

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Highfield Private Rest Home

77 Seabrook Road, Hythe, CT21 5QW

Date of Inspection: 29 August 2014

Date of Publication:  
September 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Silverleaf Care Homes Limited
Overview of the service	Highfield Private Rest Home provides accommodation and personal care for up to 31 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Highfield Private Rest Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We carried out an inspection of the service on the 11 October 2013. We judged the service non-compliant with Regulation 15 – Safety and suitability of premises. We asked the provider to send us an action plan, which would detail and tell us what action was being taken to address these areas of non-compliance. The provider sent us a detailed report of actions taken to achieve compliance with the Regulations.

This responsive follow up inspection was carried out by one Inspector, who visited unannounced on the 29 August 2014. During the visit we met and talked with people that used the service and their relatives/representatives, the manager, senior care staff and care staff. They helped answer our five questions;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, their relatives, the staff supporting them and from looking at records. We found overall that action had been taken and improvements had been made by management and staff since our last inspection visit.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The service was safe. People told us that they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

We found that records required to be kept to protect people's safety and wellbeing were maintained, held securely and available when required.

Staff training records showed that staff had completed essential training, which included subjects such as fire awareness, moving and handling, infection control and food safety. They had also completed training in relevant subjects such as dementia awareness.

Equipment at the home had been maintained and serviced regularly.

Is the service effective?

The service was effective. People's health and care needs were assessed with them and/or their representatives. Specialist dietary, mobility and equipment needs had been identified in care plans where required.

We found that the staff referred people appropriately to their GP and other health and social care professionals. This was to make sure that people had the care and treatment that they needed.

Is the service caring?

The service was caring. People were treated with respect and dignity by staff. We saw that staff interacted well with people and knew how to relate to them and how to communicate with them. People living in the home made positive comments about the staff, with remarks such as "The staff are kind and the food is good, I have nothing to complain about".

Is the service responsive?

The service was responsive. Staff listened to people, and took appropriate action to deal with any concerns.

Action had been taken to address issues of non-compliance raised at the last inspection visit in October 2013, and improvements had been made to the environment.

Care plans showed that the care staff noticed if someone was unwell, or needed a visit from a health professional such as a dentist or optician. The staff acted promptly to make appointments for people.

Is the service well-led?

The service was well-led. The manager had an open door policy and staff worked as a team. The manager was in the process of applying to become the registered manager of the service.

There were systems in place to provide on-going monitoring of the home. This included checks of the environment, health and safety, fire safety and staff training needs.

The staff confirmed that they had individual supervision and staff meetings. This enabled them to share ideas and concerns.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at three people's care records and saw that their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records showed that people's needs were assessed prior to their admission to the home, and assessment visits were undertaken by senior staff to ensure that their needs could be met.

The assessment information was used to develop individual plans of care and we saw that care records included details about people's specific needs. Daily records were used by the staff to monitor and comment on people's progress and any changes to their needs. These included details about people's personal care, their fluid and dietary intake, and clinical visits or medical interventions from health care professionals. Care plans were reviewed and updated to reflect any changes in people's care needs and the support they required from staff. An example provided was reviewing incidents of falls that people using the service had had. For one person several falls had been recorded and we were told that this had resulted in a meeting being arranged with the doctor. This meant that any changes to people's needs had been recognised by the staff.

Plans of care contained individual risk assessments where specific risks had been identified, for example, people's mobility and where people were at risk from pressure sores. The provider may find it useful to note that for one person, there was no risk assessment in relation to catheter care. The recently promoted deputy manager said that she was currently reviewing and updating the plans of care.

People's plans of care evidenced that people's healthcare needs were well looked after. Appointments with a GP were arranged in prompt response to people's needs if they fell ill. Health interventions, for example, appointments with district nurses, occupational therapists and physiotherapists were recorded with the outcomes. People's weight was

checked at intervals to make sure that it remained stable. Any weight loss or gain was noted and action taken to involve appropriate professionals. Special diets were catered for and healthy eating and lifestyle encouraged. This meant that people had support to maintain a healthy weight.

Records showed that people were able to undertake activities that met their emotional needs. For example, a reminiscence group therapy session was held regularly, where people were able to talk about their memories, their life history and a range of other topics. We saw that activity care plans contained details of the person's participation and the therapist's notes. Other monthly activity sessions provided by people visiting the service included bingo, music therapy and fitness therapy. Arranged outings included in June a trip to the local Zoo and arranged for September a short canal trip. There was a garden party held at the home in August, but due to the weather this had to be held inside. People told us that they had enjoyed the day.

There were arrangements in place to deal with foreseeable emergencies. We saw that on call emergency contact details were available, which meant that staff could contact management or senior staff, should an emergency arise where they required additional support.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the management and recording of medicines.

The provider had implemented medicine policies and procedures that were clearly written and regularly reviewed so staff had relevant and up to date policies and procedures to refer to.

In the medicine room the medicines were stored in locked cupboards and metal medicine trolleys. Most of the medicines were dispensed into a monitored dosage system, and were received from the pharmacy on a monthly basis. Room and fridge temperatures had been checked and recorded each day. However, the fridge for storing medicines was not working properly. The medication audits undertaken in June and July 2014 showed that this had been noted. As an interim measure we were told that a medicine that was required to be kept in the fridge had been put into a sealed plastic container and stored in the main fridge. We received written confirmation following the visit that a new lockable fridge for the safe storage of medicine had been purchased and was now being used for the storage of medicines required to be kept within a certain temperature range.

The senior carer was the person administering medicines on the day of our visit. She told us about the processes in place for checking in medicine and for discarding unused medicines. We viewed some of the medicine administration records (MAR charts). The MAR charts seen were nearly all signed correctly, however the provider may find it useful to note that a number of medicines had been administered but not signed for.

There were appropriate systems in place to check the numbers of controlled drugs on the premises, which were kept to a minimum. These were checked and signed by two people at each time they were administered.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We issued a compliance action at the inspection visit dated 11 October 2014, as we found that the provider had not taken appropriate steps to make sure that the environment was suitably decorated and adequately maintained. We asked the provider to send us an action plan, which would tell us what action was being taken to address these areas of non-compliance. The provider sent us a detailed report of actions taken to achieve compliance with the Regulations.

We found at this inspection visit that the extensive works undertaken by plumbing and heating contractors to replace the home's gas boilers had been completed.

The manager showed us a fire risk assessment for the premises. An inspection had been carried out by an external company. This evidenced that the fire safety arrangements were satisfactory in protecting people, staff and visitors and to minimise the risks of fire. We saw completed fire records that showed that regularly testing was carried out in relation to fire points, emergency lighting and fire extinguishers.

Equipment was regularly serviced and checked and current certificates for specialist service and maintenance contracts were in place, for example, for the hoists and call bell system. The home's electrical safety certificate had been renewed and there was a contract certificate for the lift that evidenced that the lift had been serviced and maintained to the required safety standards. The home had been awarded a five star food hygiene rating from the environmental health officer in February 2014.

Accommodation for people was arranged over three floors and all floors could be accessed by a shaft lift so people had safe access to all parts of the building. All the bedrooms were used for single occupancy and some had en-suite toilet facilities. We saw that bedrooms were personalised to people's individual tastes and requirements, for example, many rooms contained photographs, pictures and soft furnishings that people had brought with them when moving into the home. People told us they liked their rooms and were comfortable. Since the last inspection on-going re-decoration work had been

undertaken. This included re-decoration of bedrooms, the sun lounge, the TV lounge and all the corridors.

The home provided outdoor spaces and garden areas that were accessible for people with reduced mobility. Paths and ramps were in place to provide access to grassed areas, where garden seating was available.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

Records showed and staff spoken with confirmed that there was on-going training for staff that included training such as infection control and moving and handling as well as training in some specific areas such as dementia care and behaviours that challenge. Staff confirmed that they attended regular training sessions. The staff training records showed that staff had undertaken during 2014, sessions in relation to infection control, moving and handling, safeguarding of vulnerable people and fire awareness. We were provided with a training record that showed when essential training had been completed and when it needed to be updated.

Staff told us they received supervision. There was a handover at the beginning of each shift. Staff meetings were in place and well attended which enabled staff to share ideas and concerns.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The monitoring processes in place, for example, health and safety and infection control ensured that people were protected against the risks of inappropriate or unsafe care and treatment as the provider and the manager regularly assessed and monitored the quality of the services provided.

The quality of the service provided was checked regularly in a number of ways by the company. Quality checks had been completed on key things such as fire safety equipment, manual handling equipment, food hygiene and health and safety checks to make sure they were all efficient and safe.

People, who received care services, or their relatives, told us that they were invited to give feedback information at any time. They told us that they knew who to contact if they should have any concerns. People were informed about the complaints procedure for the service. One person told us "Everything is good here, I have no complaints". The manager told us that there had been no formal complaints made in the last twelve months.

The manager told us that he was awaiting the return of surveys that had been sent out recently. Six surveys, had so far been returned by relatives. Comments on the surveys included "X calls the staff Angels" and "I am sure that if we made a complaint it would be resolved satisfactorily". The surveys required people to indicate their opinion as to whether the service was excellent, good, satisfactory or unsatisfactory in answer to each of the questions asked. No one had ticked the unsatisfactory box in relation to any of the questions asked, in the six surveys that had been returned.

Complimentary messages received during the last few months included "Thank you to all the staff for working so hard for the garden party. We had a lovely time, the food was excellent and the music entertainer was great"; "Thank you all so much for all you did for X"; "Just a little thank you for all the help with X. We know she really did appreciate what you did for her especially the trips out" and "A very big thank you for your great kindness

and what you have done for X".

Care records were reviewed and regular auditing of these records was undertaken by senior members of staff, to make sure that people were protected against the risks of inappropriate or unsafe care and treatment.

Records showed that staff received on-going training, and had regular supervision and appraisals. Staff told us they attended staff meetings and were able to express their views at these.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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