

# Review of compliance

<p>Tamhealth Limited Highfield Care Home</p>	
<p><b>Region:</b></p>	<p>East</p>
<p><b>Location address:</b></p>	<p>34 - 36 Hoe Lane Ware Hertfordshire SG12 9NZ</p>
<p><b>Type of service:</b></p>	<p>Care home service with nursing Care home service without nursing</p>
<p><b>Date of Publication:</b></p>	<p>September 2012</p>
<p><b>Overview of the service:</b></p>	<p>Highfield is a residential care home providing accommodation and personal care for up to 49 older people.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Highfield Care Home was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

When we visited Highfield Care Home on 6 September we talked with some of the people using the service who spoke highly of their experience of living there. We saw that people's rights and choices were respected, particularly in relation to what they ate and drank. One person said, "Yes, there is a choice, and they keep to it too – and when you get it, it's very hot even after serving all these people".

One person told us that they had specific dietary requirements and that the staff at the home provided them with a wide variety of food. The person also said that they needed particular supplements to support their diet and that they were given these without fail.

People told us that they were involved in decisions about daily life at the home. For instance, one person said, "The activities lady asks us what we want to do and invariably we get to do it."

People also spoke highly of the care staff at the home. One person said, "Everyone is kind here, I just cannot see how it can be better". Another person told us, "The carers [care workers] are all very good and kind, day and night. It's nice to have someone to help you."

People told us that they felt safe and protected from harm at this home. One person said, "You are safe day and night here". Another person told us, "Yes, I feel comfortable and safe and protected here".

### What we found about the standards we reviewed and how well Highfield Care Home was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard. People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

When we visited Highfield Care Home on 6 September we talked with some of the people using the service who spoke highly of their experience of living there. We saw that people's rights and choices were respected, particularly in relation to what they ate and drank. One person said, "Yes, there is a choice, and they keep to it too – and when you get it, it's very hot even after serving all these people".

One person told us that the chef at the home prepared a specific meal for them whenever they requested it whilst another person said that their specific dietary needs were catered for and that they were offered plenty of variety.

People told us that they were involved in decisions about daily life at the home. For instance, one person said, "The activities lady asks us what we want to do and invariably we get to do it."

##### Other evidence

During our visit on 6 September, in the latter part of the morning, we saw that the kitchen staff visited each person wherever they happened to be sitting and asked them what they wanted for lunch that day. People could choose one of two hot meals or could select from a list of alternative dishes that could be cooked to order, including

options for people with specific dietary requirements. We saw that the staff were kind and respectful to people they spoke with and that they took time to explain what their choices were and what the meals contained. This meant that people's right to make independent choices was respected and that they were supported in making those choices by the staff. Moreover, as people were offered a meal choice just before being served with it this meant that the choice was relevant. This showed that the provider recognised the importance of enabling people to make meaningful and timely decisions about the service they received.

The manager told us that the maintenance staff were available to modify or adjust the furniture and fittings in people's rooms according to their preference. A staff member we spoke with confirmed that people were asked what they needed to make their room feel like home. We saw that many people had their own curtains and book cases in their rooms as well as other small furniture items and personal touches. This indicated that people's independence was maintained because they were involved in making decisions about their own personal environment.

The manager told us that they took opportunities whenever they arose to canvass people's views about the service, for instance, during an activities session when a lot of people were present. We saw records of resident's meetings that showed that these sessions took place and this was also verified by people we spoke with. A staff member we spoke with said, "The activities lady asks during the meetings what they want to do or what they want to spend their money on when there is some budget available." This showed that the service put people at the centre of their care and treatment by enabling them to make decisions about how the service was delivered.

### **Our judgement**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we talked with on 6 September spoke highly of the care staff at the home. One person said, "Everyone is kind here, I just cannot see how it can be better". Another person told us, "The carers [care workers] are all very good and kind, day and night. It's nice to have someone to help you."

One person told us that they had specific dietary requirements and that the staff at the home provided them with a wide variety of food. The person also said that they needed particular supplements to support their diet and that they were given these without fail. We saw that this requirement was reflected in the person's care plan and this showed that they experienced care and treatment according to their assessed need.

##### Other evidence

When we arrived at the home on the day of our inspection at shortly after 9am, some people were in the process of being supported with their personal care whilst others had already arisen. The manager explained that some people liked to get up early whilst others preferred to stay in their rooms for a little longer after breakfast. We looked at people's care plans and their daily logs of care, which the provider referred to as a journal. We saw that each person's morning routines were different according to their particular mobility needs, sleep preferences and their personal care and support requirements and that the log entries of people's morning activity reflected those requirements. This showed that the service delivered care and support that was centred on each person in accordance with their specific needs and wishes.

We saw that the dining area was set out for lunch and that there were spaces at each of the tables to accommodate people who used wheelchairs. There was also a room set aside for those people who could not mobilise so well and who needed more personal and discreet support by care staff to eat their food. We also saw one person who required a greater level of support who was being assisted to eat whilst in bed. This showed that the service provided nutritional support to people with a variety of different needs and adjustments were made to reflect those needs.

The care plans we saw were detailed and contained specific support plans and risk management plans for each aspect of people's daily lives. These plans included, for instance; rights, consent and capacity; mobility needs; nutritional needs; personal hygiene; skin integrity and viability; psychological, emotional, sleep and sexuality needs. There were also specific moving and handling and personal care plans in each person's room.

Staff told us that they all had access to each person's care plan and that they followed these to ensure people were given care and support according to their specific needs. We saw that care plans were accessible at the nurse's stations and that daily log entries were sufficiently detailed to show how each care plan had been followed and to capture any changes to people's needs. This showed that people received care and support that met their individual needs.

#### **Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they felt safe and protected from harm at this home. One person said, "You are safe day and night here". Another person told us, "Yes, I feel comfortable and safe and protected here".

##### Other evidence

The manager told us that all of the staff were aware of the local authority's safeguarding procedures and that they had all received training in safeguarding vulnerable adults. We looked at training records that confirmed that all staff had carried out on-line safeguarding training within the last year. We saw that a summary of the local authority's safeguarding policy was posted prominently on a notice board at each of the nurses stations and that the detailed procedures were accessible close to people's care plans.

We spoke with staff who confirmed that they had received safeguarding training and that they knew how to get access to the safeguarding procedures. We tested their understanding by asking some hypothetical questions and they demonstrated that they knew what types of abuse there were and how they could identify such abuse if it occurred. They also explained how they would refer any allegations of abuse using the safeguarding process and confirmed that they knew about whistle blowing procedures. This showed that people were protected from the risk of abuse because the staff team could identify and respond properly to any suspicions.

#### 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.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people living here about this outcome.

##### Other evidence

During our inspection on 6 September we spoke with the manager and staff and looked at training and supervision records.

The manager told us that staff were supported through a bi-monthly formal supervision process that went towards an annual appraisal in February each year. We saw supervision records that confirmed this and that showed meaningful discussion took place every second month between individual staff members and supervisors about performance, welfare and development. We also saw that the supervision process enabled the staff to be made aware of current issues affecting the service. For instance, the records for September showed that additional issues discussed were people's nutrition, accident reporting, new care documentation and people's hygiene. Staff told us that they felt supported by this process and that the manager in particular was supportive and approachable over any issue affecting their work.

We saw that the provider had a training plan for staff members that used e-learning as its principal method of delivery with some aspects being supported by face to face training; for example, moving and handling and fire safety. The e-learning system was common to all services run by this provider and enabled both home manager and their provider's training and management team to schedule and monitor learning events for each staff member for each key aspect of training. For instance, we saw that staff were required to complete 10 hours of moving and handling training each year. On the date

of our inspection we saw that staff at this home were all up-to-date with the provider's training regime.

We also saw records that showed that each new member of staff received training in common standards at their induction and were required to complete a schedule which included some assessed performance before they could work unsupervised. In this way, people living at the home could be assured that the staff delivering their care were trained to an appropriate standard and that they received regular updates.

**Our judgement**

The provider was meeting this standard. People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people living here about this outcome.

##### Other evidence

We saw that the provider had an approach to quality monitoring that took account of a variety of sources of information and feedback, including staff, management and people using the service.

For instance, the regional manager carried out monthly reviews of various aspects of the service and reported findings both to the manager and to the provider's central management team whilst the manager carried out audits of daily records including food and fluid balance. Individual senior care or nursing staff at the home carried out specific audits twice each year on particular features of the service, such as environment and personal care, overseen by the provider's clinical services director. There was a system, employed by staff at the home used, for seeking the views of people living there and their relatives, including a survey questionnaire generated by the provider as well residents' and relatives' meetings that took place at the home.

We saw the provider's monthly reviews from July and August 2012. The reviews measured key aspects of the service delivered at the home such as finance, occupancy, human resources, quality risk management including the management of medication. The reviewer also sampled care plans for three people; the care plan of the person admitted most recently, the plan of a person accommodated over a longer term and the plan of a person who was receiving care for either a pressure ulcer or

supported with bed rails. In this way the provider could monitor the effectiveness in care planning and delivery across a range of requirements including more complex or acute needs.

Where one of the the reviews had identified a shortfall we could see that the manager had taken action to put things right. For instance, we saw that a recommendation from the provider's monthly review had been made stating that staff should complete the daily journal pages in more detail so that they could get to know people better. We noted staff meeting minutes that showed that this feedback had been communicated to staff. We also saw notes of a relatives meeting where a person had recommended providing a particular food item and we saw that the manager had agreed to place that item on order.

**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 receive.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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