

Highland House Residential Home Limited

Highland House

Inspection report

Littlebourne Road
Canterbury
Kent
CT3 4AE

Tel: 01227462921

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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

Highland House is a residential care home providing personal and nursing care to 23 older people who may be living with dementia at the time of the inspection. The service can support up to 27 people in one large adapted building.

People's experience of using this service and what we found

People told us and indicated they were happy and felt safe living at Highland House. Potential risks to people's health, welfare and safety had been assessed and there was guidance in place to mitigate risks.

People's medicines were managed safely. Staff monitored people's health and referred people to relevant healthcare professionals and followed their guidance to keep people as healthy as possible.

The registered manager and staff understood their responsibilities to keep people safe from abuse and discrimination. Accidents and incidents had been recorded, analysed, and action had been taken to reduce the risk of them happening again.

Staff had been recruited safely and received training appropriate to their role. Staff received supervision and appraisal to develop their skills and knowledge.

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.

People met with staff before they moved into service to check staff would be able to meet their needs. Each person had a care plan that contained details about their choices and preferences. These plans had been reviewed regularly and updated when needed.

People were treated with dignity and compassion. They were supported to be as independent as possible and express their views about their care and support. People's end of life wishes were recorded. Staff worked with the GP and district nurse to support people at the end of their lives.

People were supported to eat a balanced diet, people had a choice of meals. People's dietary preferences were catered for. People had access to activities they enjoyed.

Checks and audits were completed on the quality of the service and action taken when shortfalls were found. There was an open and transparent culture within the service, people were asked their views about the service and these were acted on.

Relatives told us knew how to complain. The registered manager recorded all concerns raised and

investigated. People received information in formats they could understand.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 ●

Highland House

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 was completed by one inspector.

Service and service type

Highland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are 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

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete 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.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior

care workers, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time in the communal areas observing interactions between people and staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits were reviewed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Potential risks to people's health and welfare had been assessed. There was now detailed guidance in place for staff to mitigate the risk. Previously, when people had a catheter, a tube to drain urine from their bladder, staff did not have guidance about how to support people. Care plans now contained step by step instructions to reduce the risk of infection. Also, what action to take if the catheter was not draining. Staff were now recording their actions on the electronic care plan system. Records confirmed staff had followed the guidance.
- Some people were living with epilepsy. There was now detailed information about how people's seizures presented, and the action staff should take. Records confirmed that staff had recorded when people had experienced a seizure. Staff had identified when people had experienced an increased number of seizures. The GP had reviewed their medicines and the number of seizures had reduced.
- Checks and audits had been completed on the environment and equipment to make sure it was safe. Regular checks had been completed on the fire equipment and water temperatures to reduce the risk of scalding. When issues had been identified, action had been taken to rectify them.

Using medicines safely

- Medicines were managed safely. The temperature of the room and fridge where medicines were stored was recorded, to make sure medicines remained effective. Some medicines had been prescribed in liquid form, once opened they can only be used for a limited time. The bottles had been dated when opened to make sure the medicines were destroyed when they were no longer effective.
- Medicines records had been completed accurately, the number of tablets available matched the records. Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance in place for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Staff received training and their competency was checked. Audits were completed daily; any errors were addressed immediately with staff.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed to identify any patterns and trends. When patterns had been identified action had been taken. One person had several falls, they were treated for an infection. Staff also looked at when and where the falls had happened, this resulted in the person's room being changed around.
- The analysis of accidents was completed weekly to make sure action was taken quickly. The registered manager reviewed the reports and signed off on the action taken.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the registered manager would take appropriate action.
- Staff had received training and there was information on posters about how to contact the local safeguarding authority. The registered manager had reported concerns to the local safeguarding authority. Safeguarding concerns had been recorded and appropriate action taken.

Staffing and recruitment

- Staff were recruited safely. Checks were completed before staff started work at the service to make sure they were of good character to work with people. These checks included the Disclosure and Barring Service criminal records checks and references from previous employers.
- There were enough staff to meet people's needs. The registered manager used a dependency tool to calculate the number of staff required. People told us there were enough staff. We observed staff answering call bells quickly, supporting people when needed and spending time with people.

Preventing and controlling infection

- The service was clean and free from odour. There were enough domestic staff to maintain the cleanliness of the service.
- Staff had received training in infection control. They had access to gloves and aprons and used these appropriately.

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 met with staff before they moved into the service. An assessment was completed to make sure staff were able to meet their needs. The assessment covered all aspects of a person's life including the protected characteristics under the Equalities Act 2010. These included cultural and religious needs.
- People's needs were assessed using recognised tools such as Waterlow to assess people's skin integrity. This followed the best practice guidance from organisations such as the National Institute of Clinical Excellence. These assessments were used to develop the care plans.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Training was provided both online and face to face. Senior staff had received 'train the trainer' training to support staff with their moving and handling practice. Staff received training in topics such as epilepsy and diabetes to effectively support people living with these health conditions. Staff attended training provided by the local Clinical Commissioning Group.
- New staff received an induction and assessment before they worked independently. This included working with experienced staff to learn about people's choices and preferences. Staff completed the Care Certificate, a set of standards to promote good standards of care. Staff told us they felt supported and able to ask questions and for advice.
- Staff received regular supervision and appraisal. The registered manager had used staff supervision to identify their strengths, how these could be developed and used to improve the service. The registered manager and nominated individual received appraisals from the staff, for their own development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet. People told us they had a choice of meals and been involved in the development of the menus. People were offered snacks and drinks throughout the day. The chef knew people well, their likes and dislikes.
- People told us they enjoyed the food. One person said, "The food is excellent. There is always plenty of it." Another told us, "I always enjoy my food and I get a choice."
- We observed staff supporting people to eat and drink. People were not hurried and were supported to take their time and enjoy their food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and people were referred to health care professionals when their needs changed. People had been referred to the dietician when they lost weight and to the Speech and Language

Therapist when they had difficulties with their swallow. Staff supported people to have their nutritional supplements and thickened fluids as prescribed.

- Staff contacted the GP and district nurses when people's health needs changed. Records confirmed staff followed the guidance given to them. People had access to health professionals such as opticians and dentists. Staff supported people to maintain their oral health.
- People were encouraged to be as active as possible. People had the opportunity to attend chair exercises and games to promote movement. Staff offered lifestyle and health advice. One person told us, "I like a glass of wine and staff always remind me of how much I should drink."

Adapting service, design, decoration to meet people's needs

- The service comprised of one large building with most bedrooms on the ground floor. The building had been adapted to meet people's needs, the corridors were wide and there were communal lounges and a dining room. People had access to outside space, some rooms had their own patio area. Bedrooms had en-suite wet rooms, people told us they found these easy to use.
- There were pictorial signs around the service to assist people to find their way around. People's bedrooms had been personalised. People had pictures and photos on their walls. Some people had small pieces of furniture that they had chosen, including bookshelves and drinks cabinet.

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 understood how to support people to make their own decisions. Staff understood how people liked to communicate and how they needed information to be given to them. We observed staff supporting people to make choices. This included where they wanted to spend their time and what they wanted to do.
- When people were unable to make decisions, best interest discussions were held. These discussions included staff, people who know the person well and if appropriate, healthcare professionals. People's choices and preferences were considered when the decisions were made. Some people had Lasting Power of Attorney's in place. These give representatives of the person the power to make decisions when the person no longer has capacity. There were copies in the person's records.
- Some people had DoLS authorisations in place. When conditions had been placed on the authorisation, these had been met.

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 were treated with dignity and respect. Staff knew people's choices and preferences and made sure these were respected. People told us, "Staff are very kind and will help me when needed. Following my operation, they checked the help I needed and provided it straight away."
- We observed people being supported discreetly in the communal areas. Staff spoke to people in a quiet voice and gave them prompts. They anticipated people's needs and approached them in a kind way.
- People's religious and cultural needs were met. People were supported to attend services of their choice.

Supporting people to express their views and be involved in making decisions about their care

- People told us, "They sit with me and go through the care plan and discuss it." People were supported to speak to GP's and other health professionals and make decisions about their care. One person had discussed their pain and the best way to relieve it. They commented that the pain patch had made all the difference and they were able to attend Christmas celebrations.
- When people were unable to express their views, staff found out about their previous choices and preferences. These were used along with talking to relatives, to develop people's care plans.
- People's decisions about their care were recorded and respected. When care plans were reviewed, the daily care notes were checked to make sure people's choices were being completed. Comments from the reviewers complimented staff on their support and maintaining person centred care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, staff knew how to support people to maintain their independence. People were supported to mobilise with aids independently. One person told us that they were able to go out independently and was going abroad on holiday. Another person liked their door to be locked when they were out but did not like to keep the key with them. A key lock had been put outside the door, so they could access the key when they wanted.
- We observed staff respecting people's privacy. Staff knocked on people's doors and waited to be invited in. People told us, staff left them to be as independent as possible and only stayed in the room with them when they needed assistance.
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

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 Require Improvement. At this inspection this key question has now improved to Good. 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

- At the last inspection, care plans had not been changed consistently when people's needs changed. This had been an area for improvement. At this inspection, care plans had been reviewed consistently and changed when required. Care plans now reflected the care and support being given.
- Care plans contained details of people's preferences, likes and dislikes. Staff knew people well and people told us they were supported in the way they preferred. There was information about how people liked to express their sexuality. Some women liked to wear make up and perfume, we observed, these ladies were wearing make up during the inspection.
- There were clear instructions about how people liked their personal hygiene including which toiletries they liked to use. Some people had requested to eat their breakfast in their rooms, we observed this had been adhered to.

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.

- People were given information in a format they could understand. The complaints policy was displayed in pictorial format.
- Visual aids were available on the electronic hand held devices that staff used, to help with non-verbal communication. Staff told us they had been unable to understand what one person wanted. They went through the pictures on the device and found the person wanted a glass of wine.

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 were supported to take part in activities they enjoyed. The service had a wheelchair access vehicle, this was used to take people on trips. People were supported to go to the bank and complete their own shopping. People told us they enjoyed going out and having a cup of tea at Marks and Spencers.
- Staff were responsible for activities. People were supported to take part in activities such as arts and crafts and quizzes. We observed staff chatting to people about their lives and memories. People appeared to enjoy comparing notes about where they used to live and work.
- People were encouraged to maintain relationships with their family and friends. Visitors were welcome at any time, visitors often joined people for meals. We observed relatives and staff relaxed in each other's

company and there was a warm relationship.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Complaints had been recorded, investigated and resolved following the policy. The complaints log confirmed that all concerns had been recorded as complaints. There were investigation notes available and the result had been recorded.
- People told us they knew how to make a complaint. One person told us, "If I have a complaint I go straight to the manager and they always sort it out for me."

End of life care and support

- The service had completed the Gold Standards Framework (GSF). The GSF gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. People's end of life needs were assessed following the framework and recorded in people's care plans.
- People's end of life wishes had been recorded and discussed with people. When people became frail they were reviewed by the GP. Staff worked with the GP and district nurse to provide support at the end of people's lives. Medicines were made available to keep people as comfortable as possible.
- Relatives had expressed how supportive staff had been and complimented staff on their excellent care. "Staff were excellent at a very difficult time, very supportive to us."

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to assess, monitor and improve the quality of the services provided. The provider had failed to maintain accurate, complete and contemporaneous records for each person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Previously, checks and audits had not been effective at identifying shortfalls within the service. At this inspection, a new weekly audit had been implemented. This was completed by the deputy manager and signed off by the registered manager. The audit reviewed all aspects of the service. There were action plans and who was responsible for acting, this was checked the next week. The deputy manager told us, "It was difficult at first but now the audit is very useful and helps us to improve things."
- The oversight within the service had improved. The role of senior staff had been reviewed and an additional role of enhanced care co-ordinator had been developed. The registered manager told us, they had supported staff to take on more responsibility and this had helped to improve the service. Previously, visitors signed into the service using an electronic device. The provider had not made sure the equipment following current guidelines. At this inspection, the equipment had been removed. Visitors were now asked to sign a book that meets the guidelines.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff promoted a person-centred approach to people's care and support. People and their relatives were involved as much as possible in developing their care. People told us, they felt supported and that staff had time to spend with them making them feel special.
- People told us they thought the service was well led and there was an open culture within the service.

People knew who the registered manager and nominated individual were. During the inspection, we observed people chatting to them in a relaxed manner.

- People completed quality assurance surveys and had access to feedback forms in the service's reception. The results of the survey had been mainly positive, these had been analysed and the actions to be taken were listed on a 'You Said, We Did' board. People's feedback had been recorded and any concerns or issues had been addressed.
- People attended regular meetings. People were invited to join committees such as the Christmas committee. People were encouraged to put forward their opinions and ideas for how to celebrate the season. People were given open forums within the meetings, staff recorded people's non-verbal signs when they were unable to respond verbally. Regular staff meetings were held where staff were able to put forward their points of view. Changes within the service were discussed, including staff changing roles when staff had left.

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

- There was an 'open door' policy within the service. Relatives and people were observed going into the office to discuss any issues they may have. People and relatives told us they were informed when incidents had happened. They were kept informed of any investigations and outcomes.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Continuous learning and improving care; Working in partnership with others

- The registered manager and nominated individual had attended local forums, conferences and training sessions run by the local authority. The knowledge gained from these had been used to improve the service. The registered manager had attended a training session about recruitment. They had altered the way they assessed potential staff following this.
- The service worked with other agencies such as the local commissioning group to improve staff skills and provide the support people need.