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: 11 October 2013

Date of Publication: November 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
Safety and suitability of premises	✗ Action needed
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Silverleaf Care Homes Limited
Overview of the service	Highfield Private Rest Home provides accommodation and personal care for up to 31 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 11 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

At the time of our inspection, there were 29 people living at the home.

We spoke with six people who used the service, and two visitors. People we spoke with who used the service told us that they were happy with the care and support they received and their comments were positive. One person told us "it's the best home I've been in" and another person said "they look after me excellently; so caring and helpful".

We looked at people's care plans and saw that they were individualised and contained people's choices and preferences. Risk assessments were in place to identify and minimise risks as far as possible for people who used the service.

We found that people were happy with their accommodation. However, we had some concerns about the on-going works to the home's hot water and heating system, and some other concerns about the premises.

We found that there were enough staff on duty and people we spoke with told us that the staff had a good understanding of their needs. We found that staff had undertaken relevant training to keep their skills and knowledge up to date. A visitor told us "staff are fantastic; very on the ball".

We found that the home kept accurate records and stored them safely and appropriately, to ensure people's details and information was protected.

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 27 November 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.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and support. We spoke to people who used the service and they told us that they made choices about their daily routines and were asked about their preferences. For example, what they wanted to wear, what they would like to eat and what time they got up and went to bed. One person told us "I totally choose my own routine; I prefer to have my meals in my room" and we observed that their lunch had been served to them on a tray in their room. People said that they had been asked whether they preferred baths or showers and the time of day they liked to have them. One person told us "I like to have my bath first thing in the morning so that I only get dressed once". Records showed that people were asked about their preferences when they moved into the home and that staff followed people's preferred routines on a daily basis. One person told us about their newly decorated room and that they had chosen the colour scheme themselves.

People told us that they enjoyed the food and that there were menu choices available, and alternatives would be provided if requested. We saw that the weekly menu was displayed, with a range of choices offered at meal times and records confirmed that people had been consulted about their menu choices. At the time of our inspection, we observed the lunch-time meal, which included fish cooked in a variety of ways to suit people's tastes. We saw that one person had a lighter meal at lunch time, as they preferred their main meal in the evening and the kitchen staff told us that their evening meal was freshly cooked later in the day.

People told us that they were able to choose how to spend their time. One person told us they were "a bit of a loner" and preferred to spend time in their room watching TV and reading, although they said they "did get out into the garden" when the weather was good. Another person told us that they particularly enjoyed the weekly reminiscence group meetings. We saw that photographs were displayed, where families and friends had joined people for a summer garden party. The manager told us that they were introducing 'bingo' sessions, as people had said they would enjoy doing this on a regular basis. We also saw that musical entertainers had been invited to the home. During our inspection,

we observed people relaxing in different shared areas of the home, for example, a sun lounge where people were listening to music and a separate lounge where people were enjoying watching TV together. We also saw that a conservatory was available where people could choose to eat if they wished, particularly if they wanted to have their families join them for a meal in a more private setting.

People were supported in promoting their independence. For example, we saw that care records clearly identified where people were able to undertake aspects of their own personal care and were supported to do things for themselves wherever possible. One person who used the service told us "I can do most things for myself, but the staff check to make sure I am ok". Another person told us "I just need help with my socks and shoes" and we saw that this was recorded in their care plan so that staff knew how to support them.

People's diversity, values and human rights were respected. We spoke with some of the staff who were able to explain and provide positive examples of how they considered people's dignity whilst assisting them. This included keeping doors closed and making sure people were appropriately supported to protect their privacy when providing personal care. We observed that staff knocked on people's bedroom doors before entering and where doors were left open people confirmed that this was their preference. We saw that staff interacted well with people and were respectful in how they addressed and spoke with them. One member of staff told us "everyone's different; some people just need prompting and encouragement". Another member of staff said they had "discreet conversations" with people about the support they needed.

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 looked at five people's care records and saw that their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records showed that people's needs were assessed prior to their admission to the home, and assessment visits were undertaken by senior staff to ensure that their needs could be met. This information was used to develop individual care plans and we saw that care records included details about people's specific needs. This meant that staff knew how to provide the care and support each person required.

We saw that daily records were used by the staff to monitor and comment on people's progress and any changes to their needs. These included details about people's personal care, their fluid and dietary intake, and clinical visits or medical interventions from health care professionals. We saw that care plans were reviewed and updated to reflect any changes in people's care needs and the support they required from staff. For example, one person who used the service told us that they had developed an intolerance to fish. We saw that this had been clearly documented in their care records and we spoke to the kitchen staff, who told us about the person's diet, which no longer included fish. The manager told us that care plans were reviewed routinely on a monthly basis, however, two of the care plans we looked at had not been reviewed since the end of July 2013, which meant that any changes to people's needs may not have been fully implemented by the staff.

We saw that care plans contained details of visits from health care professionals, such as doctors and community nurses. Records showed that staff reported and responded when people required health care support. For example, a visit from the community nurse had been arranged for a person with diabetes who required insulin medication. We saw that clear instructions were in place for the staff to follow regarding the frequency of their blood sugar monitoring checks. We spoke to a health care professional who visited the home twice weekly to support people's clinical needs. They told us that the staff contacted them immediately if there were any concerns or worries about people's health care needs. They said they had "no concerns whatsoever about the care provided at the home".

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. We saw that care plans contained individual risk assessments where specific risks had been identified, for example, people's mobility and where people were at risk from pressure sores.

Records showed that people were able to undertake activities that met their emotional needs. For example, one person told us that they looked forward to their weekly reminiscence group therapy session, where they were able to talk about their memories, their life history and a range of other topics. We saw that their activity care plan contained details of their participation and the therapist's notes. We saw that reminiscence groups were arranged on a weekly basis with an occupational therapy service, for people who wanted to participate.

There were arrangements in place to deal with foreseeable emergencies. We saw that on-call emergency contact details were available, which meant that staff could contact management or senior staff, should an emergency arise where they required additional support.

The Deprivation of Liberty Safeguards contained within the Mental Capacity Act 2005 were only used when it was considered to be in the person's best interest. At the time of our inspection, we were told by the manager that there was no one using the service who was being deprived of their liberty. We found that the staff had an understanding of their responsibilities under the requirements of the safeguards and had undertaken relevant training. Records showed that people were supported to make their own decisions on a day-to-day basis and that advocacy support would be made available if people required independent support with decision making, for example, meetings would be arranged to include their care manager and family representatives.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate 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

The provider had not always taken steps to provide care in an environment that was adequately maintained.

At the time of our inspection, we saw that extensive works were being undertaken by plumbing and heating contractors to replace the home's gas boilers. The manager told us that the hot water had been re-connected, but the central heating would not be working until the following week. In the meantime, the manager had installed temporary wall-mounted electric heaters and we saw that these were providing sufficient heat to maintain a comfortable ambient temperature around the home. We spoke to people who used the service and they told us that the staff were regularly checking and asking them if they were warm enough and not too hot. We saw that risk assessments had been put in place to provide guidance for staff in minimising potential risks to people who used the service, for example, regularly checking the heaters to make sure they were at a suitable and safe temperature. However, as the electric heaters were being used as a temporary measure only, the manager told us that the works to the boiler would be completed as soon as possible, to ensure that suitable and sufficient heating and hot water was effectively maintained throughout the home.

We saw that fire safety and fire detection equipment was in place, as well as notices displayed, with instructions about what to do in the event of a fire. We looked at the fire safety records and these showed that regular checks and monitoring were undertaken by the home, including weekly testing of the fire alarm system, fire doors and equipment. Records showed that the provider had a service contract in place with a specialist fire safety contractor to maintain and service the fire safety system, including the fire safety equipment. However, we asked to see the fire risk assessment for the premises and the manager told us that this was not available, and that it required updating. This meant that the provider was unable to evidence that the fire safety arrangements within the home were effective in minimising potential fire hazards and risks to people, staff and visitors. We did not see records of fire drills undertaken with the staff and the manager told us that fire drills had not taken place for some time and that the evacuation plan for the home

required review. We also saw that some people had their bedroom doors propped open and the manager told us that not all bedroom doors were linked to the fire alarm system and would not therefore close automatically in the event of a fire.

We looked at the home's maintenance log and saw that all staff were able to report issues of health and safety or general repairs that required attention. These were followed up and rectified by the home's maintenance staff. Records showed that regular water safety checks were undertaken for legionella monitoring and to minimise the risks of scalding.

We saw that equipment was regularly serviced and checked and that current certificates for specialist service and maintenance contracts were in place, for example, for the hoists and call bell system. Records showed that where problems had been identified, these had been rectified and addressed by external contractors, although we saw that the home's electrical safety certificate was out of date and the manager told us that they were awaiting a follow-up visit from the contractor to rectify some of the electrical works before issuing a new certificate. At the time of our inspection, a service contract certificate for the lift was not available, and it was therefore difficult to evidence that the home's lift had been serviced and maintained to the required safety standards.

Accommodation for people was arranged over three floors and all floors could be accessed by a shaft lift. This meant that people had safe access to all parts of the building. All the bedrooms were used for single occupancy and some had en-suite toilet facilities. We saw that bedrooms were personalised to people's individual tastes and requirements, for example, many rooms contained photographs, pictures and soft furnishings that people had brought with them when moving into the home. People told us they liked their rooms and were comfortable. We saw that the home had been awarded a five star food hygiene rating from the environmental health officer.

During our inspection, we observed that the home appeared clean and had no unpleasant odours. However, we saw that areas of the home required some re-decoration, including people's bedrooms, where some of the paintwork and walls were marked and the carpets worn. The manager told us that there were plans to implement a re-decoration programme and that people who lived in the home would be consulted about colour choices. We saw that four people's bedrooms had been completed, each room having an individual colour scheme with new soft furnishings to match, as well as new furniture. We spoke to a person who's room had been refurbished and they told us they had chosen the colours and were very happy with the results.

We saw that the home provided outdoor spaces and garden areas that were accessible for people with reduced mobility. Paths and ramps were in place to provide access to grassed areas, where garden seating was available.

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

At the time of our inspection, we found that the home employed sufficient staff who were appropriately qualified, skilled and experienced, to safely meet the needs of the people who used the service. We were told by the manager that the home employed permanent staff and were waiting for employment checks to be completed so that newly appointed staff would be able to start work, as the home had some vacancies. In the meantime, the home was using agency staff where it became necessary to cover gaps in the staffing rota, due to unplanned absence. We were told that wherever possible, only agency staff who had worked in the home previously were booked to work, so that people were supported by staff they knew and who were familiar with their needs. Senior staff told us that where agency staff were new to the home, they were orientated before they worked alone, which included familiarisation with each person's needs. One person we spoke to who used the service told us "there are sometimes agency staff on duty, but they're regulars and are getting to know us".

The home employed care staff, as well as housekeeping, catering, administration and maintenance staff. During the day time, the care staff team comprised of a minimum of four care staff and a senior carer on the early shift, and a minimum of three care staff and a senior carer on the late shift. At night time, there were three care staff on duty. In addition, the home employed a deputy manager who worked during the day, as well as the manager. We saw that the home's rota reflected this level of planned staffing cover and it also showed that additional staff had sometimes been on duty, when people's needs had increased, for example, when they were unwell and required additional care and support.

People we spoke with who used the service told us that they felt there were enough staff on duty, and said that staff responded promptly when they called for assistance. One person said "I use my call bell; they come as soon as I need them". During our inspection, we observed that staff spent time with people and were available when people required assistance. We saw that when staff were assisting people, they were not rushed and people were able to take their time, and to do things at their own pace.

Staff we spoke with said they felt there were enough staff on each shift and that they had sufficient time to support people according to their needs. They told us that they had received essential training appropriate to their roles, for example, fire safety, manual

handling, infection control and adult protection. They commented that their training was up to date and records confirmed that they had received training appropriate to their roles, for example, where senior staff were required to administer people's medicines. One member of staff told us that they had a formal qualification in care and said "I would be able to do a higher qualification; once I feel ready".

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

When we inspected the home in March 2013, we found that people's personal records were not always accurate or fully fit for purpose. On this inspection, we found that the provider had introduced a range of measures and taken action to address these concerns.

People's personal records, including their medical records, were accurate and fit for purpose. We saw that the manager had reviewed how records were kept and had introduced a system to ensure people's care records were organised into individual folders. These contained detailed and sufficient information to safely support people's identified care and support needs. Records were kept regarding people's health care needs and contained details of health care plans, interventions provided by relevant health care professionals, actions taken by staff and the outcomes noted. We saw that daily monitoring records had been developed and implemented to help ensure that the staff were able to respond and support people's on-going needs safely and appropriately. However, the provider may wish to note that two people's daily reports did not correspond to their care plan records regarding the dates they were assisted to take baths. This meant that people's care plans may not have always been updated to reflect the personal care they had received on a daily basis.

We saw that records were kept that were relevant to the management of the service, for example, records of audits and checks that were used to monitor the safety of the service provided. We looked at some staff files that contained detailed information about the staff employed at the home and these were kept securely in a lockable cabinet. These were only accessible to senior staff, who held the keys.

The provider maintained a range of local policies and procedures that set out the responsibilities of all staff who supported people who used the service. For example, we saw policies regarding confidentiality, access to information and data-protection, that set out the requirements for protecting people's personal details and who should have access to them.

Records were kept securely and could be located promptly when needed. People's care plans were accessible to the staff who needed to refer to, and record in them. They were

kept securely in hard copy files in a lockable office, that was only accessible to the staff. Where records were stored on the computer, these were password protected.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: Temporary heating arrangements were in place. Works to the gas boilers required completion to ensure that suitable and sufficient heating and hot water would be effectively maintained throughout the home. The provider was unable to provide a fire risk assessment for the premises, to identify and evidence that the fire safety arrangements were satisfactory in protecting people, staff and visitors and to minimise the risks of fire. The home's electrical safety certificate was out-of-date and required renewal. The home's service contract certificate for the lift was not available to evidence that the lift had been serviced and maintained to the required safety standards. Information was not available to identify how re-decoration would be undertaken to maintain the premises, where some areas of the home were in a poor decorative condition. This relates to Regulation 15(1)(c)(i).

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 27 November 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

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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