

Silverleaf Care Homes Limited

Highfield Private Rest Home

Inspection report

77 Seabrook Road
Hythe
Kent
CT21 5QW

Date of inspection visit:
10 April 2019

Date of publication:
22 May 2019

Ratings

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

Summary of findings

Overall summary

About the service:

Highfield Private Rest Home accommodates up to 31 older people who may be living with dementia. At the time of the inspection 22 people were living at the service.

People's experience of using this service:

The registered manager had made improvements to the way staff were recruited, fire safety and records at the service.

New staff were recruited safely and had the skills they needed to meet people's needs. There were enough staff to care for people.

Records were accurate and held securely.

People were supported to remain as independent as possible. Assessments of their needs and any risks to them had been assessed. Care had been planned to support people in the way they preferred and to keep them as safe as possible.

People were supported to live healthy lives. Changes in people's health had been identified and people were supported to see health care professionals when they needed. People received their medicines as prescribed. Medicines were managed safely by staff. People were offered a balanced diet which meet their needs and preferences.

Staff were kind and caring and treated people with dignity and respect. People were not discriminated against and received care tailored to them. Staff knew the signs of abuse and how to raise any concerns they had with the management team and the local safeguarding authority.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS) and had applied for authorisations when people were at risk of being deprived of their liberty.

People told us the management team acted on what they told them to address any concerns and improve the service. Staff told us they felt supported by the management team and were motivated. Checks and audits were completed, and any shortfalls were addressed.

Rating at last inspection:

The service was rated Requires improvement at the last inspection on 20 December 2017 (report published 19/04/2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Highfield Private Rest Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one inspector and an expert by experience in the care and support of older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Highfield Private Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included, details about incidents the provider must notify us about, such as injuries. We sought feedback from the local safeguarding team. Providers are required to send us key information about their service regularly, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information the provider sent us in January 2019.

During the inspection we spent time observing staff with people in communal areas. We spoke with four

people and two people's loved ones, the registered manager, deputy manager and five staff. We looked at care records for three people and medicines records. We looked at recruitment records for two new staff members and reviewed records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 20 December 2017, we asked the provider to take action to make improvements to the way staff were recruited. This action has been completed and new staff had been recruited safely. We also asked the provider to take action to address one risk identified in the fire risk assessment. Since our inspection the local fire and rescue service had complete a full fire safety audit of the service and had not noted any concerns.

Staffing and recruitment

- Criminal record checks with the Disclosure and Barring Service (DBS) were completed. When prospective staff had a conviction or a caution these had been discussed and the risks to people were now assessed and mitigated.
- Checks on staff's character and previous employment including dates of employment and reasons for any gaps in employment had been obtained.
- People told us there were enough staff to meet their needs. People's comments included, "There are enough staff. They come when I need them" and "They take their time with me. There's no rush".
- The registered manager considered people's needs when deciding how many staff to deploy on each shift.
- Staff responded to people's requests for support.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and detailed guidance was in place and followed by staff.
- The risk of people developing pressure ulcers had been assessed and reviewed. People were supported to manage risks effectively and no one had a pressure ulcer.
- People were protected from the risk of choking. People who may be at risk had been referred to a speech and language therapist and meals and drinks were prepared as they advised.
- Risks relating to the building had been assessed and regular checks were completed to ensure action taken to mitigate risks remained effective.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person commented, "I feel safe here, the staff check on me all the time and it makes me feel safe".
- People's precious items were stored securely. One person told us, "I have got a lockup drawer where I keep things".
- Staff knew about different types of abuse and were comfortable to report any concerns to the management team. Policies were in place for staff to refer to.

- Staff knew how to whistle blow outside of the service if they needed to.

Using medicines safely

- People told us they received their medicines when they needed them and knew what the medicine was for. Their comments included, "I get help with my medication, the staff explain to me what type and the time I am having it" and "My medication is always on time. I know what they are so there is no need for them to explain but if anything changes, they will tell me".
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines.
- Staff were competent to administer insulin and people did not have to wait for the community nurse to visit. People were reassured by receiving their insulin at the same time each day from staff they knew well.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any patterns and trends. None had been noted.
- Action was taken to learn from accidents. For example, if people fell staff looked at ways to help them remain safe.

Preventing and controlling infection

- The service was clean and odour free.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or deputy manager met with people and their loved ones to discuss their needs and wishes before they began to use the service. They used this information to make sure staff had the skills to meet people's needs.
- People and their loved ones had been asked to share information about people's lives before they moved into the service to help staff get to know people and understand what they liked.
- People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished.

Supporting people to live healthier lives, access healthcare services and support

- People were weighed regularly. When people lost weight, they were referred to the dietician for advice. Staff followed recognised best practice guidance and everyone was offered food fortified with extra calories.
- Staff monitored people's health and referred them to relevant health professionals when their health needs changed.
- People had access to health professionals such as chiropodists.
- People were encouraged to be active and lead as healthy life as they wanted.

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

- People told us they liked the food at the service and were able to choose what they wanted to eat. One person commented, "There is always lots of food to go around and I can ask for more. The food is always nicely cook and I choose any meal I want on the menu. If I don't fancy anything on the menu, the cook will find something else for me."
- Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences. People were involved in planning the menus.
- Meals were balanced and included fresh fruit and vegetables. All the meals were homemade.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other professionals including community nurses and the local home enteral nutrition (HEN) team to meet people's needs.
- When people's needs or preferences changed staff supported them to discuss these with their health care professionals. For example, one person had gained weight as a result of good nutrition but did not want to gain further weight. Staff supported them to tell their nursing team who arranged for their diet to be altered.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to move around the building. One person told us, "I can walk to anywhere in the garden".
- People's capacity to make specific decisions had been assessed. Staff offered people choices in ways they preferred, such as showing them items.
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make decision. Staff knew who was able to legally make decisions on people's behalf.

Staff support: induction, training, skills and experience

- People told us staff had the skills they required to meet their needs. People's comments included, "I feel confident when they move me with the hoist" and "The staff seem to know what they are doing with confidence, I have total trust in them".
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as diabetes and insulin administration.
- Staff took part in practical training, such as using hoists and evacuation equipment to practice using the equipment safely.
- Staff had completed first aid training including how to use special equipment to support people who were choking.
- New staff completed an induction including shadowing more experienced staff to get to know people's choices and preferences. New staff who did not have a recognised qualification in care completed the Care Certificate, an identified set of standards that staff adhere to in their daily working life.
- Staff met with a supervisor regularly to discuss their practice and development and had annual appraisals to review their achievements.

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

- A new walk-in shower had been installed as people found this easier to use.
- Since our December 2017 inspection some carpets in corridors and people's bedrooms had been replaced with vinyl flooring which was easy to keep clean. New floor coverings were not patterned, and this supported people with visual impairments or dementia to move more freely around the building.
- All areas of the building and garden were accessible to people. Plans were being developed to make changes to the garden.
- People were involved in planning the redecoration of their bedrooms. Rooms were redecorated to people's specification before they moved in, if they requested.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. One person told us, "The staff are caring and so kind, I couldn't fault them. They treat everyone the same".
- Staff knew people well and spent time chatting with them about things they enjoyed. One person's loved one commented, "The staff treat my loved one as a person".
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace by a staff member dedicated solely to them. People's wishes about where they wished to eat and who with were respected.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.
- Staff spoke with people and referred to them with respect. They described people in positive ways and paid them compliments, such as "You smell nice" when someone had had a bath.

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones had been asked about their lifestyle choices and these were respected. One person told us, "I prefer staying in my room, and the staff help me feel comfortable and they don't bother me. It makes me feel at home".
- People had been asked if they preferred a male or female carer and their choices were respected. One person told us, "I told them I don't feel comfortable with a male carer washing me, and they respect that. All my personal care is done by female carers and I am very happy about that".
- Staff knew what may cause people to become anxious and gave them the reassurance they needed. We observed the registered manager chatting to a person about their pets. This calmed the person who had been very anxious, and we observed them smiling as they answered the registered managers questions.
- Staff supported people to communicate their needs and preferences, such as talking at a volume the person could hear or showing them pictures to help them understand the choices on offer. Important documents were in an easy read format.
- People who needed support to share their views were supported by their families, social workers or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. We observed staff encouraging and supporting

people to do things for themselves. One person commented, "I wash my own private places and brush my teeth by myself". Another person said, "The staff make me have confidence in myself".

- ☐ People were encouraged to maintain relationships that were important to them. Visitors were welcome at any time and were encouraged to continue to care for their loved one when they wanted to and join in with activities and events.
- ☐ People had privacy. Their comments included, "My door is always open but staff still knock and wait for me to say 'come in' before they come in. They respect my privacy and treat me in ways that protects my dignity" and "I am covered at each stage of my personal care and curtains and the door are closed".
- ☐ The registered manager knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their loved ones had planned their care with staff, including how they preferred to be supported. One person told us, "I have a shower every day. The staff ask if I want a bath or a shower and they listen to my wants".
- People's care plans included photographs of them to help new staff and visiting professionals recognise them. At the time of our inspection one person's care plan did not include a photograph as the person had requested not to have their photograph taken until they had had their hair styled by the hairdresser. All of the staff we spoke with knew the person.
- People's loved ones were kept up to date with changes in their relatives needs and care. People's loved ones told us, "I feel involved and informed" and "The staff help and explain things to me about my loved one".
- The service was in the process of changing over to an electronic care planning system. Up to date care plans were in place for each person. We observed staff followed the very detailed guidance about how to provide people's care and treatment. This was regularly reviewed to make sure it remained accurate.
- Staff knew people's likes, dislikes and preferences. This included people's favourite alcoholic drinks, which they supported them to enjoy when they wanted to.
- Staff knew people's preferred routines and staff supported them to continue with these. One person told us, "I like to wash early in the morning and sit in my arm chair ready for breakfast, and the staff see to it just as I wanted it".
- People took part in a range of activities. We observed people playing games and chatting with staff. One person told us they enjoyed playing the games and they were "good exercise".
- People enjoyed spending time with pets and staff and their loved ones brought dogs to visit them.
- Staff spent time on an individual basis with people who preferred not to join in group activities. Other people were supported to continue to attend groups in the community they enjoyed, such as the local Age Concern.

Improving care quality in response to complaints or concerns

- A process was in place to receive, investigate and respond to complaints to people's satisfaction. A copy of available in an easy to read format.
- People and their loved ones told us they were confident to raise any concerns they had and comments they made had been acted on. One person told us, "I've got no complaints. I think they would listen to me if I did complain. The staff are friendly, and we get on well. I can have conversation with them".

End of life care and support

- The registered manager was passionate about good end of life care and planned staff deployment so no

one was ever alone at the end of their life.

- People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation (CPR) with their loved ones and staff.
- Staff worked with people's GP and community nurses to support them to be comfortable and remain at the service at the end of their life if they wanted to.
- Staff made sure pain relief and other end of life medicines were in stock before they were required and contacted the community nurses quickly when people needed them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection on 20 December 2017, we asked the provider to take action to improve records of staff recruitment decisions. This action has been completed and records were now robust.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had worked at the service for a long time and knew people and staff well. They were supported by the provider and an experienced deputy manager.
- The registered manager had a clear vision of the service which included supporting people to remain independent and treating them with dignity and respect. Staff shared this vision and worked as a team.
- We had been notified of significant events, such as injuries and safeguarding concerns and the action taken to prevent similar situations occurring again.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Staff told us they were "approachable", "supportive", "always available", listened and talked things through with staff.
- Staff were motivated and felt appreciated by the management team. One staff member described how they felt "empowered to deliver good care" by the management team.
- The management team treat staff fairly and did not discriminate between staff. One staff member told us they were "even handed" when dealing with staff.
- The registered manager had conspicuously displayed the CQC quality rating in the reception area and on the provider's website, so people, visitors and those seeking information about the service were informed of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager and deputy manager were approachable and acted on what they told them. People's comments included, "[The manager] is very nice and approachable. I can have conversation with him" and "The deputy manager is very helpful, I can approach her for anything".
- People felt involved and informed about what was happening at the service. People shared their views with staff during regular one to one chats.
- People knew the management team well and raised any concerns with them. Solutions to any concerns were agreed to meet people's needs and preferences.

- □ Staff were encouraged to make suggestions about improvements to the service and these were acted on.

Continuous learning and improving care □

- □ Records of people's care were detailed and up to date. The registered manager and provider had introduced a new electronic recording system. This had reduced the time staff spent completing records and enabled them to spend more time with people.
- □ The management used the electronic recording system to completed regular checks on the care staff delivered. They took prompt action to address any shortfalls including in the evening and at weekends.
- □ The provider and management team completed regular checks and audits of the service and action had been taken to address any shortfalls found. These included unannounced checks during the night and at weekends to make sure the service continued to run as the registered manager expected when a member of the management team was not present.
- □ The registered manager was able to purchase equipment people required, such as profiling beds, without delay when people needed them.

Working in partnership with others

- □ The registered manager attended local care home forums and received information from the local clinical commissioning group (CCG) about local service improvements and acted on these.
- □ The management team and staff had attended training provided by the CCG including signs and symptoms and sepsis and told us they felt "empowered" by the training to provide good care.
- □ The service had joined the 'red bag scheme' a system designed to ensure hospital staff had quick access to important information about people and their needs including their prescribed medication.
- □ The registered manager was a member of Kent integrated care alliance and kept their knowledge up to date through regular updates.