Inspection Report

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

Highlands Care Home

56 St Leonards Road, Exeter, EX2 4LS

Tel: 01392431122

Date of Inspection: 16 October 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Highlands Care Home Limited
Registered Manager	Mrs. Claudette Harrower
Overview of the service	Highlands is registered to provide accommodation for 26 people who require personal care. The home is situated in Exeter, Devon.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Our inspection was unannounced and lasted approximately ten hours. We were accompanied by an expert by experience. During this visit, we inspected five outcome areas; all five were compliant.

There were 25 people living at the home, and one person on a short stay. We spoke with people living at Highlands. We also spent time with people in communal areas of the home so we could make a judgement about how well people were cared for as some people were not able to comment directly on their care. We also spoke with three staff members and the manager. We looked at a selection of care records, and focussed on how people's consent was gained by staff. We also looked at how people's health and well-being was supported.

We saw people looking relaxed and at ease with staff and each other. We saw people sitting chatting with one another about the activities around them. In the morning, we saw many people laughing and singing. When people felt unwell or anxious, staff were quick to recognise the need to change their approach, such as sitting with them to reassure them.

People's health and well-being was assessed, and care was provided in a way that suited people's individual needs. Staff were clear about their role to protect people and to report abuse. There was a clear recruitment process in place and appropriate checks were in place to help ensure staff were appropriate people to work with vulnerable people. The

home had quality assurance procedures in place to measure the standard of care in the home.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. During our inspection, we heard people expressing their views and being involved in making decisions about their care. We saw numerous examples of staff practice, which showed a commitment to listening to people's views and acting upon them. For example, one person was feeling unwell and staff responded by trying a selection of puddings to help ease their discomfort.

The majority of staff were skilled at taking time to ensure people felt included in decisions about their care. They listened to people's concerns and gave them reassurance whilst also recognising their responsibility to ensure people were supported to maintain their health. For example, we saw how staff listened to and responded to a person's anxieties while encouraging them to sit and eat their meal. We saw how staff tried different approaches, including changing the staff member, to encourage the person to become calmer. This was eventually successful and the person ate their meal in another room. We saw from the person's care records that they had lost weight, and staff practice showed they were committed to ensuring the person participated in meals, which we saw from records was happening regularly.

Care records for three people showed the service assessed people's mental capacity. The provider may like to note assessments of people's mental capacity in three files were not completed in a consistent manner. The manager told us they would be reverting back to a previous style of documentation, which they felt was more effective. We saw from written records how the home consulted with family members in the best interests of people regarding certain health care issues, such as flu immunisation. Care records for three people documented the involvement of people significant to the individual, such as a spouse or a relative, including signing care plans. Staff told us there was no one subject to a deprivation of liberty safeguard under the Mental Capacity Act 2005.

From observing staff practice and from listening to staff communication, we could see staff

recognised the importance of gaining consent from people. However, some staff were more skilled at explaining the different stages to the person when they were using equipment to move them. We fed this back to the manager, who intervened on one occasion to ensure staff explained their actions to an individual whilst moving them.

Records showed staff recognised a person's right to choose. But staff also recognised their responsibility to continue to encourage people to accept help with personal care in a manner which was acceptable to them. We saw this approach reflected in most staff practice. For example, we saw staff supporting people with their continence needs in a manner, which enabled the person to feel in control. This showed staff understood that they needed to provide care in a person centred way to ensure people's consent was gained. However, not all staff used the opportunity during the walk to the toilet to engage with the person, which would have made the approach more person centred. For example, one staff member led people by the hand without giving eye contact or conversation and did not walk by their side and talk with them. Other staff were more skilled and took the time to laugh and joke with people, which relaxed them on the way to the toilet.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Some people were able to share with us their experience of living at Highlands. They told the expert by experience, "all the staff are very good", "staff's all right", "not too bad…no complaints", "I'm happy…not sure how I got here", and "nice place…the food's very good". And we heard one person say to a staff member "I don't want to go home, I love it here". Another person told us there was enough staff but some could be "a bit nippy" but they were unable to elaborate on this comment. A relative told the expert by experience that "each carer seems to know each person". Two relatives said the standard of care was "good". A health and social care professional told us the manager was "brilliant with service users".

During the morning of our visit many people were involved in a lively musical event with an external entertainer, who visited weekly. We saw people laughing and singing along; they looked comfortable in their surroundings by their relaxed body language and involvement. We spoke with eight people during this session and people made comments such as "It's very entertaining", "she's very good" and "I enjoy this". However, one relative commented that some of the home's entertainment could be "a bit much for some". There was a second lounge and a few people sat in this room listening to classical music. One person went out with an Age UK enabler later in the day and staff had taken time to enable them to change clothes to help celebrate the occasion of going on a trip. The expert by experience commented people were "very relaxed and at ease". Staff confirmed one staff member held the role of activities co-ordinator, and we saw a board with daily events listed on it. We saw there were basic records of people's participation in activities. We saw photographs of social events since the last inspection, which included a harvest festival, Morris dancing and a summer party event.

Staff told us one person's anxieties could be reduced by activities linked to cleaning and household tasks. This was recorded in their care plan. However, despite the person having periods of distress during our visit, there were a number of occasions when staff did not provide this type of occupation. Staff told us medication was prescribed when the anxiety became too distressing for the person. One staff member was clear they would always try occupation before considering medication, but another staff member offered the medication without seeming to consider if the person could be calmed through occupation.

The provider may find it useful to note that current practice in the home not to have medication care plans for prescribed drugs to be used when needed did not promote consistent practice among staff.

We spent most of our time in communal areas, and we saw the majority of people looked alert and were responsive to staff and each other. Staff were generally attentive to everyone's need for company and support. However, we brought to the manager's attention that one person who was quiet on the day of our visit received less staff attention. For example, they were overlooked when meals were being served at lunchtime and we had to bring this to the staff attention when they offered the person a pudding without providing a main course. The home was busy on the day we inspected, and there were times in the morning and lunchtime when staff did not work together as a team or take time to stop and ensure everyone's social needs were met.

We saw from care records people were assessed before they moved to the home to ensure the service could meet their needs. Visitors confirmed their relatives had been visited in their own homes by the manager. Two staff members told us staff were provided with a care plan summary before the person moved to the home, which helped staff support them appropriately when they first arrived. The manager also gave an example of visiting a person on a hospital ward to assess their physical and mental health needs to ensure they could be met at Highlands.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. From looking at four people's care records, we saw staff reported changes of behaviour and recognised the importance of reporting physical and mental health concerns, which were followed up by senior staff or the manager. For example, we heard senior staff confirming with each other about actions taken to monitor a person whose health had deteriorated. A nurse who was visiting the person told us the home was caring for them appropriately. They told us the home had "done everything they can" and said the person's skin was well cared for. Senior staff confirmed to us how a turning regime had been implemented, and pressure relieving equipment was in place. We saw further equipment being delivered to help care for the person appropriately. We heard staff reassuring the person in a caring and compassionate manner, as well as liaising with the person's family in a similar manner.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We pathway tracked four people, which included checking their care plans. We saw from records and heard from the manager that external support was sought from health professionals to help support people with complex mental and physical health needs. Arrangements had been put in place to ensure people had access to a community health service. For example, we saw in people's records they had a dental assessment from a visiting dentist, although some visitors also accompanied their spouses to the dentist. People had also had access to an optician's assessment in 2013.

We asked staff how they were updated about people's changing needs and well-being. Staff told us they read people's care plans but were also updated at handovers at the start of each shift. Staff practice indicated they knew the people cared for, including their likes and dislikes. The four care records we inspected were generally up to date, including daily notes. People had moving and handling plans in place, and these had recently been reviewed. From our time in communal areas, we saw the moving and handling plans reflected people's current needs.

We looked to see how identified risks were managed to help keep people safe. For example, this included the risk of inadequate fluid intake. We accompanied a staff member who was checking on the well-being of two people who were ill. Their practice and their interpretation of the people's conversations showed the staff member knew them well. There were records in place to monitor their fluid intake, and a senior staff member told us how these would be reviewed to ensure each person's fluid intake was monitored daily. We heard some staff checking with each other to ensure people who were unwell were visited regularly throughout the day.

We saw staff asking people about their choice of meals. Staff told us how they assured people's preferences and routines were also considered to help make sure people's choice was informed. This helped maintain people's weight as they were eating meals they enjoyed. One person told us "the food's very nice" and a second person, who we pathway tracked, told us the food was "plentiful". We saw from their records they had put on weight, but needed time to eat, which we saw was given by staff. We heard another person tell staff "thank you that was lovely – I'm full up right to the top".

Staff recognised the importance of making the lunchtime meal a pleasurable experience so thought had been given to ensuring tables were well laid out with tablecloths and flowers in place. Senior staff told us strategies were put in place to manage weight loss. This included consulting with health professionals and offering supplementary drinks and regular snacks. One person told us they enjoyed the additional milkshake they were given; staff told us this supplementary drink was to help increase their calorie intake.

These examples showed people's physical and health needs were met by hardworking staff who knew them well and listened to their views and responded to their requests.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with two staff members about their understanding of their roles and responsibilities in relation to safeguarding people in their care from abuse. Both understood what constituted abuse, their role in reporting abuse, and who they should contact to make an alert. The manager held a train the trainer qualification, which they said was up to date. We saw a training schedule which showed when the next training was planned.

The manager and staff were able to describe de-escalation and distraction techniques they used to manage distressed behaviour or difficult situations. For example, it was a busy day when we inspected but generally staff were quick to respond to flare ups between people living at the home, incidents were resolved and the situation was calmed. We looked at incident and accident records and saw there were no recorded incidents between people, which corresponded with our records which showed we had not been notified about any recent incidents.

A visitor told us "they're very good at defusing situations between residents". We saw during a lunchtime meal how staff assessed the rights of one person to move freely around the lounge during a lunchtime meal balanced against the rights of other people to be protected from their volatile mood. Our discussion with the manager showed she knew people well and could identify how the individual's behaviour was impacting on the well-being of others. As a result, the manager and members of the staff team managed the situation closely, and resolved the situation without physical conflict or people being placed at harm.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked to see how the registered manager recruited staff to ensure they protected people living at the home. We checked four recruitment files for staff working at the home. We saw appropriate checks were undertaken before staff began work. For example, the manager ensured appropriate references, ID and disclosure and barring service checks were in place before people started work. This was confirmed by staff members' contracts and through our discussion with the manager. The provider may find it useful to note decisions to recruit people with a police caution or a warning were not always documented in detail so there was not a strong audit trail of decision making. However, our discussions with the manager reassured us how decisions had been reached to offer people work at the home.

There were effective recruitment and selection processes in place. For example, we saw interview notes were kept, which showed the qualities that were considered as part of the interview process to ensure candidates were suitable to work with vulnerable adults. We saw the provider kept written notes when she contacted former employers for verbal references about the applicant, which was good practice. However, the provider may find it useful to note there was a lack of consistency in the recording with regards to dates and on one occasion a lack of clarity as to who supplied the reference. This meant the audit trail was weakened by an inconsistent approach.

We saw from staff records that a number of people recruited by the home already had a qualification in health and social care, and had previously worked in a care environment. The manager told us she also recruited people entering the care industry for the first time but recognised the importance of having a strong skill mix within her staff team. Two staff members told us they were happy with their working environment and felt well supported.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw information recorded in people's care plans about their ability to be involved in day to day decisions, and staff practice showed most staff took time to involve people and ask their opinions. People we met during the inspection responded in a positive manner about their care at Highlands. We saw during our time in communal areas most people looked relaxed and had a good rapport with staff. Two visitors told us they had no concerns about the standard of care which they described as 'good', and they said their relatives had settled well.

The manager sought the views of staff through supervision. Two care staff told us they had access to supervision sessions, and we saw this from written records. One person told us their practice was observed. Staff told us the manager was quick to advise them if their practice could be improved. The manager told us they had changed one person's shifts patterns as they had not worked on a particular care shift for some time. The manager's conversation with us and their actions reassured us they would address practice issues with people in a timely manner. This meant there were systems in place to monitor the quality of care the staff provided.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Our conversations with staff and observations confirmed there was a clear line of delegation with regards to requesting support from health professionals and liaising with them. A sample of four peoples' care records showed senior staff followed up on concerns reported by care staff relating to people's health and well-being, and appropriate action was taken in a timely manner.

The provider took account of complaints and comments to improve the service. When we inspected in February 2013, we found the service to be compliant in the way they managed and responded to complaints. We saw from records there had been no additional complaints logged since this time. The manager said this was because concerns had not been raised, apart from the management of laundry in the home which was due to be logged.

The manager told us she had held a residents and relatives' meeting the previous week and had added laundry to the agenda as she was aware there had been problems. Two relatives we spoke with confirmed there had been problems with the allocation of laundry and it had been discussed at the meeting. A staff member also raised it with us as a concern. There was evidence that learning from incidents took place and appropriate changes were implemented as the manager and senior staff told us additional laundry staff had been recruited and were due to start once all the recruitment checks were in place.

Communal areas were warm and when people said they felt cold, staff ensured blankets or extra clothing were made available. However, we visited a person in their room who was unwell. We noted the room's radiator was not on and the room felt cool. After checking with individual, the care worker with us immediately put blankets on the person's bed and put a portable heater in place to warm up the room. Staff also checked with the provider regarding the settings for the boiler. The next day we received written confirmation about the new settings to help ensure a consistent temperature. The provider may find it useful to note that current quality assurance audits did not include monitoring the temperature in different areas of the home.

We saw there had been investment in the home since our last inspection which included new carpeting and new wheelchairs. These purchases were also confirmed by staff. The manager told us the providers were quick to respond to décor issues and we saw a radiator cover being fixed which staff said had been displaced earlier in the day. We noted several chairs in the dining room were worn in appearance, which undermined the thought that had been given with tables settings. Some areas of paintwork were also chipped in communal areas. The provider may find it useful to note there was no written schedule of work to detail plans to refurbish/maintain the home. A dated schedule which could be reviewed would help demonstrate their commitment to maintaining a well-kept home for the people living at Highlands.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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