Care Quality Commission

Sterling Care (Uk) Limited

Highfield Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 23 and 24 April 2015 and was unannounced.

Highfield Residential Care Home provides care and accommodation for up to 20 older people, some of whom may be living with dementia. At the time of our inspection there were 15 people living in the home.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager is also the Nominated Individual and a director of the company and will be referred to as the registered manager throughout this report.

Summary of findings

The registered manager relied upon the deputy manager to help ensure the effective operation of the service on a day to day basis. However, the deputy manager's ability to do this consistently was compromised, particularly when needing to cover care shifts.

There had been improvements to the number of staff members available during the early shifts and there were usually enough staff available to meet people's needs during this time. However, the registered manager calculated the staffing levels on the numbers of people using the service and not on their specific needs. For this reason we recommend that they refer to the current good practice guidance about how to ensure that staffing levels are appropriate and based on the assessments of people's dependency.

Staff understood what constituted abuse and were confident with regard to following the correct reporting procedure. Appropriate recruitment procedures were followed, which helped keep people safe from staff who were unsuitable to work in care.

Appropriate systems were in place to ensure the safe management, storage and administration of medication, so people received their medication as prescribed.

Improvements had been made to the delivery of care and people's care records were being maintained and audited on a regular basis.

Staff were appropriately trained and knew the people well that they supported. Staff understood the importance of gaining consent from people before providing care or support and, where people did not have capacity, staff ensured their rights were protected.

People had enough to eat and drink to meet their needs and their individual dietary needs were catered for appropriately. People also had access to external healthcare services and where concerns around people's health or needs were identified, appropriate and timely referrals were made to the relevant professionals.

Staff treated people in a friendly and caring manner and staff respected people's privacy and dignity and offered prompt reassurance if people became confused or distressed.

Assessments of people's needs were carried out before people moved into the home, to ensure the home could meet these needs appropriately and effectively. Care plans contained individual information about each person and people were involved in planning their own care as much as possible. However, due to the lack of an appropriate dependency tool being used in respect of staffing levels, there were not always sufficient staff available to ensure that people's ongoing choices were consistently met with regard to when they received personal care, such as washing or bathing, nor what time they were assisted to or from bed.

There was no formal structure for activities. Although the staff consistently tried hard to engage people during the course of their duties, not everyone living in the home was able to be supported to follow their interests or take part in social activities of their choosing.

The conservatory was being used as a full time office for the administrator and the provider's separate homecare service. This meant that in addition to a reduction in people's choice of communal areas, confidentiality was compromised.

There had been improvements to the complaints procedure and people were being supported to make any concerns known to staff or the management. There had also been improvements to people's care plans, medication records and day-to-day record keeping.

We saw improvements to the systems for assessing and monitoring the quality of service that people received. Systems for identifying, assessing and managing risks to people's health, safety and welfare had also been improved.

Occasional staff meetings were held by the registered manager but staff were not able to add to the agenda or 'have their say', which meant that staff were not fully included or involved in the development of the service. Staff were not always comfortable raising issues or concerns directly with the registered manager but did receive additional support from the deputy manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were not always matched to the demand for care and support for people living in the home.

Staff knew how to recognise abuse and understood the correct reporting procedure. Appropriate recruitment procedures were also followed.

Appropriate systems were in place to ensure the safe management, storage and administration of medication.

Appropriate action was being taken to rectify some identified infection control issues.

Is the service effective?

Requires Improvement

The service was not consistently effective.

staff received one-to-one supervisions but were not always comfortable raising any issues or concerns directly with the owner/manager.

Staff were appropriately trained and knew the people well that they supported.

Staff understood the importance of gaining consent from people before providing care or support and, where people did not have capacity, staff ensured their rights were protected.

People had enough to eat and drink to meet their needs and their individual dietary needs were catered for appropriately.

People had access to external healthcare services, as needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's choice of communal areas and confidentiality was compromised due to the conservatory being used as a full time office for the administrator and the provider's separate domiciliary care service.

Staff were friendly and caring and respected people's privacy and dignity.

Assessments of people's needs were carried out before people moved into the home

Care plans contained individual information about each person and people were involved in planning their own care as much as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Summary of findings

There was no formal structure for activities and not everyone living in the home was able to be supported to follow their interests or take part in social activities of their choosing.

Care plans contained individual information but we could not be assured that people's ongoing choices were always being met.

We saw that people's independence was promoted as much as possible by staff.

People were supported to make any concerns known to staff or the management.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a lack of clear and visible leadership.

Staff were not always enabled to question practice and make suggestions to improve the service people received.

Systems were in place for assessing and monitoring the quality of service that people received and for identifying, assessing and managing risks to people's health, safety and welfare.

Highfield Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 24 April 2015 by one inspector and was unannounced.

Before our inspection we looked at all the information we had available about the home. This included the report from our last inspection and notifications made to us.

Notifications are changes, events or incidents that providers must tell us about by law. We also spoke with an infection control nurse from the NHS, who was familiar with the service

During our inspection we met and spoke with 10 people living in the home. We also spoke with the provider, deputy manager, administrator, six care staff and the cook.

As some people were not able to tell us in detail about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records for two people and a selection of the medication records for a number of people living in the home. We also looked at records that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Our previous inspection of September 2014 identified a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that there were frequently insufficient numbers of staff on duty to consistently meet people's needs appropriately. During this inspection we saw that the staffing levels had been increased for the 8am to 3pm shifts, so that the deputy manager was able to have additional supernumerary time, to more effectively undertake the required managerial aspects of running the home. In addition, an administrator had recently been appointed to provide shared support to the deputy manager of the residential home as well as the deputy manager of the provider's separate domiciliary care service. The deputy manager also confirmed that, upon receipt of a clear criminal records check, a new member of domestic staff would begin working five days a week, which would increase domestic cover to seven days per week.

However, we were concerned to learn that the deputy manager's supernumerary shifts were imminently due to be reduced again to only two or three days per week. This meant that the day to day managerial cover would be reduced and the risk of tasks, such as reviews of people's care needs and records not being completed or appropriately maintained, would be increased once again. In addition, this also meant that the deputy manager would not always be an effective member of the care team, particularly when they still needed to deal with certain managerial tasks during their care shifts.

We noted that the afternoon shifts continued to be consistently covered with three staff between 3pm and 8.30pm and two staff between 8.30pm and 10pm. A number of people required a high level of support, many of which related to their living with dementia, and eight people currently required two staff to support them with certain aspects of their daily living such as, personal hygiene, mobilising and assisting to or from bed.

In addition, we saw that there had been a number of occasions when people were admitted to Highfield for emergency respite care. Some of these had been for as little as 24-48 hours and we noted that the people being admitted were often distressed and confused. At these times it was evident that the home required higher staffing levels in order to be able to monitor and support people more effectively. However, we noted that the registered manager calculated the staffing levels on the numbers of people using the service and not on their specific needs.

We recommend that the registered manager refers to the current good practice guidance about how to ensure that staffing levels are appropriate and based on the assessments of people's dependency.

A number of concerns were highlighted in December 2014, as a result of an infection control audit, which was carried out by an infection control and prevention nurse, from the local authority's 'Joint Infection Control Team'. During this inspection, we saw that the provider had taken appropriate action to rectify many of the issues raised, although some areas were noted to be 'work-in-progress'. A discussion with the infection control and prevention nurse also confirmed this to be the case. We also acknowledged that the recruitment of an additional member of domestic staff should greatly help to consistently maintain the overall cleanliness of the home and further improve the day to day infection control.

Our previous inspection of September 2014 also identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that care and treatment was planned but not always delivered in a way that ensured people's health, safety and wellbeing. During this inspection we saw that improvements had been made to the delivery of care and we determined that the provider was no longer in breach of this regulation.

People told us that they felt safe living in the home. One person said, "Very safe here. They know me well now and make sure I'm alright". A second person told us, "Oh yes dear, we're all very well looked after here thank you. We've nothing to worry about at all". Another person said, "I feel perfectly safe here – I'd soon say if I didn't".

The staff we spoke with confirmed that they understood what constituted abuse and were confident with regard to following the correct reporting procedure. Staff also told us that they had received training for safeguarding and protecting people from abuse. The training sheet we looked at confirmed that this was the case.

Requires Improvement

Is the service safe?

The recruitment procedures were discussed with the deputy manager and a member of staff, who confirmed that appropriate references, identification and satisfactory criminal records checks were obtained before people started working in the home.

We saw that care plans had been reviewed and updated and contained individual risk assessments in respect of people's health, safety and wellbeing. Where risks were identified, we saw that clear guidance for staff was available, regarding the action needed to support people safely and minimise the risk to their welfare. Assessments in respect of areas such as falls and pressure care were being reviewed, updated and audited on a regular basis, which helped ensure that people's needs continued to be met appropriately.

We saw that the home had recently undergone a full medication audit, which was carried out by an external company. We noted that requirements identified through this audit had been appropriately actioned. For example, a new fridge had been purchased and temperature checks of this as well as the medication trolley were being completed appropriately.

We discussed the medication procedures with the deputy manager and observed one person receiving their midday medication. We were satisfied that appropriate systems were in place to ensure the safe management, storage and administration of medication. Comments noted from people during a recent residents' and relatives' meeting included that medication were always received on time.

The medication records we looked at for a number of people had been completed appropriately, with no errors or omissions noted. We also saw that the medication folder had been completely revised and contained a section for each person, with their photograph, name, date of birth and details of any allergies.

The deputy manager confirmed that nobody was currently being given any medication covertly or to manage or modify behaviour.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with told us that they received appropriate training and that the registered manager carried out one-to-one supervisions and appraisals. However, staff said that they were not particularly comfortable raising any issues or concerns directly with the registered manager. All staff spoken with said that they felt totally supported by the deputy manager, felt they could trust them and would not hesitate going to them with any concerns or issues.

The training record we looked at showed that the training courses attended by staff were 'in date' and relevant to the staff's work roles. We noted that existing staff had completed an induction and the administrator explained how from now on, all new staff would be inducted according to the new 'Care Certificate' framework.

Our observations during this inspection showed that people's needs were being met by staff who were competent and had a good knowledge of the people they were supporting. Comments noted from people during a recent residents' and relatives' meeting included that staff were efficient and knew what they were doing.

We found that people's individual dietary needs were being catered for effectively and in line with their care plans and personal wishes. One person we spoke with told us, "The food is always lovely, [name] is a good cook". Another person laughed and said, "We certainly don't go hungry here; they definitely know how to cook".

People also told us that they could always choose an alternative, if they didn't want the main meal option. One person said, "We have what we want and it's all very nice". Another person said, "I have to be a bit careful but they [staff] help me eat properly".

We saw that where some people needed assistance to eat, this was done in a friendly, relaxed and dignified manner. A number of people required help to cut their food up but we also saw that if people required adapted cutlery or crockery, to help maximise and maintain their independence, these were provided in accordance with people's needs.

Although nobody currently required input from the speech and language team, people's care records showed that whenever any concerns were identified with regard to people's weights or their ability to eat or drink, referrals to the dietician or speech and language team were made promptly.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

The deputy manager explained how one person continued to be subject to a Deprivation of Liberty Safeguard and that an application had also recently been submitted for a second person. From our discussion with the deputy manager and records seen, we were assured that the DoLS were being applied appropriately in the home. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed and that any action to restrict their liberty is carried out lawfully.

The deputy manager told us that they and the registered manager had recently completed a Dementia Care Coaching course, which also covered the Mental Capacity Act (MCA). Staff had a reasonable understanding of MCA and DoLS, following the in-house training that was delivered by the registered manager.

The deputy manager explained how they carried out mental capacity assessments for people on an ongoing basis, which also included input from the people using the service, their relatives, senior staff and care staff. Where a person's capacity to make decisions for themselves was in doubt, appropriate people were involved to help make 'best interest' decisions for the person. Our observations showed that staff understood the basic principles of the MCA and we saw them supporting people to make their own decisions as much as possible and asking for their consent before taking any action.

We saw that people had good access to external healthcare services and where concerns around people's health or needs were identified, appropriate and timely referrals were made to the relevant professionals. For example, we saw regular input from the speech and language team, district nurse, physiotherapist, occupational therapist and GP.

Requires Improvement

Is the service caring?

Our findings

During our inspection on 23 and 24 April, we saw that the conservatory was being used as a full time office for the administrator and the homecare service that the provider also owned.

We noted that two people in particular liked to spend time in the conservatory and also regularly accessed the garden via this room. On one occasion we saw that a service user was having a private meeting with their social worker in this room, whilst at the same time the deputy manager of the domiciliary care service was having a one-to-one discussion with a member of their staff and the administrator was in discussion with the deputy manager of the care home. This meant that in addition to a reduction in people's choice of communal areas, confidentiality was being compromised.

Our observations during this inspection showed staff treating people in a friendly and caring manner and all the people we spoke with said they were comfortable living in the home and that the staff were good and very caring. One person said to us, "Of course I'd rather be back at home but I know I can't do that at the moment and I can't fault anything here". Another person said, "They're all lovely, really lovely; always very kind".

We saw that staff responded promptly to someone who became a little confused and distressed and we noted that staff made a point of taking the time to listen to people when they were spoken to. One person told us, "I do still get upset at times but the staff here are all very good; they know me now and always take time to listen to me and have a chat, which is very reassuring."

The care plans we looked at contained individual information about each person, including details about their likes and dislikes. We saw that people had been involved in compiling their care plans where possible but, where people had been unable to do this, we saw that their relatives or other appropriate people had contributed either with them or on their behalf.

Throughout the duration of our inspection we saw that staff consistently treated people with dignity and respect. For example, staff spoke politely to people and supported them in a discreet and dignified manner, when they needed any assistance with personal care. We also noted that people's wishes regarding having their bedroom doors open or closed was respected and we observed staff knocking on closed doors and asking permission before entering.

Comments noted from people attending a recent residents' and relatives' meeting, included that staff were attentive and helpful and that people were always treated with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

The home did not currently have any formal structure for activities, although the care and ancillary staff consistently tried hard to engage people during the course of their duties.

We observed that music and 'sing-alongs' were popular with people. One person told us, "I do like the music and we have some fun don't we – [name]'s a good singer". Another person said, "We even have a bit of a dance now and then". We noted that when the music started playing, one person who had appeared a little withdrawn, immediately started tapping their feet and then sat up and began engaging with people around them.

Comments noted from people attending a recent residents' and relatives' meeting, included that 'more activities would be good'. We noted that the administrator had started spending time with people each day and was planning to try and incorporate some activities and 1-1 time, as part of her working day. In addition, they explained that they were hoping to build on people's personal histories, so that activities could be developed further and become more person centred and individualised.

However, the current structure and deployment of the staff meant that not everyone living in the home was able to be supported to follow their interests or take part in social activities of their choosing. We noted that the provider's website stated: "We also take our residents on frequent day excursions or trips outside the home as a way of encouraging more social interaction, physical and mental stimulation." We identified that this was not in fact happening and staff told us that it was also not currently possible.

We saw that people were initially involved in planning their own care as much as possible and that assessments of people's needs were carried out before they moved into the home, to ensure the home could meet these needs appropriately and effectively. However, due to the lack of an appropriate dependency tool being used in respect of staffing levels, there were not always sufficient staff available to ensure that people's ongoing choices were consistently met with regard to when they received personal care, such as washing or bathing, nor what time they were assisted to or from bed.

Although we saw that staff were mostly very attentive and responsive to people's immediate needs, one example we noted was when there had been an incident following an emergency admission. We saw from daily records and incident reports that the new person became distressed and required constant support from one member of staff and some additional input from a second. This meant that the other people living in the home needed to wait until the staff were available before having their own support needs attended to.

We saw that people's independence was promoted as much as possible by staff. For example, on arrival at the home, we met with one person who was weeding and tidying outside the front of the house. We greeted this person, who said with a smile: "Lovely morning for it. Got to keep on top of it, or the weeds will take over!"

Another person we met and spoke to told us how they liked to help out with things such as setting the tables and clearing away after lunch.

During this inspection we noted that the complaints procedure had been discussed with people during a recent residents' and relatives' meeting and that people were being supported to make any concerns known to staff or the management. One person who was living in the home told us, "I'd soon say if I wasn't happy – and I do. I'd have no problem making a complaint if I needed to".

We noted that people's care plans had been thoroughly revised and reorganised since our last inspection, with audits being carried out monthly. The care records we looked at were clear, detailed, had been recently reviewed.

Requires Improvement

Is the service well-led?

Our findings

Our previous inspection of September 2014 identified a breach of Regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that the provider did not take account of complaints and comments to improve the service.

During this inspection, the deputy manager told us that although no formal complaints had been received since our last inspection, they had implemented a more efficient system to monitor complaints, comments and compliments and ensure that these were responded to and action taken appropriately. We therefore determined that there was no longer a breach of this regulation.

Our previous inspection of September 2014 identified a breach of Regulation 20 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that people's personal records, including medical records, were not always accurate or fit for purpose and appropriate records were not being maintained. During this inspection we found that people's care plans and medication records had been reviewed and reorganised and record keeping was much improved. We also saw that the deputy manager was completing regular audits, to ensure that accurate record keeping was being maintained. We therefore concluded that there was no longer a breach of this regulation.

Our previous inspection of September 2014 also identified breaches of Regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010. We identified concerns that the provider did not have an effective system to regularly assess and monitor the quality of service that people received. The provider also did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

During this inspection we saw that the deputy manager was undertaking monthly audits regarding incidents and accidents and also completed an analysis, which included details of action taken or any referrals made. In addition, the recent recruitment of an administrator for five days a week (shared support for the residential home and homecare service) had also helped improve the home's auditing in areas such as care plans, health and safety and maintenance. We therefore concluded that there was no longer a breach of this regulation.

In order for the registered manager to oversee the day-to-day running of the home, the administrator emailed a daily management report, which summarised each day's course of events, including staff on duty and any issues or concerns arising. The registered manager told us that, although there were no set times or days when they attended the home, they were always available for telephone contact and could usually be at the home within a few hours if needed. The deputy manager confirmed that this was the case.

The deputy manager was holding responsibility for virtually all aspects of the day to day running of the service. This included various internal audits, referrals for medical and healthcare input, recruitment, inductions, resident's pre-admission assessments, rotas and undertaking some care shifts. However, the deputy manager did not have full autonomy, which compromised their ability to consistently manage and run the home effectively. For example, decision making in respect of staff or people living in the home was sometimes delayed, as all decisions need to be made by the registered manager. Access to personnel files was also limited to only when the registered manager was at the premises.

Staff told us that the registered manager held occasional staff meetings and that staff were provided with an agenda, which the registered manager went through. Staff told us that they were not able to add to this agenda or 'have their say' in these meetings. We saw a copy of the agenda from the staff meeting that was held on 27 March 2015. However we also noted that this was headed as 'agenda and brief minutes' and that no additional or detailed minutes were completed following the meeting. This meant that staff were not fully included or involved in the development of the service.

Staff also told us that it had been difficult to complete a recent internal staff survey, as they didn't know whether their answers should relate to the registered manager or the deputy manager. This meant that leadership within the home was not altogether clear and visible.