

United Health Limited

# Highfields Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 13 October 2017 and it was an unannounced inspection. The service provides support to five people with a learning disability. On our last inspection on 2 December 2015 we rated this service as Good overall and outstanding within our question, 'Is this service responsive?' At this inspection, the service remained rated as Good with outstanding in our responsive question.

There was a registered manager in the service. 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 2008 and associated Regulations about how the service is run.

The service remained safe and people's care continued to be planned to meet their needs and minimise risks to their safety. Staff understood their role in protecting people from harm and people received their medicine as required. Recruitment practices ensured staff were suitable to work within people.

The service remained effective and staff had access to training and support to maintain and improve their knowledge of care and enhance their skills. People were supported to eat and drink what they liked and receive nutrition to keep well. People had access to healthcare services and necessary referrals were made to ensure new health concerns were reviewed.

The service remained caring because staff knew people well and spent time learning what was important to people. People received the care they preferred because staff asked them and their relatives about their likes and dislikes. Staff understood the importance of gaining consent from people.

The service remained very responsive. People had access to a wide range of tailored support to meet their needs and to interest and them and had opportunities to do the activities they enjoyed including spending time out of the home being involved with new experiences. People had consistency in their care as there was a small team of staff people and their family knew well and their views were listened to. Care planning was personalised so that people were placed in the heart of their care and this was regularly reviewed to ensure it was still suitable for them. People and relatives could discuss any concerns or complaints with the staff and the provider and staff explored different ways to support people to communicate and express their views.

The service remained well led. The manager was approachable and relatives were given opportunities to comment on the care they received and to be involved with plans for the future. There were quality assurance systems in place to monitor the quality of the service to drive improvements in care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The summary remains outstanding.	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Highfields Care Home

## 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 inspection took place on 13 October 2017 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

People who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with three relatives, four members of care staff, the registered manager, and a community health care professional. We did this to gain people's views about the care and to check that standards of care were being met. We observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

## Is the service safe?

### Our findings

Staff had a good understanding of how to protect people. They explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager. One member of staff told us, "People living here wouldn't be able to tell us about what was wrong, so we notice any changes which would show us that people aren't happy or uncomfortable about being around people. If we were in doubt about anything, then we report it."

People continued to be supported by staff who knew them well and any additional support hours were covered from within the existing team. One member of staff told us, "People here are like our family and we want the best for them and that means having their care from people they trust and know. If anything needs covering then, we do this ourselves." We saw that staff were available to support people with their interests and had the time to spend with them. One member of staff told us, "I feel we have enough staff here so people get the care they want and get to go out and do the things they like to do." One relative told us, "We know all the staff really well as its a small staff team. If there are any new staff, we are introduced to them and are happy with how staffing is organised."

People were supported to take their medicines. Medication systems and records monitored whether people had their medicines and staff understood why people needed the medicines they took. We saw staff explained to people what medicines they were taking and why they were needed. Staff involved in medicines administration had received training in safe administration procedures as well as training relating to specialist medicines administration. We saw medicines were stored safely and medicines administration records had been correctly completed after people took their medicines.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider 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 saw before any support was provided, the staff spoke with people about what they were going to do to ensure they were happy. A capacity assessment had been completed to review whether they had capacity to consent to their care and their support plan. For specific decisions relating to their care, information was recorded about people's understanding, for example, whether they understood the reason to attend a medical appointment or to have a blood test. Where people lacked the capacity to make a specific decision, a best interest decision was made with people who were important to them. One member of staff told us, "We have the best interest decision about supporting people with their care. When anything new arises or if we are looking for people to spend a large amount of money, like for their holiday, then a new assessment is completed. We can look whether they would like to make this decision and whether this would be in their best interests." Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for.

There was a flexible and relaxed approach to meal times and people chose what they wanted to eat and could chose to eat out. One member of staff told us, "People like to go out for something to eat. We go to lots of different cafes and restaurants and garden centres. It's lovely to be out and they really enjoy it." Some people received their food and drinks through a tube fitted to their stomach because they had difficulty swallowing. We saw that staff had been trained how to deliver this type of feeding known as 'PEG feeding'. One member of staff told us, "We don't exclude people and yesterday [Person who used the service] helped to make a chocolate cake. At meal times they can try the food and we place a small amount of food on their lips so they can still taste these."

People continued to have access to health care treatment and were registered with a local GP. The GP visited people each month and checked their healthcare. One member of staff told us, "The doctor is very good and understands people and spends more time here when they visit, which people need. When they visit they do a general check but will also make any referrals and review medication. They also visit people when they are ill so they don't have to wait to receive any care." Another member of staff told us, "It's good as the doctor knows people here and people get to know them. If people need any invasive treatment they are already know them so it makes it more comfortable for them."

When new staff started working in the service, they completed an induction into the service and worked towards the completion of the care certificate. The care certificate sets out common induction standards for social care staff. Staff received training to meet the specific complex needs of people who used the service. One member of staff told us, "The training is all designed so it makes sense to us here. There's no point in doing training that's not relevant, it has to be meaningful and help us to be better carers."

## Is the service caring?

### Our findings

People were recognised and valued as adults and staff showed a passionate commitment to enabling people. One relative told us, "The staff really understand people and we are so relaxed knowing that they receive the right support and can enjoy their life." Another relative told us, "[Person who used the service] doesn't have to say a word; you only have to see their smile to know they love it here. The staff respect people and it's been lovely watching them change and growing. The staff are so brilliant and I'm more than pleased with everything."

People were given time to consider their options before making a decision and staff encouraged them to express their views. We saw staff recognised how people expressed themselves and one member of staff told us, "It can take a longer time to get to know people here, but because people aren't able to speak with us, it makes us look and listen to the smaller things. This makes us even closer to people and I feel very lucky to have the pleasure of knowing people here." We saw staff gave people the time they needed to express themselves and recognised where people were happy or wanted to be involved with different things.

People were supported to maintain relationships with family and friends. Relatives told us they could visit at any time and felt welcomed into the home. One relative told us, "It's great that I can visit [person who used the service] in their home, it's no different from visiting other family and I'm always made to feel welcome." Another relative told us, "We are still involved and we talk with the staff all the time. If they are ever unsure of anything, then they just speak to me; they are never afraid to ask and it's lovely that they see me as still being important."

Relatives had confidence in the staff and told us there was continuity of care about the importance of continuity in the care people received. They told us that the provider made sure that care was offered from a small group of carers who had become familiar to them and that this meant people were relaxed and at ease. One relative said, "There's so much continuity and good communication here. All the staff know people really well and know what's happening and what's important. I know this because if I have to call, it doesn't matter who I speak with, they always know what's been happening and that gives me a lot of confidence on the service."

## Is the service responsive?

### Our findings

People chose where to go and how to spend their time and were supported to follow their interests and take part in social activities. We saw where people had moved into the service; staff spoke with staff from their previous home to help to understand how they communicated and how to support them. We spoke with one member of staff from one person's previous home who told us, "[Person who used the service] was able to visit here and we were invited too so we could help with their move. The staff have been interested in making sure the move here went well. We've been very impressed with the support they have received." One member of staff told us, "It's important we recognise what people value and how we can continue to support them. We have worked together so this can be a positive move and it's been lovely that [Person who used the service] is still able to keep these relationships." This showed how the provider was committed to ensure continuity of care and building on established agreed support.

People had a support plan developed when they moved into the home which recorded how to provide the care to meet their needs in an individual and personalised way. Information was gained from people who were important to them. Photographs were used to record how people needed to sit in their wheelchair or be comfortable and safe in bed. We saw people sat in these positions demonstrating that these requests were put into practice. One member of staff told us, "We have very close links with the physiotherapist and occupational therapist so we can move people safely and know how they need to sit. When people are new, we spend time with them and the staff that know them, so they can help us to do things right." A health care professional told us, "The staff help us to understand how we can support people. We visit people in their home so there are less time constraints. All the staff here have excellent relationships with people. The staff help us to recognise what people are telling us. When people need any treatment, because we have all invested this time and built a relationship, we can support people through this and they are less anxious." One relative told us, "The staff have been brilliant at supporting [Person who used the service]. We are always involved to make sure everything is right. They never hesitate to call and ask our advice or opinion." Another relative told us, "The staff recognise that we have a great deal to offer them and it's lovely that we continue to be involved and share what we know and spend time together to make sure they have the best care."

The staffing continued to be organised against the agreed support plan and we saw this enabled people to spend quality time with staff on an individual and group basis. One member of staff told us, "It's important that people can experience different events. Some people like sensory activities or don't like anything loud. Other people love loud noises and going to watch horror films. We look at where we can go so people enjoy themselves and be involved with different events." The staff championed people's rights to have opportunities for different experiences based on their personal beliefs. To help to celebrate Halloween some people had parts of their bedroom and home decorated with images of the horror movie they had recently seen. One member of staff told us, "They love to watch Horror films at the cinema, it's not the same at home and you don't get the full experience." The support plans included information about how people received care that was centred on them and recorded the opportunities that people took part in and what they enjoyed to do. One member of staff told us, "For some people it takes time to become comfortable with new experiences so we don't just make a judgement if they don't like something straight away. We know that

new experiences are challenging for some people."

People's support plans covered all aspects of their lives and staff understood that people had a right to express their sexuality. One member of staff told us, "We recognise that it's important that people can express themselves. This may be with how they want to look or it may be about having personal time in their room." Staff explored how people could develop relationships with people outside of the service and one member of staff told us, "People are able to be part of the community here. We recently invited people to our garden party. This was open to family and friends and neighbours. We want people to be involved in their community and we do everything we can to achieve that." One member of staff told us, "I came here for the first time for the garden party, and I was so impressed I knew I wanted to work here with people and I haven't regretted that. It's lovely how involved people are." Another member of staff told us, "Some activities are focused around supporting people to keep well and strong, like when we go to hydrotherapy each week, but other activities like the summer party are about making friends and links with our neighbours. Everyone wants to feel like they are accepted and belong and we make sure people can feel that too." One relative told us, "We had a wonderful day. Everywhere was decorated and everyone had helped with the decorations. It looked great and it was lovely to see so many people come here and join in. The staff came with their family too. A wonderful day."

Staff understood that people may show their displeasure or concerns through a change in their behaviour. One member of staff told us, "People here aren't able to make a complaint so we need to recognise the changes in what we see and hear which may indicate they are not happy. We would have to try different ways of doing things and changing until we were able to identify what it was they were unhappy with." We saw that staff understood that people expressed themselves in different way through sounds and facial expressions and if they believed they were unhappy they changed what they were doing. For example, the staff identified that the changes in the movements and how alert one person was, could mean they would be experience a seizure. We saw staff spoke to them giving reassurance and during the seizure provided support to ensure their welfare.

Staff were motivated and were committed to continually improve the how people were supported and that they did not experience frustration of not being understood. Staff explored different forms of communication and we saw that photographs were used to enable people to point to where they would like to spend their time. The staff used the technique of intensive interaction to help with communication. This is where staff interact with people through using their own style of communication and sounds. One member of staff told us, "We find this form of communication works really well as its using sounds and noises that are meaningful to people. We use their sounds as well as speaking with them and we find it helps to us to build relationships." We saw people responded to staff and one member of staff told us, "If any professional needs to come here, we make sure the staff or family are with people so we can help them express themselves."

## Is the service well-led?

### Our findings

The service had a registered manager. People and their relatives felt the service continued to be managed well and told us they found the manager approachable. One relative told us, "The manager is always available if we need to speak with them. They may not be there at the time but they get back to you straight away and I'm confident that we can speak with them about anything. If something was wrong, they would put it right." Another relative told us, "It's such a weight off your mind to know that the manager and staff care, want what is best for our family."

The staff felt the manager continued to provide the guidance and the support they needed to provide good care to people who used the service. Staff were encouraged to contribute to the development of the service and staff meetings were held for them to discuss issues and they received regular supervision to review how they worked.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.