staff commented, "In the last six months staffing has drastically improved, with plenty on shift allowing [people] to pick their times for such things as medication and [personal care]."
- Staff were recruited safely. Checks on people's suitability to work in a care setting were carried out such as checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with people using the service, relatives and staff to ensure people's needs continue to be met in a timely manner.

Using medicines safely

Significant improvements has been made in the safe management of people's medicines. At our last inspection we had multiple concerns about how people were supported with their medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People received their medicines safely and as prescribed. Processes were in place for the timely administration, ordering and supply of medicines and all medicines were available.
- Medicines administration records (MAR) were in place for all people at the home to support staff with the administration of medicines. There were no gaps in the administration records.
- Topical MAR charts for creams or ointments that were applied to people during personal care were not always completed. The registered manager was aware of this and working with staff to make the necessary improvements.
- People could self-administer their own medicines following a risk assessment and we spoke with one person who was administering their own eye drops and creams and told us that they were pleased to keep their independence.
- Protocols to help care staff know when to give 'as required' medicines were in place. These were reviewed on a monthly basis to ensure appropriate actions had been taken.
- All care staff had undergone medicines training and their competency was checked regularly.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family member was safe living at Highfield House Care Home. One relative commented, "I am happy for [family member] to live there. I am confident [family member] is safe and well."
- Care staff were confident about the action they needed to take if they were concerned about people's safety. One care staff member said, "We have a policy for reporting abuse and about whistleblowing."
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

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 were offered choices and encouraged to make their own decisions where possible. Where people lacked capacity, decisions were made in their best interests with involvement from family, advocates and relevant professionals.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

People were supported to receive visitors. The provider followed current visiting guidance and there were no restrictions in place.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to look for trends. This included taking actions to reduce the risk of recurrence.
- Information was shared across the service and with the local unit manager to support learning and promote good practice.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant long term stability was required to sustain the improvements and fully embed the progress into the culture of the home', however, there was a drive and motivation to make improvements and to provide high quality, person centred care.

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

At our last inspection people's health, safety and wellbeing was being compromised in multiple areas and there were breaches of regulation in respect to safe care and treatment, staffing and good governance. We rated the service inadequate overall; there was ineffective governance and poor oversight at manager and provider level which put people at risk of significant harm. Following that inspection, we issued the provider with a warning notice. At this inspection we found improvements had been made and the service were no longer in breach of regulation.

- We were encouraged by the progress made by the registered manager and the provider. Immediately following our last inspection visit, both the registered manager and provider took proactive action to start making positive changes.
- However, the management audits had not always identified and addressed gaps in records and recording. For example, the medicines audit had not highlighted the errors we found on inspection. There continued to be some gaps in the recording of repositioning and food and fluid intake. Long term stability was required to sustain the improvements and fully embed the progress into the culture of the home to ensure people continued to be consistently provided with a safe quality service.
- People and relatives told us the home was well run. They said they could always speak to the registered manager or a member of senior staff when they needed to. Relatives told us the home communicated well with them about their family member's care. One relative said, "Very, very good. I am 100% satisfied. [Family member] loves the people and loves the food. I really can't fault them. I can't believe the change in [family member], their mindset and physical improvement." Another relative commented, "[Registered Manager] is pulling out all the stops and does [their] best to turn things around."
- We found a welcoming and calm culture at the home. Care staff told they told us they enjoyed their jobs and the registered manager was approachable and supportive. One member of staff commented, "Over the past few months, since the last [CQC] inspection, I have seen a great deal of change for the better. I feel we are given the support by regional managers and directors and at home level... I can see the confidence growing in what they are achieving. I believe Highfield is a great place to work." Another care staff member commented, "I believe that ours is a lovely welcoming [care] home the moment you walk through the door. I have found the management team have been a lot better now and are very approachable."

- The registered manager understood their responsibility to be honest with people. Information about incidents had been shared with people and relatives where appropriate and outcomes and learning had been documented. Statutory notifications had been submitted to CQC when needed.
- A range of quality assurance systems were in place to ensure monitor and improve the quality of care being delivered.

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

- The majority of people's relatives told us the communication from the service had improved and the registered manager was easily contactable and open to feedback.
- People's relatives told us they felt involved in their family member's care and they knew of the changes being implemented.
- There was an improved culture amongst staff in the service that was open and inclusive. Staff told us they now enjoyed their jobs and were aware of the progress made and plans for the future. Staff told us they felt supported by the registered manager, and they were comfortable raising any concerns. One staff member said, "[Registered manager] and [deputy manager] are a great team and they are very supportive and approachable." Another staff member told us, "I think the service is well led and I find the management supportive and approachable."
- Staff meetings were held and were an opportunity for the registered manager or provider to disseminate information and update the staff team on key areas within the home. The registered manager told us that as well as meetings they also had an 'open door' policy for all staff which meant they welcomed feedback and input.
- The registered manager and staff team were working proactively and in partnership with other organisations, such as the local authority social services and healthcare team and had taken on board advice and training and put this into practice.