Inspection Report

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

Highfield Care Home

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Tel: 01920467508

Date of Inspection: 22 August 2013

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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
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Tamhealth Limited
Overview of the service	Highfield Care Home provides residential and nursing care for up to 49 older people, some of whom have complex or nursing needs or live with dementia.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 22 August 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

When we inspected Highfield Care Home on 22 August 2013 we spoke with four people living there and looked at six care plans. We also spoke with the relatives of one person who were visiting that day and with three members of the care staff.

We found that people were asked for their consent about their care provision and that, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People's needs were assessed and care and treatment was planned and delivered to meet those individual needs. One person we spoke with told us, "I get everything I need here." Another person said, "I need help all the time and the staff are really good."

People who were at risk of developing pressure ulcers had appropriate care plans in place that were followed by the staff.

People's medicine was administered on time and according to their prescription. There were proper arrangements in place for storing and recording medicines.

There were enough staff on duty, including nursing staff, for each of the three shifts to meet people's needs.

Care plans and daily records were stored securely and could be readily accessed by staff. Care plans and records were fit for purpose and ensured people received safe and appropriate care.

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

When we inspected Highfield Care Home on 22 August 2013 we spoke with four people living there and looked at six care plans. We also spoke with the relatives of one person who were visiting that day and with three members of the care staff. We found that people were asked for their consent about their care provision and that, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Each person's care plan had a prominent section entitled, "Rights, Consent and Capacity." This section of the care plans set out detailed information about the person's capacity to make decisions about different aspects of their life. There was also information about the involvement of people's relatives where their capacity to provide consent was affected by, for instance, living with dementia. For example, we saw that one person's care plan was last reviewed in July 2013. Their capacity to make decisions about their financial affairs had been assessed and it was noted that their relative was undergoing the proper legal process to obtain authority to make such decisions. However, the care plan also noted that the person was still able to "… effectively communicate their wishes to staff about their daily care".

We saw that advanced care plans about the care people wanted to receive at the end of their life were prominently placed in people's care plans. This meant that people could be assured of receiving care they had previously expressed their wishes about because the staff could easily identify and refer to the advanced care plan.

We looked at documentation in four of the care plans that related to decisions about medical intervention in the event of a medical emergency. These are commonly known as "Do Not Attempt Resuscitation" (DNAR) decisions. In three of the four care plans where it was relevant, we saw that it was clear about the way DNAR decisions had been made and

about the views expressed by the person or their relatives. The provider might find it useful to note that the capacity of one person for whom a DNAR decision had been made had not been reviewed in light of a significant improvement in their health. The person had complex needs and was being nursed in bed. They had been admitted with a DNAR decision which had been taken in their best interests by a doctor at the hospital they were transferred from. There was no record showing whether they or their relatives had expressed any views at the time that decision had been taken although it was clear the person had been very unwell. The senior nurse and the manager confirmed that the person's health, along with their mental capacity had improved significantly over a short time. However, their capacity to express a view about such a decision had not been reviewed whilst the person was at the home. This meant that decisions could be made in a medical emergency that might not be in accordance with their wishes.

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

People's needs were assessed and care and treatment was planned and delivered to meet those individual needs. One person we spoke with told us, "I get everything I need here." Another person praised the staff and told us, "It's a nice place and the staff are nice." A third person we spoke with said, "I need help all the time and the staff are really good. It's really comfortable here and the food is good as well."

We looked at six care plans and saw that there was a clear process for assessing and reviewing people's needs and for managing risks. We saw that people's views and those of their families were taken into account during the reviews of their care plans and that action was taken to address any changes in their needs. For instance, we saw that one person's ability to communicate had changed and that a referral had been made to a specialist to follow this up.

We saw that people had the opportunity to participate in activities and events that met their needs because they enriched their lives. One person told us they had been on an outing to a local garden centre recently and that they had visited a farm because they liked the countryside. There was a range of activities at the home and throughout our inspection we noted staff taking the time to talk to, and interact with, people who were being nursed in their bedrooms. For example, we saw one staff member chatting to a person whilst providing them with a hand massage.

One person who was being nursed in bed was assessed as being at risk of developing pressure ulcers. The person's care plan showed that they had a plan in place that involved regular changes of position and monitoring of their food and fluid intake. We saw records that showed that this plan was being followed and this was confirmed by the person and their relatives. This meant that care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare.

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

During our inspection, a senior staff member showed us the system in use at the home. This system involved the use of colour coded, individual and sealed blister packs that were aligned according to the time of day they were to be administered. The medicine was pre-packaged at the pharmacy according to the prescription of each person using the service.

We saw that each person's care plan had a specific section that detailed their medicines and that this was reviewed whenever the person's medication changed. One person we spoke with said, "I always get my medication on time." Another person told us, "I always get the right tablets."

Medicine was only administered by qualified nursing staff or by a senior member of the care staff who had been specifically trained to do so. We examined the medication administration record (MAR) sheets for the ground and first floor of the home and saw that they had been completed correctly with entries initialled by the relevant staff member. There were no gaps in the MAR sheets showing that people's medicine had been administered at the times specified in their prescription.

We also saw that controlled drugs were securely stored and properly recorded according to Department of Health guidance. We carried out a physical count of one controlled drug item and saw that the quantity remaining matched the quantity shown in the records.

This demonstrated that appropriate arrangements were in place for obtaining, recording and handling medicine.

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

When we inspected Highfield Care Home on 22 August 2013 we found that there were enough staff to meet people's needs. We spoke with the manager who explained that staff numbers had been consistent over recent months. This was because the home was operating at full capacity and had the appropriate number of staff on duty for each shift to meet people's needs.

On the day of our inspection there were 45 people living at the home, 37 of whom had nursing needs. The manager said that there were currently 11 staff on duty on the morning shift, 10 in the afternoon and five at night. This included two nurses for each shift. The manager explained that the numbers of staff reflected the dependency of people living there. They also told us that their daily supervision round included an informal assessment of staffing needs based on their observations and reports from the nursing staff as to whether people's needs had changed. We looked at the duty rosters for the four weeks leading up to the day of our inspection and confirmed that the staff numbers for each day were as reported by the manager. One member of the nursing staff told us, "There are always enough staff on duty."

During our inspection we noted that call-bells were in reach of everyone who was in their bedroom. One person we spoke with said, "My call-bell gets answered on time." Another person said "They come on time if I ring the bell and they are on hand when I need a drink." Throughout the day we heard call-bells being rung, which were answered within moments. This indicated that there were enough staff on duty to attend to people who needed help.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Records were also kept securely and could be located promptly when needed. People's care plans were held in ring binders in a cupboard at each nurses' station on each floor of the home. During our inspection we noted that staff occasionally referred to these files before replacing them in the cupboards.

We looked at six care plans and saw that they contained sufficient information to enable staff to provide care for people living there. A member of the nursing staff we spoke with showed us how they used a care plan tracking system, a chart at the front of each person's care plan binder, to show how their needs were reviewed and updated. We saw that people's essential needs in relation to, for instance, their capacity and rights, their medicine, mobility, nutrition, continence and skin integrity were reviewed every month. The nurse explained that the use of the care plan tracker helped the staff to keep track of people's needs if they changed. This meant that people could be confident that they received care that reflected their current needs.

We saw that documents used to record activity and daily care were located in people's bedrooms. These records consisted of a number of working documents in frequent use by staff, such as daily records of the topical application of creams and a 14 day record of people's food and fluid consumption. We saw that there was an easy reference sheet describing to staff the things that were important to the person. This was supported by a journal that was completed three to four times each day stating what the person had done and what their overall mood was. This meant that staff coming on duty at each shift had a clear picture of the well-being of the person at that time.

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

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