Care Quality Commission

HC-One Oval Limited

Highclere Care Home

Inspection report

1 Chapman Avenue
Downs Barn
Milton Keynes
Buckinghamshire
MK14 7NH

Tel: 01908667568

Date of inspection visit:
04 February 2020

Date of publication:
10 March 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Highclere Care Home is a residential care home providing accommodation and personal and nursing support for up to 40 people. It also supports people living with dementia. At the time of our inspection there were 29 people using the service.

People's experience of using this service and what we found
People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular live-in staff who knew them and their needs well, which promoted continuity of care. People's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs and choices were fully assessed before they received a care package. Staff received an induction and ongoing training which enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had a welcoming atmosphere where visitors were welcomed and encouraged. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them.

People and relatives, where appropriate, were involved in the planning of people's care and support. People's privacy and dignity were always maintained.

Care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

There was a new manager in post who was going through the registration process with the Care Quality Commission. They were committed to the continuous improvement of the service and the care provided. The provider had completed an action plan for the service based on a local authority monitoring visit. This

had been fully completed and improvements had been made.

There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon to drive improvements.

Rating at last inspection
The last rating for this service was Good (published 06 March 2018).

Why we inspected
This was a planned inspection based on the rating at the last inspection.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Highclere Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who was in the process of registering with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection
We spoke with five people using the service and five relatives. We had discussions with eight members of staff including the manager, the deputy manager, the senior quality director, the chef and four care and nursing staff. We reviewed a range of records including four people's care records and their medication records. We also examined a variety of records relating to the management of the service such as staff recruitment files, quality assurance checks, staff supervision records, safeguarding information and accidents and incident information.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe at the service and said staff checked on them regularly and there was always someone there for them. One person said, "Yes I do feel safe. The staff are very observant towards us and they look after me very well; that makes a person feel safe. Even in the night someone will come into my room to see if I am okay."
● The provider had policies and procedures to keep people safe. Staff received training on safeguarding vulnerable adults at risk of abuse. They were aware of the signs of abuse and the procedure for raising concerns.
● The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed these were completed when required.

Assessing risk, safety monitoring and management
● Processes were in place to protect people from avoidable harm. Staff completed risk assessments to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, risk of falling and nutritional risks. Staff explained actions they had taken when a person had fallen, to reduce the risk of it happening again.
● An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment
● People told us there were enough staff to support them safely. They said when they called for assistance staff mostly responded in a timely way. They said there were very occasional waits when everyone wanted assistance at the same time, although this was not a concern for them. One relative told us, "There seems to be enough staff. [Family member] never has to wait long before help is at hand."
● We observed, and staff told us, there were sufficient numbers of staff to meet people's needs. A staff member said, "We have enough staff. It can be a bit difficult if someone goes off sick, but we have regular agency staff who know people." Staff rotas showed staffing was consistent.
● The provider followed robust recruitment procedures to ensure people were protected from staff who may not be suitable to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely
● People's medicines were managed safely. Processes were in place for the timely ordering and supply of

people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.
● Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
● People told us staff always remembered to give them their medicines at the same times each day. We observed staff asking people if they required any pain medicines and checking where the pain was, to enable them to administer prescribed pain relief.
● The provider completed medicines management audits and any actions were identified and addressed. Staff received annual medicines updates and a competency assessment.

Preventing and controlling infection
● Measures were in place to control and prevent the spread of infection. One person told us, "My room is cleaned regularly, I'm happy."
● Staff completed training in relation to the control of infection and we observed staff using personal, protective clothing and equipment safely.
● The environment was visibly clean and regular infection control audits were completed to identify any areas of concern. We observed housekeeping staff completing cleaning routines throughout the day of our inspection.

Learning lessons when things go wrong
● Staff reported accidents and incidents and the registered manager reviewed and collated information from these. This enabled themes to be identified and ensure any actions required to reduce the risk of recurrence were implemented.
● Staff said they received feedback about changes to practice at the shift handover meetings and at staff meetings. They said they had the opportunity to contribute their views and communication was good.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care was assessed before they went to live at the service. The assessment covered people's physical, mental health, falls awareness, communication and dietary needs. There were sections in the pre-assessment to assess people's religious and cultural needs, but we found these had been left blank. We raised this with the management team and found they had already identified this following an audit and an action plan was in place to improve the recording in the pre-assessment.

Staff support: induction, training, skills and experience
● Staff completed an induction when they started working in the service. Staff told us they were given plenty of opportunity to shadow experienced staff, get to know people and read their care plans, prior to working independently.
● Records showed, and staff confirmed, they received regular mandatory training updates. Training provided was relevant to their roles and included topics on long term conditions such as diabetes, Parkinson's disease and dementia awareness.
● Staff felt supported in their role and received regular supervision and an annual appraisal. They said they could contact the registered manager if they needed support.

Supporting people to eat and drink enough to maintain a balanced diet
● People using the service were very complimentary about the food and meals provided. One person said, "The food is very nice, I can't complain, there is everything here if you want it." Another person commented, "If I don't particularly want what's cooked they are very considerate in making me something else."
● People said they had input into the meals and told us they had made some suggestions about the menus and these views had been implemented. We spoke with the chef who had a good knowledge about people's preferences and therapeutic diets.
● Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. One person commented, "I see a chiropodist every few weeks, a doctor comes every week, but if I said now, I want to see the nurse they would call one straight away."
● Records showed people had access to a GP service, dietitian, community nursing service and other

professionals as required. We spoke with a visiting healthcare professional who told us the staff were knowledgeable about people's conditions and quick to respond to any changes in their care needs.
● People had access to preventative and early diagnostic services such as regular eye tests and access to a chiropodist.
● Staff assessed people's oral health and developed oral health care plans.

Adapting service, design, decoration to meet people's needs
● The premises were suitable and accessible to the people living in the service. The environment was homely and offered plenty of personal space. There were plans in place to refurbish and improve some areas of the service, for example, there were plans to change the reception area into a more user-friendly area with comfortable seating and a drinks area.
● People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff obtained consent for people's care and support. They had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff completed mental capacity assessments and involved relevant people in the best interest decision making process. Staff supported people in the least restrictive way possible.
● DoLS applications were made when required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People gave very positive feedback about the attitude of staff and the way they were treated. For example, "Oh they are lovely people here, very caring, I have been here a long time and I have never felt they don't care about me." Another commented, "I do feel I am genuinely cared for. The carers would do anything for me. I can't say anything bad, they are very nice people and are like friends."
● Staff treated people with kindness and understanding. They were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance. One staff member told us, "I love this job. We are like a big family."
● Staff received training in equality and diversity. Our observations of care demonstrated staff understood the importance of equality and what this meant when meeting people's individual needs.

Supporting people to express their views and be involved in making decisions about their care
● People told us they had choice in their daily lives. One person said, "The staff help me in the mornings and will open my wardrobe door and ask me what I would like to wear. It's nice they let me choose and not tell me what to wear, it's not like that here." Another person told us, "I've got my own way of doing things, my own routines and the staff know exactly what they are and how to look after me."
● People had the opportunity to express their views about the service. People told us they gave feedback at resident meetings and through surveys. One person said, "If I had anything to say I would say it, I feel confident to do so. We can give our views and things do get done."
● We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed and peoples' views recorded and acted on.
● We saw people could have access to an advocate to support them make decisions about their care and support. Advocates are independent of the service and support people communicate their wishes.

Respecting and promoting people's privacy, dignity and independence
● People were supported to maintain their independence. For example, one person said they received help when they had a shower and described what they could do for themselves and what support they needed from staff. They said, "I do feel I have my own independence. There is no one telling me I can't do this or that."
● People said staff maintained their privacy and dignity. One told us, "[Staff] always knock on my door, they do respect my privacy." We observed staff knocking on people's doors before entering their room and maintaining their dignity when providing care. Staff spoke of the steps they took to maintain people's privacy and dignity during personal care, such as drawing the curtains and shutting the door.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's needs were assessed prior to them going to live at the service. Information from the needs assessment was used to develop a detailed care plan.
● People's care plans were person centred and included the information needed for staff to deliver consistent care and support. Care plans were reflective of people's current needs and reviewed monthly or when people's needs changed.
● People felt they were treated as individuals and staff understood their needs and preferences in relation to their care. They said their care plans and care needs were discussed with them regularly. A member of staff said, "We sit down with people regularly when we update their care plans. We talk it all through with them and their families at reviews."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Communication support plans were in place for each person to provide details of approaches for staff to ensure they maximised people's understanding and involvement.
● The service could provide people with information in different formats if required, such as easy read or Braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People told us they had the opportunity to go out regularly for visits and social activities. They told us how they regularly went out for lunch and to the pub. One person commented, "I like the exercises we do. I like the singers; I used to be in a church choir and the carers always let me know when there is a Christian meeting here, so I can attend. My daughter comes and takes me to church every Sunday."
● External musical entertainment regularly visited the service. There were in-house activities such as painting, pet therapy, dominoes, balloon netball and pampering sessions.
● To reduce the risk of social isolation for people cared for in bed, activity staff took a computer tablet to their rooms to show videos, play music, or read a book to them depending on their preference
● People were supported to develop and maintain relationships with people who mattered to them. One person told us, "My [relative] visits me every week. That's important to me and my visitors are always made welcome."

Improving care quality in response to complaints or concerns

- There were arrangements in place to ensure people's concerns and complaints were listened and responded to, to improve the quality of care. People told us they would be happy to raise a concern if they had one. One person told us, "I would complain if I wasn't happy. I did complain before about [subject of complaint] and something was done about it."
- Complaints were recorded and had been responded to appropriately. Any actions taken, and lessons learned, were recorded and shared with staff.

End of life care and support

- Care plans included information about how people wanted to be supported towards the end of their lives along with their funeral arrangements if they wished to share this information We saw one relative had been fully involved in their family member's advanced care panning and this had been agreed with the person's GP.
- The provider had policies and procedures in place to meet people's wishes for end of life care and some staff had completed training to ensure they could meet people's needs at the end of their life. There were plans in place to work with the local hospice, so staff could optimise the systems in place to support people at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been concerns raised about the previous management of the service and several people told us they had raised their concerns to the provider. However, during this inspection people commented that improvements had been made and a new manager was in place. The service had worked closely with the local authority to complete an action plan to ensure improvements had been made.
- Relatives echoed these sentiments and were positive about the new management of the service. One told us, "I have high hopes now we have a new manager. The care is good, [family member] is always clean, and their room is clean. The staff seem happier lately."
- Staff said they had seen a lot of improvements at the service since the management had changed. One told us, "We have very good team working and we are all committed to making the home as good as we can make it."
- Systems in place to manage staff performance were effective, were reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider invested in the learning and development of staff. This benefited people living in the service through retaining a stable, motivated and skilled staff team. Staff told us they felt valued and appreciated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- The provider had displayed their last CQC rating at the service.
- The registered manager and staff team completed a range of monthly audits to monitor the quality of care provided. Actions from the audits were identified and undertaken.
- Notes of staff meetings showed there was a discussion of quality issues and outcomes of audits with updates about people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Staff told us communication throughout the service was good. Staff said they had regular staff meetings, daily head of department meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.

●People were encouraged to give their views about the service through annual surveys, residents meetings and on a one to one basis. Notes of meetings showed a full range of topics were discussed including the menus, activities and outings.

● Service satisfaction questionnaires were sent out to people and family members, so they could comment on the overall quality of care provision. We looked at the latest surveys and saw that comments were mainly positive. Where concerns had been raised these had been addressed in order to drive improvements. For example, people had asked for a coffee machine and this had been purchased.

● There was a 'resident of the day' scheme which involved all heads of departments visiting a named person each day to see if they were happy with the service and whether they could make any improvements. This gave people another opportunity every month to talk about their care and support and to have input into the running of the service.

Continuous learning and improving care

● We found a commitment to the continuous improvement of the service and the care provided. The provider had completed an action plan for the service based on a local authority monitoring visit. This had been fully completed and improvements made.

● The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.

● There were regular reviews of people's needs to ensure the care provided was appropriate. There were also reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.

Working in partnership with others

● The registered manager referred people to specialist services either directly or via the GP when required. Records confirmed the service worked closely with health professionals such as the dietician, speech and language therapists and GP services.