Althea Healthcare Properties Limited

# Highcliffe Nursing Home

## Inspection report

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Highcliffe
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Date of inspection visit:
29 October 2019

Date of publication:
12 December 2019

## 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? | Outstanding |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Highcliffe nursing home is a residential care home providing personal and nursing care to 41 older people at the time of our inspection. The service can support up to 62 people. The service specialises in providing care to people living with dementia.

People's experience of using this service and what we found
Staff were passionate and skilled in providing person centred care which respected people's lifestyle choices and the things important to them. Knowledge of people's past history, interests and hobbies provided staff with information to help people get the most out of their lives. Staff provided outstanding end of life care to people that was reflective of their lifestyle choices, culture and religion, and worked closely with other health professionals to ensure people were comfortable and pain free. Staff were excellent at recognising and pro-actively supporting the emotional needs of people and families who had experienced a bereavement.

People and their families described care as safe. Staff understood their role in recognising and reporting any concerns of abuse or poor practice. People were protected from discrimination as staff had completed equality and diversity training and we observed them respecting people's lifestyle choices. Risks to people, including infection prevention, were regularly, assessed, reviewed and monitored. Staff understood the actions needed to minimise avoidable harm to people. People had their medicines administered safely by staff that regularly had their competencies checked. Accidents and incidents were used to reflect on practice and lessons learned were shared with the staff team.

Pre-admission assessments captured peoples care needs and choices and were used to create an initial care and support plan. People had their eating and drinking needs understood by both care and catering teams. Staff had received an induction, on-going training and support which enabled them to carry out their roles effectively and were provided with opportunities for professional development. 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 environment provided private and social indoor and outdoor space and signage enabled people to access areas independently.

People and their families spoke positively about the care provided and the friendly nature of the staff team. Staff knew people well, including their past history and family and friends important to them which meant they could enjoy meaningful conversations. People had their communication skills understood which enabled staff to involve them in decisions about their day to day lives. Staff understood the importance, and we observed them, respecting people, ensuring dignity and finding ways to enable independence.

People, their families and the staff team spoke positively about the management of the home, describing the management team as visible, supportive and caring. Staff understood their roles and responsibilities, felt involved and able to share ideas. Quality assurance processes were multi-layered and robust, included

the voice of people, families and staff and drove continuous improvement.

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

Rating at last inspection
The last rating for this service was good (published 24 May 2017).

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was exceptionally responsive.<br>Details are in our responsive findings below. | **Outstanding** ☆ |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our well-Led findings below. | **Good** |

# Highcliffe Nursing 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 was carried out by two inspectors.

Service and service type
Highcliffe nursing home 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

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

care workers, care workers, chef, maintenance person and housekeeper.

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.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

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 received care from staff that had been trained and understood their role in recognising and acting on concerns of abuse or poor practice.
- People and their relatives described the care as safe. One person said, "I need a hoist and it takes two (staff); and I feel safe when they (staff) help".
- People were protected from discrimination. Staff had completed equality and diversity training and we observed them respecting people's lifestyle choices.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed. Staff were knowledgeable about people's individual risks and understood actions they needed to take to minimise the risk of avoidable harm.
- Risks to people included skin damage, falls, malnutrition, choking and behaviours associated with a person's dementia. One person was at risk of skin damage and told us, "Staff are very efficient, they turn me regularly; they're on the case".
- People, and when necessary families, were involved in decisions about the management of risk. One person had been assessed as requiring drinks thickened to aid swallowing. Records showed us the person had chosen not to have thickened drinks and this had been respected.
- Records showed us that equipment was serviced regularly including the boiler, fire equipment, and hoists. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

- Staffing levels met people's needs and were able to be responsive to change when needed. A support worker told us, "I feel there is enough staff even though things can be different every day".
- Staffing levels and skill mix were regularly reviewed and discussed with the staff team by the registered manager and had led to additional staffing roles such as catering hostesses.
- People were supported by staff that had been recruited safely including criminal record and employment checks to ensure they were suitable to work with vulnerable adults.

Using medicines safely

- People had their medicines ordered, stored, administered and disposed of safely. Protocols were in place for medicines prescribed for as and when needed ensuring they were administered consistently and appropriately.
- When people had been prescribed a topical cream body maps had been completed to ensure they were

applied to the correct part of a person's body.
● When medicines needed to be given covertly decisions had included a person's family, their GP and a pharmacist to ensure this was safe and in the persons best interest.
● Staff understood the actions needed should a medicine error occur, which included informing family and the persons GP.

Preventing and controlling infection
● People were protected from avoidable risks of infection as staff had completed infection control training and were following safe protocols. We observed staff wearing gloves and aprons where appropriate and offering hand wipes for people's use prior to meals.
● All areas of the home were clean and there were no malodours.

Learning lessons when things go wrong
● Incidents, accidents and safeguarding's were a way to improve practice and any identified actions and learning had been shared with staff in a timely way. One example had been a person falling from their bed which led to a change in their mattress type and introducing the use of bed rails.

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 and their families had been involved in pre- admission assessments to gather information about their care needs, lifestyle, spiritual and cultural choices. Assessments included considering the care needs of people currently living at Highcliffe to ensure any new admission did not impact on them receiving effective care.
- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support which enabled them to carry out their roles effectively. A care worker told us, "Just completed my care certificate which was really helpful; delved into things a bit deeper". The Care Certificate is a national induction for people working in health and social care who did not already have relevant training.
- Staff felt supported and had regular supervision and opportunities for professional development which included diplomas in health and social care. Links had been made with a local university and two senior care staff were being supported with a diploma in nursing.
- Nursing staff had completed clinical training courses which included wound management, venepuncture, (take a blood sample via injection) and using specialised equipment for administering medicines.

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

- People had their eating and drinking needs understood and regularly reviewed including referrals to the speech and language therapy team when people needed specialist swallowing assessments.
- People were supported with making choices and had their independence at mealtimes encouraged. Examples included the use of adapted crockery and giving people visual prompts such as plated meal choices.
- People spoke positively about the food. One person told us, "The proof is in the pudding, I've put 6kg on; they're building me up, I get all my nutrients". We observed people being served a variety of home cooked, well balanced meals. Sweet and savoury snacks, and a variety of drinks were available and offered throughout the day.

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

- Records showed us that people had received support from other agencies when needed including specialist diabetes and Parkinson's nurses. A nurse told us, "We have a good relationship with occupational therapists, physio's; it's trusting, the residents get good outcomes".

● When people were transferred to another agency such as hospital key information about their care and communication needs, medicines and key contacts was provided to ensure consistent care.
● Records showed us people had access to a range of healthcare services including chiropodists, dentists, opticians and audiologists for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs
● Since our last inspection an extension has been completed creating more public space and bedrooms. A relative told us, "The environment complements the care". The registered manager explained how trips out had been organised for the days when building work may have been too noisy for people.
● People had been involved in choosing paint, wallpapers and fabric colours for public spaces and their rooms. Bedrooms were personalised which created a homely feel.
● Signage was clear and enabled people to orientate about the building independently. This included signage for key places such as the toilet and lounge areas. People's bedroom signage included photographs to aid recognition of their own personal space.
● People had access to a level, secure courtyard garden that could be independently accessed from around the building.

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.

● Records and observations demonstrated that people were involved wherever possible in decisions about their care. Where people had not provided their consent, this had been respected such as declining to join an activity.
● When people had been assessed as lacking capacity to make a decision records showed us best interest decisions, had been made on their behalf and included input from both families and professionals who knew the person well. Examples included personal care, use of bed rails and administering medicines.
● Records showed us that DoLs applications had been made and when authorised any conditions had been included in a person's care plan, were known by staff and been carried out.

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 and their families spoke positively about their care. One person told us, "I'm happy here, the staff are lovely". A relative said, "The care is excellent, the staff are compassionate and keep me updated. They are very understanding and have the ability to refocus and direct (relative); They make life better for (relative)".
- People had their individuality and life style choices respected. One relative told us, "Good rapport with each person and understand their characters".
- Staff were knowledgeable about people's history, family and friends, which meant that staff could have conversations with people about things that were important and of interest to them. A relative told us, "Care staff are brilliant, skilled, know people. They (staff) know (relative's) history, one carer sat and talked with (relative) about (foreign country)".

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

- People had their individual communication needs understood which meant staff were able to involve people in decisions about their care.
- People felt involved in decisions about their day to day lives. One person told us, "I feel I have my say, I'm not that polite, I will tell them, (staff), they do listen and act on it; I've no complaints".
- We observed staff demonstrating kindness, patience and supporting people at the persons pace. Relationships with people were relaxed and friendly with lots of laughter. A relative told us, "Staff are very good and very caring, all the carers talk to them (residents) as adults not children, but they do help them; it's so important they are treated as adults".
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity and privacy respected. One person told us, "They (care staff) know what they're doing which makes me feel comfortable. They cover me up; they're very respectful". A relative explained when they visited, "If we want private time it's respected; we can sit and chat and watch TV together".
- Records showed us that dignity was regularly discussed with staff at team meetings and a key focus of care. A care worker explained how when helping with personal care, "I talk to people, stay calm, make them feel safe".
- Dignity awareness was promoted with people and their families and had included people making their own 'Do not disturb' signs for outside their rooms. People had also been asked to share comments on a

'dignity tree' saying what they felt staff did well and what they could do better.

Outstanding ☆

# 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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

● Staff provided outstanding person-centred end of life care to people and fully involved family in decisions to ensure a person's last wishes were reflective of their preferences, culture and religion.

● One relative described difficulties they faced when a parent had died, and their remaining parent was living with a dementia. They told us, "It was a difficult situation as been married (number) years. I trusted their (staff) advice on how to manage this. (Nurse) advised involve (relative), they supported us with this, sat down with us. They were fantastic, couldn't have done it without".

● Staff were extremely pro-active in finding ways to personalise people's end of life care which reflected lifestyle choices that were important to them. A relative explained, "Activity staff arranged the Navy to visit (relative) when at end of life; they came in and saluted him, very moving and meant so much to (them)".

● Staff worked collaboratively with other health care professionals to ensure people were comfortable and free from pain. One person needed medicines to be administered through a specialist machine. A nurse told us, "Our local hospice gave us training as we had a person approaching end of life who needed it". Then went on to say, "Family worried about it, we explained what it meant; let the family lead us in the conversation".

● Staff were excellent at understanding and being proactive in supporting the emotional support needs of families. Staff had recognised the loneliness some relatives felt following the death of a loved one and how they missed the contact of regular visits to the home. This had led to a bereavement group being set up monthly at a local café for a coffee and catch up.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received person centred care that reflected their personal histories, likes, dislikes and lifestyle choices that were important to them. People and their families were invited to at least two care plan reviews a year. Less formal ways of involving people had included a 'person centred large paper daisy' on bedroom walls where they, their families and staff had written likes and dislikes on the petals. This meant people had a visual, fun prompt that involved them in conversation about themselves and their care and lifestyle choices.

● People and their families were involved in care reviews and felt they had a voice. One relative told us, "They (staff) care about how (relative) prefers their care. They've learnt how to work with me and we work well together".

● Staff were passionate about finding innovative solutions which enabled people to receive care and support which respected lifestyle choices that were important to them. One person had not wanted to be parted from their pet dog. A care plan was in place that ensured the dog was well cared for and included

support from a local charity who provided daily walks. This meant the person was able to continue to share their life with their pet.

● Some people had cognitive impairments which impacted on their day to day lives. Emphasis had been put on creative solutions that provided a positive sensory experience. One person, who had always loved birds, had a projector set up in their room so that images and sounds of birds could be created for them. This meant the person could enjoy and reminisce a past pleasure.

● All staff demonstrated a positive attitude towards meeting people's needs and preferences. One staff member told us, "Interaction with residents is encouraged; if somebody wants a cup of tea we go and make one; it's very encouraged, it's the culture of the home".

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

● Staff had an excellent knowledge of people and their interests and took great pride in finding ways to help them make the most of their lives. One person, when their room was being cleaned, had a daily sing song with the housekeeper. They had trouble remembering all the words to a favourite song, so the housekeeper printed off the words, so they could sing the whole song together.

● Staff were knowledgeable about people's past histories and employment and understood how this impacted on meaningful activities for people. One person had worked in a caretaker role and enjoyed helping staff fix things. A staff member told us, "One day (name) picked up a broom and swept the courtyard. (Name) potters, does their own thing; likes taking picture frames apart, which is fine as I can just put them back together later". This meant the person had purposeful activity that was meaningful to them.

● Staff had created, with people and their families, individual story books full of information about a person's life and interests and used this to create personalised activities. One person had been an artist and was happy to have their work displayed in the communal areas. The registered manager said, "It makes them happy; after all it is their home". Another person enjoyed classical music but physically was not able to attend a performance, so staff organised a visitor to provide a 1-1 operatic performance for them.

● People were encouraged to share their wish lists and staff found ways to make their wishes happen. One person wanted to have a beer at the pub, another smoked salmon and champagne on Christmas day, another to go shopping for their face make-up. This meant people had meaningful personal goals met.

● Staff were excellent at enabling people to maintain personal relationships and findings ways to ensure special occasions were celebrated. One person had been unable to go out for lunch to celebrate their partners birthday and so staff went and bought a birthday cake. The relative told us, "What a nice touch, my (relative) hadn't expected that; it would have been something she would have done at home". A husband and wife had wanted a meal together to celebrate their anniversary and a celebration meal was served in their room.

● Excellent links with the community had been developed. Examples included creating a 'Care Café' which met each month in the home. It provided an opportunity for people and their relatives to meet with carers from the community for a chat and support. Where people had existing links with the community these had been sustained such as attending a day centre or local church services.

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's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses, hearing aids or any additional support such as information provided in

large print or picture form.
● Staff knew people's communication skills well which meant they were enabled to be involved in decisions. One person had impaired vision, a care worker explained, "I let (name) feel their clothes so they can make choices and to maintain their dignity".

Improving care quality in response to complaints or concerns
● People were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. One person told us, "If I had any queries or concerns I know they would listen to me.  I raised some minor queries and they were put right by the next day.".
● Details of the complaints policy was displayed in the foyer. The information included contact details for external agencies should people feel their complaint had not been dealt with satisfactorily.
● Records showed us that when concerns were raised they were investigated, and were appropriate actions taken to improve care quality.

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

● People, their families and staff consistently spoke positively about the management of the home. One person said, "(Registered manager), always here; very visible". A relative told us, "(Registered manager), very present. Always here at weekends. They really care about the home". A care worker told us, "Since (name) has been the registered manager it's been amazing. Supports us with everything; I think (they) are fabulous".

● Staff told us they felt appreciated. A 'golden tickets' award scheme had been introduced that recognised staff contributions to people's wellbeing and awarded a monthly prize of appreciation. Examples had included staff carrying out shopping for a person or sharing a treat together such as an ice-cream on the beach. A care worker told us, "(Registered manager) is very encouraging, says thank you and keep up the good work".

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 culture of the home was open and transparent. The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

• Staff had a clear understanding of their roles and responsibilities describing communication as good. A meeting was held each day, with a representative from each team attending and escalating information to their team as appropriate.

• Quality assurance processes effectively captured service delivery identified areas requiring improvement and provided opportunities for learning. An example included a nutritional audit which was a visual tool shared with staff highlighting people most at risk and requiring additional high calorie drinks and snacks.

• People, their families and the staff team had opportunities to feedback comments through quality

feedback surveys.  Feedback was positive, and the results displayed on noticeboards around the home.

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

● People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings, social events and a newsletter. A care worker told us, "Everybody puts an idea in the pot and we all add to it; it's trial and error.  Good teamwork".

● Meeting minutes recorded how people, their families and staff were involved in future planning, staffing and learning.  This included building works, refurbishment plans, staffing deployment and activities.

Working in partnership with others

● The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance.  This included national organisations linked with clinical and social care practice such as the Nursing and Midwifery Council and Skills for Care.

● Links had been made with a local comprehensive school which had enabled young people to carry out work experience at the home.