

A J Residential Care Ltd

# Highfield Cottage

## Inspection report

54 Highfield Road  
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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Highfield Cottage is a residential care home providing personal care for up to two people living with learning disabilities. People are supported in a domestic bungalow with a garden. At the time of our inspection two people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People well settled living at Highfield Cottage. Relatives told us staff were caring. Staff knew how to protect people from abuse. Risks to people were identified. Staff knew the actions to take to reduce such risks.

Medicine management was generally safe. However, we identified some additional protocols were needed for some 'as required' medicines. Recruitment systems reduced the risk of unsuitable candidates being employed.

Staff had the right skills and knowledge to deliver care and support in a person-centred way. They were supported through training, supervision meetings and an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service used positive behaviour support principles to support people in the least restrictive way. People's health needs were met. The service worked closely with a range of health professionals.

Staff encouraged people to be as independent as they were able. Care and support was based on people's individual needs and preferences. They were encouraged to take part in the activities that interested them. Staff encouraged and supported people to be part of their local community.

People and relatives told us the service was well led. They told us communication with the service was good.

We have made a recommendation about review of the service's policies.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 30 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Cottage

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Highfield Cottage 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We talked to two relatives about their experience of the care provided by the service. We spoke with four staff members including the registered manager, a team leader, a senior support worker and a support worker. We also spoke with the service's quality assurance and operational managers. The people living at the service were unable to communicate verbally their experiences of the service. We 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 a range of records. This included one person's care records and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information from three professionals who had worked closely with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed. Staff were very clear on the actions they needed to take to minimise risks to people. We found for one person this was not always reflected in their support plan reviews. We discussed this with the registered manager who told us this issue would be addressed.
- The provider and registered manager had completed and reviewed the fire and legionella risk assessments for the building. We spoke with the provider about ensuring they met legal requirements. They later confirmed they had liaised with the appropriate bodies to review the assessments.
- Plans were in place to support people in emergency situations including personal evacuation plans.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff knew the action to take if they had any concerns. They told us they were confident any concerns they raised would be dealt with appropriately by the management team.
- Relatives told us they felt people were safe at the service. One relative said, "I have no worries whatsoever about the place."

### Staffing and recruitment

- Staffing levels always met people's needs. The registered manager monitored staffing levels to ensure people always received the right level of support.
- The provider's recruitment processes minimised the risk of unsuitable staff being employed.

### Using medicines safely

- Medicines were generally managed safely. Medicine records were completed fully without errors or unexplained gaps.
- We identified people did not always have protocols in place for each 'as required' medicine they were prescribed. We discussed this with the provider who told us they would clarify what was needed and complete any protocols outstanding.
- We found a medicine cabinet was located in an inappropriate location. We discussed this with the registered manager who immediately arranged to have it moved.

### Preventing and controlling infection

- Measures continued to be taken to control the potential spread of infection. Gloves and aprons were available for staff.

### Learning lessons when things go wrong

- Accidents and incident were reviewed by the registered manager and provider. Where lessons learnt had been identified these were shared with the staff team.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs and preferences were thoroughly assessed before they moved into the service so the right support could be provided. Outcomes were identified for people to work towards.
- The registered manager and staff team were knowledgeable about national guidance and best practice and used this to deliver effective support.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people well. They were trained in areas the provider felt were key to their roles. Staff were positive about the training they received.
- The service was rolling out positive behaviour support (PBS) training to staff. PBS helps staff better meet people's needs by increasing their understanding of the reasons for a person's behaviour.
- Most training was provided in-house by the quality assurance manager. The provider told us the service accessed external specialist training when required.
- Staff received support through regular supervision meetings and an annual appraisal. One staff member said, "I get the support I need."
- New staff received an induction and worked alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People's nutritional needs were met.
- Staff took into account people's needs and preferences at mealtimes.
- Where required, staff consulted and followed the advice of external professionals in regard to people's food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met.
- People were supported to access a range of external health professionals. Staff accompanied people to appointments. On the day of inspection one person was supported to access a community dental service.
- Advice given by external professionals was followed by staff. One healthcare professional contacted us and said, '[Name of registered manager] is always very proactive at identifying and resolving any issues relating to the residents.'

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

- The building met the needs of the people living there. The home had been personalised to meet people's preferences.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and provider ensured the requirements of the MCA were met. DoLS applications had been made appropriately. Staff understood MCA requirements.
- We found staff had made a best interests decision for one person which restricted them but was not covered in their DoLS. We discussed this with the registered manager who told us they would address the issue in line with legislative requirements.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were unable to tell verbally us how they felt about the care they received. However, observations showed they appeared well settled at the service and they were very comfortable with the staff supporting them.
- Relatives told us people were cared for very well. They praised the staff team. One relative said, "The staff are very caring and nice." A health professional told us by email, 'I have witnessed staff treat service users with genuine respect and kindness.'
- We saw caring, kind support was provided by staff. Staff laughed and sang with people. People were given lots of praise. Care plans documented how non-verbal praise could be given. For example, for one person their plan stated they should be, 'Praised verbally and with a hand gesture e.g. stroke of face.'
- Staff were patient and provided reassurance and distraction when people started to become anxious.
- People were supported to maintain the relationships of importance to them.

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

- People were supported to express themselves. Staff used pictorial information such as photos to ascertain what people would like to do with their time.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. They ensured people's dignity was respected at all times.
- People were supported by staff to maintain and develop their skills. One staff member told us how people's independence was constantly promoted. They explained it was important for people to do as much as they could for themselves at all times: for example, whilst getting dressed.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support based upon their assessed needs and preferences.
- Plans of support were very detailed and person centred. They included what was important to the person and the actions staff should take to help ensure the person had a good day. For example one person liked their hair rinsed with a jug not the shower. A professional who had worked with the service told us by email, 'The manager and staff team are very person centred.'
- Staff told us sudden changes to people's preferred routines could have a detrimental effect on them so wherever possible any changes were carefully planned in advance and undertaken on a phased basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. We observed staff knew people extremely well and were able to understand what people were communicating through their body language and other signs. Pictorial information was made available to people to help them make choices. For example a picture of a car or person's wheelchair was used to inform a person they could go out if they wanted to.
- Information was available for staff as to how they could best communicate with people. For example one person's support plane highlighted using short phrases such as 'Curtains please (Name of person).' This helped the person understand when it was time to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to develop and maintain the relationships important to them. One relative told us, "I can visit whenever I want. I am always made to feel welcome."
- People took part in a wide range of activities and were supported to play a part in the local community. A professional who regularly visited the service told us how the registered manager actively promoted a varied programme of community outings and family visits.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service however a complaints policy was in place.
- People and relatives told us they knew how to make a complaint but had not needed to. One relative told us, "I know I can go to the manager if I have any concerns."

## End of life care and support

- The service was not providing end of life care at the time of this inspection. An end of life care policy was available to give guidance to staff in case it was ever needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were happy with the service and the support people received. One relative said, "I am very, very happy with the service."
- Staff told us they said they enjoyed working at Highfield Cottage. They spoke positively about the work culture and the values of the staff team.
- Relatives and professionals told us communication with the service was very good. One relative told us, "They communicate well, if they've had [Person] at the doctors they let me know." One professional told us by email, 'I observe a friendly and fun atmosphere when I visit the home. Whoever is on duty, staff are well informed about [Person], have professional approach and give up to date information.'
- The registered manager understood duty of candour requirements.

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

- The provider and registered manager carried out a range of checks and audits to monitor and improve standards. We found the auditing processes in some areas could to be more robust. The quality assurance manager told us the auditing regime was currently being reviewed as the service moved to a more digitalised system.
- We looked at two of the policies for the service and found some information in these required updating. We recommend the provider review the policies for the service to ensure they are up to date and meet all legislative requirements.
- We discussed the policies we looked at with the provider following this inspection. They sent us information showing the policies we looked at had been reviewed and updated.
- We received very positive feedback about the registered manager of the service. One staff member told us, "[Name of registered manager] is fantastic, really supportive. You can always phone her."
- The registered manager understood their responsibility to ensure notifications about incidents that affected people's safety or welfare were sent to the relevant bodies.

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

- Feedback was sought from relatives on an informal basis. Where feedback had been received this had

been acted upon. Relatives told us they were listened to. Due to the small size of the service they told us they expressed their views in day to day chats and phone calls.

- Staff meetings took place regularly. Staff said they could speak up at team meetings and their views were listened to.

Working in partnership with others

- Staff worked with a range of other professionals and agencies to improve the quality of service available to people.

- External professional told us they held the service in high regard. One health professional wrote to us and said, 'The manager's approach is engaging, person centred, enthusiastic and proactive.'

Continuous learning and improving care

- The management team were keen to continue improving service delivery and shared their plans in this area.