Care Quality Commission

Inspection Report

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

Highfield Private Rest Home

77 Seabrook Road, Hythe, CT21 5QW

Date of Inspection: 08 March 2013

Date of Publication: May 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Silverleaf Care Homes Limited
Overview of the service	Highfield Private Rest Home provides residential care for up to 31 older people. All but one of the rooms in the home is single, and the shared room is currently being used by one person. There are shared shower and bathrooms, with a small number of rooms having ensuite facilities.
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 8 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with 5 people who use the service or their relatives. They were mostly positive about the service. One person told us "it's just home." They said they had the freedom to come and go as they pleased and found the staff very supportive. Other people told us they liked being here, and there was "nothing I can say I dislike." One person said there had been some small problems when they first came into the home, but these had been resolved. One person said they had always been able to say what they thought about their care, and another person that you would have to "go a long way to get a better home."

We saw that when there were concerns about people's health, the relevant healthcare professionals were contacted.

The service had appropriate arrangements in place in relation to the ordering, management, administration and disposal of medication.

The care records included some evidence of assessments, care plans, and daily records of care. However, these were not consistently completed in all records, and when they were completed they were difficult to find. We saw that many of the care records were physically falling apart and were not in a clear order. This may put people at risk because their records did not contain easily accessible and accurate information about their care.

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

What we have told the provider to do

We have asked the provider to send us a report by 26 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. The people we spoke with were mostly positive about the service. One person told us "I'm happy" and that they had always been able to say what they thought about their care. Another person told us you would have to "go a long way to get a better home." One person said there had been some small problems when they first came into the home, but these had been resolved. They told us "everything's been positive" and if they had any problems "they've been sorted out". Another person said they hadn't had any complaints, but they would speak out if they did.

People made choices about their daily lives. We saw that people had personalised their rooms with their belongings, which included their own television. Some people had a telephone and internet access in their rooms. The manager told us that people were offered a key to their room, but most people chose not to have one. We saw that people's relatives visited the service throughout the day.

People were given choices about what they wanted to eat. All the people we spoke with said the food was good and they could choose where they wanted to eat. We saw that the cook approached people and asked them what they wanted for their next/following day's meal, which included alternatives to the standard menu if they preferred. We saw that at lunchtime people were given choices about where they wanted to sit, and what they wanted to eat.

The interactions we observed between staff and people using the service were friendly and respectful. We saw that the care records were in the process of being changed to a new format. The new records specifically asked and recorded people's preferences with regards how they wanted their care to be provided.

One of the people we spoke with said there used to be "regular" residents' meetings but these now only happened occasionally. Another person said they thought it would be

useful to have a meeting between the staff and the people using the service. We saw minutes of the last two residents' meetings, which had taken place in April 2012 and August 2012. These showed that there had been discussion with people about the service, for example about menus and outings, and some evidence that improvements had subsequently taken place. We saw that people had been involved in discussions about improvements to the general environment of the home.

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

The people we spoke with were mostly positive about the service. One person told us "it's just home." They said they had the freedom to come and go as they pleased and found the staff very supportive. Another person said they liked being here and the staff were lovely. One person said they were "very happy here" and there was "nothing I can say I dislike."

There was evidence that people's needs were assessed and care plans developed from this, and a daily record of people's care was made. For example, one of the care records showed that when bruises were noted on a person this was recorded and responded to. Another record showed that where a risk of falls was identified, action was taken to address this. The sample of records we looked at stated whether the person had capacity to make decisions for themselves or not, although it wasn't always clear how this decision had been reached.

Staff told us that care plans were in the process of being changed to improve their quality, and make information easier to find. As part of the change of care records, staff were in the process of reviewing everyone's care and formulating new care plans to ensure that people's needs were met.

People had their healthcare needs met. Staff told us that district nurses and GPs visited as required. We saw that where staff had concerns about a person's health, for example if someone wasn't eating properly, they addressed this with the relevant healthcare professional. One person told us they had had dental problems, and the home had arranged for them to see a dentist. Others told us that were supported to attend hospital appointments so they could see specialists for ongoing health conditions.

Staff told us there was no one with pressure sores at the time of the inspection. They said that all beds were fitted with pressure-relieving mattress, and people were given pressure-relieving cushions when needed. Staff described how they observed for red areas, which may indicate the early stages of a pressure sore, when providing personal care for people.

There were arrangements in place to deal with foreseeable emergencies. Staff told us that if a person was unwell they would call their GP or the district nurse. They said that if a

person was very unwell or had fallen, they would call an ambulance. This decision would usually be made by the manager or a senior carer. We observed a person having a coughing fit at lunchtime, and saw that staff responded calmly and appropriately. During our inspection one of the people using the service was unwell, and we saw that staff monitored them closely, and discussed their care with their GP and family.

There were limited activities available for people using the service. We saw that there had been parties in the home, and an occupational therapist had recently started to run a reminiscence group once a week. Some of the people we spoke with said they were able to keep themselves occupied, and managed their own time inside and outside the home. For example, some people told us they liked reading, watching television, and seeing their families. Another person attended exercise classes in the community and was planning a holiday. However, the provider may find it useful to note that during our inspection we observed that some of the people using the service spent their time sat unoccupied in the communal areas unless they were prompted by staff. One person told us they thought there should be more activities in the home, and help to get people into the community. The manager told us there was not an activity programme for the service, and this was an area they wanted to improve. The manager said they thought people in the home were "content" but some people would be more active if they were encouraged and supported to do so.

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

The service had appropriate arrangements in place in relation to the ordering, management, administration and disposal of medication. The manager told us that following a medication error last year, they had reviewed the medication system in the home. A new medication system had been introduced in February 2013. Each person had individual trays, with each dose clearly labelled and boxed separately. The medication was clearly marked if a medication had stopped, or hadn't been taken for another reason, for example if a person was in hospital. If a person was going out for the day they could be given the sealed and labelled 'pot' of medication to take with them. The manager told us that if changes needed to be made, the pharmacy would collect the tray, make any changes and relabel and reseal it.

Medicines were safely administered. The manager said that all senior carers had had training in the new medication system, and that only staff who had received training administered medication. The staff we spoke with confirmed that they had received training, and said they felt the system was much easier to use, and reduced the risk of errors. The staff we spoke with were clear about the action they would take in the event of a medication error.

Appropriate arrangements were in place in relation to the recording of medicine. Each person had a medication administration record (MAR chart), and a list which showed pictures of each person's medication, and what it was for. We checked a sample of seven MAR charts and saw that these were completed correctly. Staff had recorded on the chart any missed medication, and the reason for this for example one person said they didn't want it.

Staff told us that when they were administering medication, they had protected time to focus only on giving out medication, and were not expected to answer the telephone or call bells. They said the new system was quicker and more efficient, so it made it easier to have protected time as the medication round was quicker.

People were supported to self administer their own medication if they wished, and were able to do so. One person in the home was self-medicating. They showed us how this worked, and said they were happy with the new system. The provider may find it useful to

note that there was old medication that the person no longer used in their room. The manager acknowledged that they did not routinely check people's own medication supply.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

All the people we spoke with were positive about the staff. One person told us that all the staff were lovely and "there isn't any of them we don't like."

The staff we spoke with were positive about the service, and said they felt supported by the manager. They thought that the staffing levels were adequate, and said that if temporary agency staff were used it was usually staff who had worked in the home before so they were familiar with the people who lived there.

Staff received training to provide them with the skills and knowledge to provide care. The training records showed that most staff had completed most of their mandatory training. The manager told us that all staff had had training, but there was an ongoing plan to improve its quality. We saw an ongoing training plan for the rest of the year. Staff told us that their training was now more regular, and they felt the quality had improved and it was more relevant to their job. Staff told us that the training they had received included moving and handling, health and safety, infection control, and safeguarding vulnerable adults. This was confirmed by training records. We were told that most staff had completed nationally recognised qualifications in care such as National Vocational Qualifications (NVQs) level 2 or 3.

The staff we spoke with said that they had had supervision and appraisals, but the frequency was variable. The manager acknowledged this, but showed us that a plan for planned and regular supervision and appraisal had recently been implemented.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People's confidential information is stored securely. However, the records were poorly ordered and maintained, which may put people at risk because their records did not contain easily accessible and accurate information about their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records were not accurate and fit for purpose. We saw that many of the care records were physically falling apart and were not in a clear order. The manager told us that the care plans were in the process of being changed to a new format, and were currently a mix of old and new. The records included some evidence of assessments, care plans, and daily records of care. However, these were not consistently completed in all records, and when they were completed they were difficult to find. There was a care plan for a person who wanted to lose weight, but no record of action taken to address this, or of the person's weight being monitored. Another person had a moving and handling assessment completed in May 2012, and although it was evident the persons' needs had changed since then, their care plan hadn't been reviewed. However, other evidence showed that appropriate care was being provided. The manager acknowledged that a new member of staff coming into the home would not be able to provide care based on the current state of the care records.

There was evidence of meetings and audits available, but most of these had not been completed recently. The provider may find it useful to note that we saw evidence throughout our inspection that changes had been made in the home to improve care, but there was limited evidence of how these decisions were made and prioritised. We saw improvements, but not a means of ensuring they were sustained, or that future issues were identified and addressed.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The care records were poorly ordered and maintained, which may put people at risk because their records did not contain easily accessible and accurate information about their care. Regulation 20(1)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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