Ms K A Rogers

Highwell House Care Home with Nursing

Inspection report

32 Highwell Lane
Bromyard
Herefordshire
HR7 4DG

Tel: 01885488282
Website: www.herefordshirecarehomes.com

Date of inspection visit:
25 July 2017

Date of publication:
06 December 2017

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection was carried out on 25 July 2017 and was unannounced.

Highwell House provides accommodation and nursing care for up to 34 people. At the time of our inspection there were 28 older people living at the home some of whom were living with dementia ,

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

We last inspected Highwell House in May 2015 and rated the service as Good overall. Since this time further improvements have been made for the benefit of people who live there. The service provided excellent and innovative approaches to person centred care that maintained people's health and wellbeing. Staff supported people to maintain hobbies and interests, promoting people's abilities and skills.

The provider's approach to care and support to people was focused on maintaining and improving people's quality of life. The provider was always looking at ways to adapt and improve the care and support to reduce the impact of their health conditions and to improve people's wellbeing.

People, relatives and professionals were consistently positive about the care provided at Highwell House.

The provider had maintained very high quality care and constantly strived to be the best in the area. The provider was recognised both locally and nationally as being an outstanding contributor to the care field.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. Current best practice was used to enhance how people's needs were assessed and addressed. People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

There were strong established links with the local community that promoted positive approaches to the people that lived there.

Staff were motivated and had excellent levels of support as well as extensive and on-going training to enable them to meet the individual needs of people living at the home. There were sufficient numbers of experienced and trained staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

People's needs and preferences were responded to effectively. People were supported by a provider and

staff team who were focused on getting to know the people they supported. Relatives told us the service was responsive and well managed. People and relatives knew the registered manager and the provider. People were encouraged to be actively involved in the running of the home through regular meetings. They felt that if they had any concerns they were able to speak with the registered manager or provider. The provider welcomed people's views and opinions and acted upon them.

People were consistently treated with dignity and respect. People had good positive relationships with staff. The provider supported people to promote dignity and respect to the wider community and worked to challenge people's perceptions.

There were a range of audits and checks to make sure that excellent standards of care and support were maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe. Staff supported people to take positive risks. Where risks had been identified risk assessments were in place and action had been taken to reduce the risks.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food and where additional monitoring and support was needed this was provided.

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.

People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

There were enough staff to meet people's health needs and keep people safe.

People were involved in managing the risks around their care and treatment.

People received their medicines when they needed them in a safe way. Medicines were stored securely.

Is the service effective?

Good

The service was effective.

People had support from staff that had the knowledge and skills to meet people's needs effectively. People had support and access to health professionals when needed.

People had the support they required at mealtimes.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and support. They felt they were supported to have choice and to be involved in all aspects of their care.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People had care that was completely centred on their own individual needs and preferences.

There were innovative ways of maximising people's potential and minimising the impact of age related conditions.

People had excellent links with the local community and were encouraged and supported to engage with services and events outside of the service.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Outstanding ☆

The service was very well led.

The provider always strived for excellence through consultation, research and reflective practice.

People's care and support was up to date with current research and best practice.

People and staff felt that the registered manager and the provider were approachable and supportive. People said they could talk to the registered manager at any time and they would be listened to.

Positive approaches to the people in Highwell House were promoted to staff and the wider community.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make drive continual improvement.

Highwell House Care Home with Nursing

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 25 July 2017 and was conducted by two inspectors.

As part of the inspection process the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for information relating to Highwell House. They complimented Highwell House on the service it provided.

During the visit we spoke with five people who lived at the home, seven members of staff who consisted of one activities coordinator, two care assistants, a team leader, a registered nurse, a physiotherapist employed by the provider, deputy manager and also the registered manager. We also spent time with the provider who was present for the inspection. We also spoke with six relatives. Following the inspection visit we also contacted a doctor and a district nurse.

We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager. We also looked at three care records relating to assessments of

people's needs and risks.

Good

Is the service safe?

Our findings

People told us that the care and support they received made them feel confident that they were safe. One person said, "You couldn't ask to be safer. There is a very, very low risk of injury here." Relatives told us how staff took time to support and encourage positive risk taking. One relative said, "In most homes you wouldn't get staff taking people anywhere near to the things people do here. They have a real understanding of pushing the boundaries without putting people at too much risk. The support and understanding is amazing." They went on to tell us about how staff had worked with them and their relative around preparations for going sailing, and how each stage was carefully assessed before going ahead.

People told us that they knew who to contact if they had any concerns. Contact details of the registered manager, provider and agencies such as the local authority and CQC were made accessible for the people that lived there. People and their relatives felt that they could raise any concerns about people's safety and were assured that any issues would be dealt with immediately.

Staff had a good knowledge of what to look out for in regard to spotting the different types of abuse that people were vulnerable to. They told us how there was a zero tolerance to any poor care and felt that they were able to openly challenge any abusive practices. The registered manager and provider both told us about the robust systems in place to be able to deal with any safeguarding concerns immediately. Staff had received training and support to understand a new system, which involved pocket safety observation cards. These cards were provided to all staff. The purpose of the system was to instil a 'no blame culture', where staff were encouraged to identify safety concerns. These concerns were then shared with the team as a method of learning.

People told us that staff were available when needed to give them support at the time they needed it. One person said, "You are never without help if you need it. Sometimes you don't even have to ask as staff are always on the lookout to make sure people are safe and well." We saw that there were sufficient numbers of staff available to provide people with the care and support they needed. We saw that call bells were answered promptly, and staff were quick to offer assistance to people. Staff told us that they felt that the amount of staff enabled them to spend time with people, not just when they were carrying out tasks. They told us this meant they had quality time to understand people's individual needs. This was evident through our observations and discussions with staff and people who lived at the service.

People's risks assessments were individual to them. We found detailed assessments of risks such as falls, moving and handling, nutrition as well pressure area management. Risk assessments provided staff with instruction on what to do to reduce the risks of injury. For example there was detailed guidance on reducing skin damage that may result from people's health conditions. The staff we spoke with knew the people who were at risk and what action they needed to take to reduce the risk of skin breakdown. This included the use of pressure relieving equipment and repositioning guidance. The registered manager told us that there were currently no people with pressure area concerns. Another example of a proactive approach to reducing risks was the use of 'postural stability' approaches with people to reduce the risk of falls. The deputy manager who is also qualified as a postural stability instructor told us about the training and support they gave to

people and staff around maintaining core body strength. The registered manager showed us their falls monitoring which confirmed a big reduction in the amount of falls in the home since this approach had been adopted. There had only been one fall in the past month. One relative said, "[Person] had lots of falls where they used to live. They have had none since living here." Staff had good levels of knowledge about how to effectively manage people's risks and told us that any changes to a person's health that may mean an alteration to a care plan or risk assessment was always discussed as a staff group. One staff member told us, "Nothing is missed."

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they had a detailed induction before they were able to work alone. They told us that this included time working alongside experienced staff until they were confident to carry out their roles effectively.

People had the support they needed to take their medicines safely. Staff were patient and provided people with the correct support. For some people this was encouraging and prompting to take their medicines, whilst other people needed more support in taking their medicines safely. Medicines were only given by staff that had medicines training. We observed that medicines were given in a safe and organised way by the nurse in charge. They made sure that they had no distractions and were focussed on giving the right medicines at the right time. We asked about 'as required' medicines and the procedures for making sure people got these medicines at the time they needed them. We saw that there were detailed protocols that mirrored information contained in the care plans. The nurse told us about the 'pain assessment score' used by staff in the home. This enabled staff to assess a person's pain in a structured and consistent way enabling pain relief medicines to be given at the optimum time for the person. Systems were in place to make sure medicines were ordered, stored and disposed of safely.

Good

Is the service effective?

Our findings

People and relatives told us that staff had a good level of skill and knowledge of how to meet people's individual needs. One relative said, "They really understand people's needs. Staff are good at what they do. I have full confidence in them." Staff said that the training they had was informative and relevant to their roles. The registered manager held regular 'micro teach' sessions. These happened with the whole staff group and were around different aspects of care. The register manager said that for example they had covered safeguarding, the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). They told us that they could talk about specific people living in the home and tailor the training around this. All of the staff we spoke with were positive about these sessions. One staff member said, "The micro teach sessions are brilliant. You can ask and discuss around a topic as a staff group. It has really helped me." Another member of staff said, "These are in addition to the training we get anyway. It is a good refresher and top up of skills."

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 Act 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 told us that staff respected their wishes and they could make choices. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. Staff told us how there was always an emphasis on what people wanted and fitting the support around that rather than an approach that imposed decisions and care upon people. One person said, "Absolutely no question. I get to do what I want when I want it." We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process. At the time of inspection no DoL applications had been made.

People told us that the food and drink at Highwell House was very good. One person said, "The food is great.

I like everything on offer but if you want anything they will prepare it for you." We saw that people were happy during the mealtimes and there was lots of chatter, banter and laughter between people and staff. Specific food requirements were also freshly prepared where needed. Staff provided support throughout mealtimes if people required it.

We saw where people asked for assistance in cutting their food up into more bite size pieces, staff were quick to do this for them, so the food remained hot and people did not have to wait. People and staff told us how important it was to have a 'mealtime experience' rather than it just being another task. Care and attention had been given to this. For example tables were decorated with fresh flowers, jugs of water with lemon slices and napkins and condiments were accessible to everyone. One person said, "It is these small touches which can make the difference." Food moulds were used daily for people who required a pureed diet. Food moulds are used to form pureed food into a more appetising appearance, such as making the pureed food resemble a cooked meal. One person used to eat pureed food with a spoon. However, since the introduction of the moulds, the person's appetite had increased and this had contributed to healthy weight gain for the person.

Targeted nutrition training had been provided to all chefs, nutrition leads, managers and team leaders to ensure everyone understood how to support clinical needs through good nutrition. This training included complex clinical conditions and was linked to NICE guidelines, BAPEN and Public Health England . Staff were very clear about quantities of protein, calories, vitamins and minerals to support excellent nutrition, which are all specified in people's individual nutrition care plans. The housekeeper routinely visited every person living at Highwell House prior to lunch to offer them an aperitif. People were offered a selection of alcoholic or non-alcoholic drinks. The provider found this had enhanced people's dining experience and helped to stimulate people's appetites.

People benefited from having access to a wide range of other health professionals when they needed them. The provider employed their own Physiotherapists and Occupational Therapists and we saw that they had varying amounts of input with people dependent upon their individual needs. Other professionals involved included Speech and Language Therapists (SaLT), Palliative Care Specialist Nurses, Dieticians, the Community 'Stroke' Team, Respiratory Nurses, and Diabetic Specialist Nurses as well as the Doctor. We contacted the Doctor as part of the inspection and they told us, "Highwell House is an excellent nursing home with very good staff who provide a very good service to their residents." They told us that where needed, referrals had been made quickly and advice followed.

Good

Is the service caring?

Our findings

Every person we spoke with told us that the provider, registered manager and staff were caring and kind with the support they provided. One person said, "They [staff] are the most lovely people that you could wish for to care for you." Another person said, "You couldn't wish for better." The environment was happy and relaxed, and while staff were busy, our observations confirmed that staff gave the time to spend with people. People and staff alike were positive about the relationships they had formed in the home. One person said, "They [staff] are like my family now." One staff member said, "It's not like a job. You have the time to really get to know people and value what they have to say, rather than just rushing around. I have never worked at a place like it." Both the registered manager and the provider told us that whilst recognising that they were a nursing home, they wanted a homely environment where people were always valued as individuals.

People told us that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Where care was given this was done in a way that ensured the person's privacy was respected. For example, we saw where people requested help with personal care, staff were discreet and maintained people's dignity and privacy. The provider told us that there was always a strong emphasis on ensuring that people were always treated with dignity and respect with regular training and workshops for staff. We could see that their approach reflected this. As well as having a member of staff who was the dignity lead who adopted and promoted Equality, Diversity and Human Rights (EDHR) throughout the home, two people had also become dignity champions. They were working with the dignity lead in having regular meeting with the people that lived there and discussing any EDHR issues or themes.

One person who had recently become a dignity champion told us how they had identified that they wanted a role in advocating for others in the home, and how they had been supported to do this. They felt they understood the role and that it worked positively for the people that lived there and also people that visited. They said, "I am literally standing up for them around us." They also said, "They [staff] listen if there is a different way of doing something for people and staff which is better." They gave an example of a person who was losing their eyesight, and following a conversation with the person they had asked staff to verbally introduce themselves before providing any care or support. They said that this was adopted straight away by staff and now the person is not startled when staff approached them.

People told us they felt they had input and were part of the care and support they received. They felt their views were valued and listened to by the registered manager, provider and staff. People said that the registered manager always spent time with people when they were in, they also said that the provider always came around and chatted to people about how they were when they were on site. They felt this approach made them feel special and important.

Highwell House had created their own Facebook page for staff, residents, families and friends . They could post messages on there, on safe in the knowledge that it was a closed group and only invited members could view it. This has enabled people to keep in contact with their family and friends, both locally and overseas. People also had their own Skype accounts, so they could keep in touch with family face to face.

This was particularly valuable for one person whose relative had been in a different country and wanted to maintain face –to- face contact.

Outstanding ☆

Is the service responsive?

Our findings

It is clear that people are at the heart of the service with the focus being on promoting their individual health and well-being with excellent results. The provider, registered manager and staff go above and beyond to support people to achieve their dreams and goals. This view was shared by the people, staff and relatives that we spoke with. The provider and registered manager told us that their view was that things should never stand still. The provider said, "It is about always looking at ways of how to improve the care and support we give to people."

The provider had been working closely with the local Clinical Commissioning Group (CCG) who have the responsibility for healthcare delivery in the county. The CCG had piloted an Intermediate Rehabilitation Service (IRS) and had used Highwell House as a 'pilot' site. This meant that some patients in hospital who were identified as being suitable for rehabilitation were placed for a period of 14 days in Highwell House where their rehabilitation needs were met by the nursing staff as well as the therapy staff of Highwell House. As part of the IRS people were actively encouraged to remain as independent as possible in order to gain discharge home in a timely manner. They extended this model of care to the people that lived there on a long term basis, where they were actively encouraged to remain as independent as possible.

We discussed the success of this with the provider. They showed us the information and outcomes they had gathered for the people that they had admitted as part of the IRS pilot. They had a total of 65 people admitted over the period of six months with over a 95% success rate of successful discharge home for the people. The registered manager explained how for each individual, care plans and risk assessments were put in place and an individual plan of care implemented. This included professionals such as physiotherapy and occupational therapy working alongside care staff in an intensive programme of care and support to prepare the person for discharge home. For example a recent discharge was for a person who had come to Highwell House from hospital with a health condition that meant they were unable to move about freely. During the course of 14 days there was input from the service physiotherapy team, the postural stability instructor (who was also the deputy manager) and occupational therapy as well as support from the care staff. The registered manager had monitored the person's progress and by the end of the 14 day period, the person was able to move about independently as well as being able to independently prepare their own drinks and meals, which was something they were unable to do in hospital. The physiotherapist said, "This has been a big piece of work, but the outcomes for people has been remarkable."

A person who lived at the service told us about the work that staff were doing to help them improve their mobility. They told us, "I use my wheelchair for getting around." They also told us about how through attending a local swimming pool with support from the registered manager and staff, they had seen an improvement in their mobility. They said that they could now walk with support in the pool and how these exercises as well as exercises in the home were being used to, "Help me move better." They said that they felt they were not pushed too hard and that staff always checked how they were feeling before attempting any exercises. We saw photographs of the person in the water with their feet on the bottom of the pool and also the steady improvements they had been measuring in the person's health condition.

The provider had adapted the "Red2Green Days" approach, which was being used by the NHS in hospitals. Red2Green is a visual management approach and culture where the emphasis is on adding value to people's lives every day. 'Green days' are where value has been added to the day in meaningful way for an individual; red days are where a constraint has been identified as to why no value was added to an individual's day. The provider used the Red2Green initiative as a way of helping people to set goals and evaluate these to see whether a 'green' day had been achieved. The provider and the staff told us that it was about maximising and enhancing the quality of life for people. A person told us how they had an interest in administration and secretarial work as this was what they used to do as a job. They said that they were now having regular days helping with computer and office work at the home. They told us they had learnt new computer skills and felt they had a role in helping the people that lived there; something they said made them feel good and valued.

People told us that there was a positive approach to their interests and hobbies. Through the time we spent there we could see people doing lots of different things. Some people were reading, some listening to music, while other people were undertaking craft activities. Where people had specific histories or interests, all efforts had been made by the provider, staff and the registered manager to promote and retain those interests. For example one person had a history and interest in sailing. This person was living with dementia, so with the involvement of their family a plan was identified that would work towards enabling the person to sail again. Initially it was starting by getting sailing related literature for them to look through, and then a local marina was identified. Visits to the marina commenced, and initially it was to just spend time around and watching boats. After a few visits they spent time on a boat, before actually sailing. We spoke with this person's family who told us that it was, "Remarkable, it means such a lot to all of us. I can only say that the effort and patience to get this to happen has been amazing."

Some people were listening to their own choices of music through personal music devices. They told us that they could request any music and it would be put onto the device for them to listen to at any time. The registered manager told us that this was an approach called the 'my life playlist.' Where some people may not be able to request individual tracks, any music that may be playing that seemed to be enjoyed by the person may be adopted onto their own music device. For one person this had been used as a strategy for reducing their anxiety. Staff explained to us how they had built up a playlist of music that the person had found relaxing, and then at times when they showed signs of anxiety they listened to their music and became more relaxed. They told us as a result of this approach, the person's anxiety had significantly reduced. We spoke with a relative of the person and they confirmed to us that anxiety levels had dropped.

People told us that their life stories were listened to, valued and used to better their experiences of care at Highwell House. We saw in records that there was extensive information regarding people's needs and preferences and while some of this information was about people's acute health needs, there was also information about the person that demonstrated a complete person centred approach.

People and staff felt that there were established links with the local community. The provider used innovative ways to engage with the community. For example they had approached a local school to see if their students wanted to join a community art project that the home was engaged in. They attended a project day and joined the people at the home to complete the art project. Feedback from the people at the home and the students was really positive and the school has told the provider that they would like their students to return. We saw feedback that had been gathered from the students and they had said that it had changed their expectations of what happens in a care home.

People said that there were regular meetings where they could discuss menus, activities and anything else that they wanted to discuss about life at the service. People told us that staff made sure that all of the

people that attended had the opportunity to talk about items on the agenda. People told us that there were frequent ideas and updates on how the service was developing. They also told us that they had regular care reviews and that staff were quick to respond to any changes in their health needs

People said that they would raise any concerns with the staff, the provider or the registered manager and felt that they would be listened to. They told us that they knew the provider's complaints procedure and felt very confident that any concerns or complaints would be immediately dealt with. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

Outstanding ☆

Is the service well-led?

Our findings

Everyone we spoke with were very positive about the provider, registered manager and staff. One person said, "It doesn't get any better." One staff member said, "The whole management of the home is excellent, right from the [registered] manager through to [provider]." It is clear that the provider is continually striving to improve the service for the benefit of the people who live there. People are at the heart of the service and they and staff are encouraged to be involved in the running of the service. Staff are encouraged to develop their skills and knowledge for the benefit of people who live there. Care and support is provided based on current best practice.

The provider has a history of compliance with Regulations and at our last inspection we rated the service as Good overall. The provider was always looking at ways to improve the care that people received and they told us that they always looked at what they could implement and use to further enhance people's experiences. They told us that as well as following current evidence based practice, they had strong links with universities such as the University of Worcester and also the University of Southampton which is a leading university in current research around dementia and related illnesses. They told us that this meant care provided to people at Highwell House was always in line with current best practice. The provider was also using this information to develop their own modified tools. An example of this was the development of 'feedback and observation cards'. These were carried by all staff in their pocket and enabled them to make and record observations at any time. This was so that staff continually evaluated areas such as safeguarding, medication, prevention and control of infection, risks, security and health and safety. One person who we spoke with about this told us, "It shows that they [staff] are looking out for us." They told us that this system improved care because it meant that not only did concerns get captured immediately, it also could affirm that a person was comfortable and happy. The provider said that they expected staff not only to observe, but to talk to the person and capture their views. The registered manager told us that they felt the provider had imagination and flair regarding the care and support provided.

The provider had developed 'advanced practitioner' role within the home. This was another initiative that the provider had in place to enhance staff skills and knowledge. These were care workers who had received enhanced training to enable them to undertake care tasks which historically may have needed a district nurse, such as wound care and changing dressings. There were currently two advanced practitioners at Highwell House. This initiative is supported by the Skills for Care organisation that provides national standards based training in the health and social care fields. People and staff we spoke with were positive about this role. This had meant a reduction in people having to wait to have minor tasks carried out by a district nurse.

There were good links with local universities where they accepted students on placement, as well as overseas nursing placements. The registered manager and provider both shared the view that different people brought different things to the workplace and this could only be for the wider benefit of people in the home.

The provider has a portfolio of services that offer sustained high quality care and this had gained national

recognition through them being awarded the Outstanding Contribution Award at the Great British Care Awards 2015, for their contribution to care. They told us that this national award celebrated providers who make a long-term outstanding contribution to social care. This recognised that the provider has a proven track record of sustained improvement and high quality services, which has been seen through the other services owned by the provider that have been inspected by CQC.

People and staff told us that they could talk to the registered manager at any time and also to the provider if they felt they needed to. The provider told us that their contact details were made available for all staff and people who lived at the home. Messages could also be sent anonymously to the provider to alert them if there were concerns. Staff said that while there were no current concerns they felt sure that if they did have any the registered manager and provider would listen and respond straight away. Staff were aware of the provider's whistleblowing policy and said that they would feel supported by the provider if they ever had to whistle blow. The registered manager told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

All of the staff we spoke with felt supported in their roles. They told us that as well as regular supervision they could approach the registered manager or provider at any time. One staff member said, "You couldn't ask for better support." There were regular staff meetings. Staff said meetings were useful giving them the opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to and acted upon. They told us that there was an 'open door' culture where they were able to speak with the manager straight away if they had any concerns.

The provider demonstrated an approach that was always looking at ways to improve the service they offered. Improvements made were sustained and embedded into the day to day practice. It was clear that people had a high regard for the service delivered and that the registered manager and provider also shared this view. The registered manager told us, "We see ourselves as a leader in adult social care in the county." The provider had developed a system of early warning signs to predict the likelihood of a hospital admission, based on people's previous medical history. This system had resulted in improved health and hospital avoidance for people living at Highwell House. The provider had ensured the home was on the NHS.net email distribution list, and this had improved communication between the home and clinical services, which had increased the use of anticipatory medication prescribed for out of hours use, thereby reducing the need for hospital admission.

There was a clear management structure and the provider was constantly aware of what was going on and supportive of ideas for the service or staff development. The provider and registered manager had a comprehensive quality assurance system in place. This included regular feedback from relatives and the people that lived there and regular checks and audits. Audits were carried out each month which included gathering information about the amount of falls, weight changes and pressure area care. The provider was also able to show us how they used up to date research to inform the changes in their service, so that people who used it benefitted from it. The provider told us how they attend and contribute to both regional and national social care strategies, and trialled and implemented new initiatives and approaches to care. For example the development of the advanced practitioner roles and the work with the CCG over becoming the intermediate rehabilitation service for the region.

The provider's 'Safe to be Me' policy had been implemented to ensure the needs of older LGBT people were addressed. This policy had resulted in one person sharing their sexual orientation with staff, which then enabled staff to assess the health needs of this person. The provider's website had been updated to reflect the diverse needs of people living in the area. This demonstrated an understanding of, and a commitment to, the importance of promoting equality, diversity and human rights.

The registered manager told us how proud they were of being rated as one of the top 20 homes in the West Midlands. This had been recently announced in the local press after reviews given by the people that lived at Highwell House and from family members had been compiled by the leading national care home review guide.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.
The ratings for the previous inspection were displayed clearly both on the provider's website and also in the home.