Inspection Report

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

Highfield Residential Home

The Common, Marlborough, SN8 1DL

Tel: 01672512671

Date of Inspection: 23 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
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Andrea Leeson & Mr Anthony Leeson
Registered Managers	Mrs. Vanessa Hillier Mrs. Sarah-Jane Yarney
Overview of the service	Highfield Residential Home provides accommodation and support for up to 26 older people.
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 23 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.

What people told us and what we found

We found that people living at Highfield were consulted about the support they received and that their consent was obtained. Where people lacked capacity, we found that their relatives or advocates were involved, in order to ensure people's best interests were taken into account.

Health and welfare needs were being met and the support people received was appropriate to their needs. People and their relatives were very happy about the care provided. We found the management of medications to be safe and appropriate to people's needs.

We found that the home was clean and free for odour and that appropriate infection control systems were in place.

Experienced staff were available in enough numbers to be able to provide the care and support that people required.

People were able to raise concerns or complaints if needed and these were acted upon.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We found that people were able to consent to the care and support they needed. For example; we reviewed a selection of care plans and found that they were personalised and detailed the support people required. We saw that people had signed their plans to indicate their agreement. In the case of a person who was unable to sign their plan, we saw that a relative who had Power of Attorney had done so on their behalf. The provider may find it useful to note that one person's care plan did not include their signature; however we visited them and found that the support detailed in the plan was an accurate reflection of their needs and that they consented to the support they were given. They told us "I'm very happy with what they do for me". We found that there was a system in place to review consent from people. For instance; we saw that care plans had been reviewed monthly and in the case of one person whose support needs had changed, their consent to the change in support had been recorded.

Throughout our visit we observed staff asking people's consent before supporting them. For instance; we overheard a care assistant asking a person where they would like to be seated in the lounge; we heard another asking if it was "a good time" to help them with an aspect of their personal care. During a medication round we heard a person being asked if they required tablets for pain relief and how many. We spoke with people living in the home and many indicated that staff asked for their consent before helping them. One person told us "they will always ask; sometimes I say I'm not ready yet and they come back later" another said "they need to help me have a bath, but sometimes I don't want one and that's alright with them".

Some people living at Highfield had a degree of impaired mental capacity. We found that staff had received training in regard to mental capacity. Also, the manager and deputy had an awareness of Deprivation of Liberty Safeguards (DoLS). DoLS referrals may be made in order to assess that a person's placement in a service is in their best interests. Staff knowledge of DoLS and mental capacity increased awareness of issues relating to

consent. The manager informed us about a person whose needs were not being met by the home due to their level of dementia. The manager in formed the local mental health team who then reviewed the person's placement in the home. This helped ensure that any decisions taken were in the person's best interest.

Overall our evidence indicated that there were systems in place to gain and review consent from people or their advocates; and that their decisions were respected.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We found that people's needs were assessed and that treatment and support was planned and delivered in line with their individual care plans. We reviewed a selection of people's care plans and found that they were comprehensive, personalised and based on assessments of their individual needs. Plans were in place to cover needs such as personal care, healthcare and social contact. We saw that plans had been regularly reviewed, which ensured that they were an accurate assessment of people's current needs and that staff were alerted to any deterioration in people's health and welfare.

One person's care plan recorded that they liked to receive a newspaper, choose books from a visiting library service and to have their room cleaned daily. We visited the person and found that these things were being provided. Another person needed support to ensure they wore their hearing aids; we visited them and found that they were being worn.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example; care plans included individual risk assessments that had been undertaken in relation to things like moving and handling, falls, nutrition and tissue viability. One person's plan indicated that they were at risk of developing pressure damage to their skin and required pressure relief equipment. We visited them in their room and saw that they had a pressure relief mattress on their bed and that they were sitting on a pressure relief cushion. They were also assessed as being at risk of dehydration; we saw that there were records of the drinks they had received and that they had drinks nearby.

Our conversations with people, allied to records that we saw, indicated that people were supported in accessing health care services, such as a general practitioners (GP), chiropodist and community nursing services. For instance; one person had developed a urinary tract infection; records confirmed that their GP had been notified and treatment prescribed. Their condition had been reviewed following the results of a urine sample test and there had been a change of antibiotic treatment. Another person had sustained a cut following a fall; a community nurse had been informed, had visited and the wound was being regularly dressed.

People we spoke with living in the home were very positive about the support given by staff, one saying ''it's faultless, you only have to say and it's done'' and another said ''they can't do enough for me, I would recommend it to anyone''. Another person living at Highfield described the staff as ''brilliant'' and another person told us how their condition had improved since coming to the home saying ''I feel much better and I'm putting on weight'. We spoke with a visitor who was happy with the level of care their relative had received saying about the home, ''I'm glad I found it, she's so much better now, back to her old self'. Another visitor told us ''I have nothing but praise, all the staff are wonderful, every one of them''. We visited some people who were dependent on the staff to support them with their personal care and hygiene. We found that their personal hygiene needs had been attended to and that they were dressed in clean clothes and were warm and comfortable.

We found that there were suitable arrangements in place for foreseeable emergencies. Emergency contact numbers were on display and there was a member of the management team on call at all times. Care plans contained personal emergency evacuation plans detailing the support that people required, although this was not the case in one plan and we brought this to the attention of the manager. The provider may find it useful to note that no plan was in place should people living in the home be required to be evacuated to a place of safety. This issue was discussed with the manager.

Overall our evidence indicated that people's care and welfare needs were being addressed.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment and were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found the home to be clean and free of odour. People's rooms were clean and their comments indicated that they were happy with the level of cleanliness in the home. One person told us "the cleaners are very good, they do my windowsills and photo's as well". Another told us "they keep my room spotless". Bathrooms, toilets and communal areas were found to be clean and odour free. We saw that equipment such as hoists, bath seats and standing aids were kept clean. There were adequate hand washing facilities for staff and visitors.

We visited the kitchen and found it to be clean and saw that measures were in place relating to food safety and food hygiene. Records were kept of fridge temperatures, cooked food temperatures and cleaning schedules. The environmental health food safety team had carried out an inspection earlier in the year and awarded the home the top star rating of five. We saw records indicating that staff received food hygiene training.

We visited the laundry and spoke with a member of staff about how laundry was handled in the home. We found that procedures ensured that any risk of spread of infection was minimised. Equipment such as disposable gloves and aprons were available and being worn; soiled articles were kept separate from general laundry and were washed in a separate machine. The laundry was generally clean and tidy apart from one area behind the tumble dryer, which we brought to the attention of the manager at the end of our visit.

We found that staff received training in relation to infection control, and that an audit had recently been undertaken, which had indicated satisfactory practice within the home. An infection control training session was held during our visit during which staff were provided with copies of the Department of Health infection control guidelines.

Overall we found that effective infection control systems were in place and a good standard of cleanliness and hygiene was maintained. This meant that people were able to live in a clean, pleasant and safe environment.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that a local pharmacy provided the majority of medications dispensed in individual blister packs, which promoted safe practice for the administration of medicines. We reviewed a selection of medication administration records and found them to be satisfactory, indicating that people were receiving their medications safely and at the right time. People we spoke with who lived in the home told us that they always got their medications when they needed them. We observed part of a medication administration round and saw that safe practice was observed.

We reviewed the storage and control of medications and found that satisfactory measures were in place to store and record the receipt, administration and disposal of medications. A policy relating to the handling of medicines was available. We were told of one person who chose to take their own medication. We reviewed their care plan and saw that an assessment of their ability to do so safely had been carried out.

We found that there were weekly medication audits undertaken by staff and that findings were displayed in the manager's office and in the medication administration folder. The manager informed us that a further audit had been carried out by a pharmacist from the Wiltshire CCG and we found that recommendations from the audit had been actioned. For example; we found that plans were in place with regard to the use of short term or 'as required' medications. This was seen as good practice as it directs staff as to when, how often and for how long the medication can be used and improves monitoring of effects and reduces the risk of misuse.

Overall, our findings indicated that people received their medicines when they needed them and in a safe way.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found that there were normally five care assistants on duty during the morning to support the 24 people living at the home at the time of our visit. This reduced to four after 11.30 am and to three from 2.00 pm until 9.00 pm. We saw duty rotas that confirmed these levels. The manger and deputy were available during the day, along with two cleaning staff, a cook and a kitchen assistant. An activity coordinator was employed three days a week. There were three care assistants available at night, two on waking duty and one on sleeping duty. Care assistants also undertook laundry duties

People we asked who lived in the home told us they felt there were enough staff to look after them. One said "Yes, there's enough staff around" and another said that staff "come quickly" when called. One person said "they could do with one or two more, but you accept they are going to be busy sometimes, they come as quick as they can". We informed the manager of this comment. During our visit we observed that staff attended to people promptly and that they were able to support people with their personal needs, such as getting up, washed and dressed without undue delay. There were enough staff available to provide support to people at meal times.

Staff we spoke with confirmed the staffing levels and stated that they felt the level was high enough for them to meet people's needs. One told us "If we see something needs doing we do it, we're a good team here". The manager informed us that they rarely had to use agency staff and that any shortfalls were normally covered by a member of the home's permanent staff. This was confirmed by some of the care staff we spoke with.

We noted that the care assistants we met with had obtained, or were undertaking a National Vocational Qualification (NVQ) in care. We saw that mandatory training had been provided in subjects such as first aid, moving and handling, infection control and safeguarding, along with training in relevant subjects such as dementia awareness and nutrition. Staff we spoke with confirmed that they had received training. We noted that many staff had been employed at the home for several years, which indicated a degree of continuity of care and support for those living there. We saw that support staff, such as kitchen and domestic staff were employed in enough numbers to provide a consistent service to people living in the home.

Overall, evidence suggested that people were supported by sufficient numbers of competent, experienced staff, in order to ensure their needs were met consistently.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that information on how to complain or raise concerns was made available to people living in the home, or their advocates. People were provided with a copy of the home's guide and we were informed that information was also available in people's contracts. We saw a copy of the complaints, comments and suggestions guidance and saw that it contained information on how to refer a complaint to the Care Quality Commission (CQC) if required.

A complaints record folder was available, however no formal complaints had been received. The manager informed us that a questionnaire survey, asking for comments and suggestions from residents and their advocates, had been carried out. We reviewed a summary of the results of the survey and saw that people were able to comment on issues such as personal care and support, and that the manager had responded to concerns and suggestions. This meant that people were being provided with an alternative method to raise a concern or complaint, other that the formal complaints procedure.

People we spoke with living in the home told us that they would speak to a member of staff or the manager if they had a problem. One person said "any problem, they sort it". Another told us that they had spoken to the manager about an issue on the morning of our visit. We spoke with the manager and found that they had taken action in response to the person's concern. We spoke with one person who was visiting their relative in the home and who told us "I have never had cause to complain". Another visitor said that if they ever had a concern, they saw that manager and that "it's never a problem". A staff member we spoke with told us about a concern a resident had informed them about; the staff member said that they had told the manager and they had dealt with it.

Overall our findings indicate that people or their advocates were able to raise concerns or complaints; and that these were considered and resolved if possible.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk