



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Highfield
Address:	The Common Marlborough Wiltshire SN8 1DL

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Alison Duffy	0 2 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Highfield
Address:	The Common Marlborough Wiltshire SN8 1DL
Telephone number:	01672512671
Fax number:	01672514283
Email address:	jonathanwheeler@btconnect.com
Provider web address:	

Name of registered provider(s):	Andrea Leeson, Mr Anthony Leeson
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	26

Additional conditions:

The maximum number of service users who can be accommodated is 26.

The registered person may provide the following category of service only: Care Home providing personal care only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (Code OP)

Date of last inspection									
-------------------------	--	--	--	--	--	--	--	--	--

Brief description of the care home

Highfield is a residential care home, for up to 26 older people. It is located on the edge of the market town of Marlborough, overlooking the Common. The property has many period features. There are twenty four bedrooms in total. These are located on all three floors of the home. A passenger lift is available to provide easier access to all floors. Two rooms may be used as twin rooms by people wishing to share. En-suite toilets and hand wash basins are provided in all except two of the bedrooms. Four rooms have an en-suite bath. There are also two bathrooms for general use and a number of toilets. Communal areas consist of a dining room and a large lounge. The lounge provides a variety of seating areas and looks out on to the well maintained

Brief description of the care home

gardens. Fees for living at the home vary according to the type of room chosen. The two rooms which have no en-suite facilities cost 595 pounds per week. Standard rooms cost 645 pounds. Six rooms, which are larger or have the most favourable positions, cost 670 pounds a week. If a room is to be shared, the cost for this would be around 1200 pounds a week. A twin room used for single occupancy is 775 pounds.

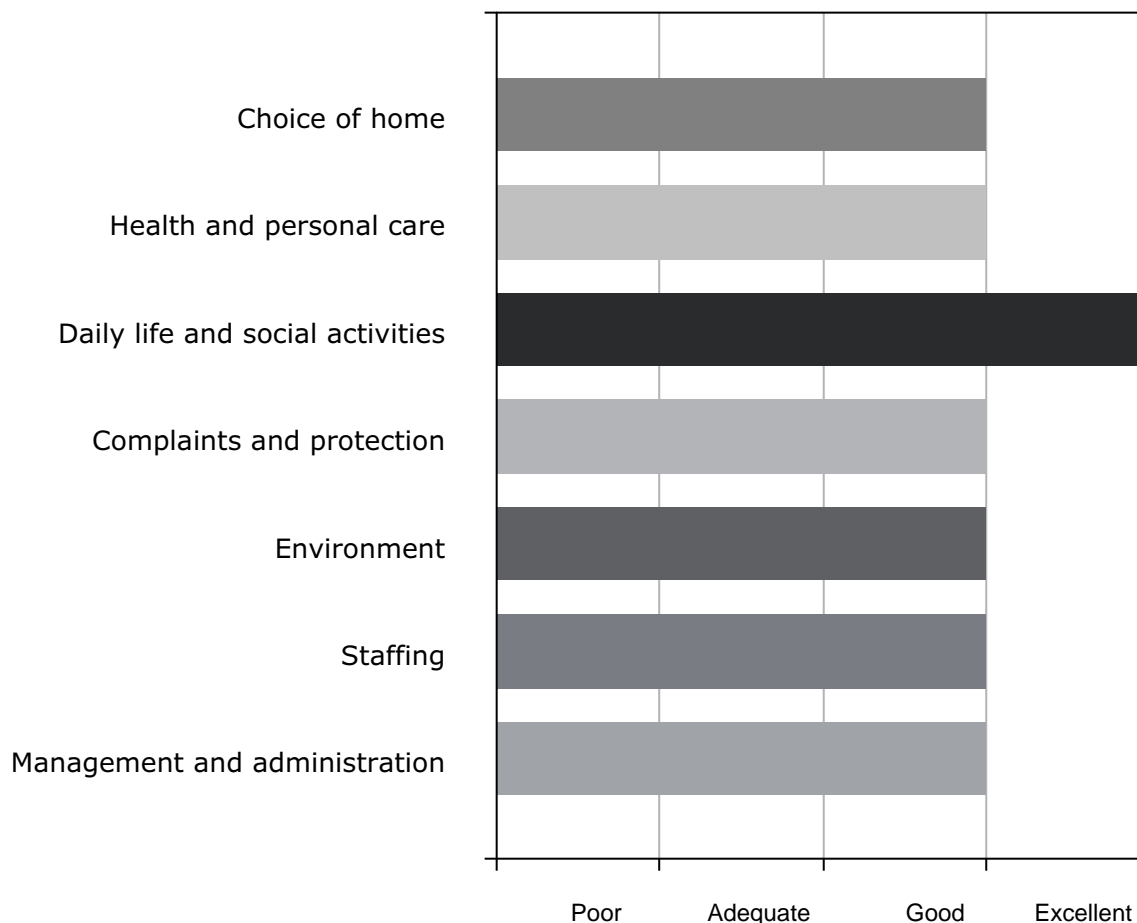
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

Before visiting Highfield, we asked the home to complete an Annual Quality Assurance Assessment (known as the AQAA). This was their own assessment of how they were performing. It told us about what has happened during the last year and about their plans for the future. Information from the AQAA is detailed within this report. We sent the home surveys, for people using the service, to complete if they wanted to. We also sent the home surveys to be distributed to staff and health care professionals. This enabled us to get people's views about their experiences of the home. Feedback from surveys is reported upon within this report. We had surveys back from nine people who use the service, six staff members, two health care professionals and one relative.

We looked at the information that we have received about the home since the last

inspection. This helped us to decide what we should focus on during an unannounced visit to the home. This visit took place on 2nd June 2009 between 9.30am and 7.10pm. Mrs Hillier, the registered manager was available throughout our visit and received feedback at the end.

During our visit, we met with people who use the service within communal areas and in private, in their bedrooms. We spoke to staff members on duty. We toured the accommodation and saw people having lunch. We looked at care-planning information, staff training records and recruitment documentation. We also looked at documentation in relation to health and safety, complaints and quality assurance.

The previous inspection of Highfield took place on the 6th June 2007.

All key standards were assessed on this inspection and observation, discussions and viewing of documentation gave evidence whether each standard had been met. The judgements contained in this report have been made from evidence gathered during the inspection, which included a visit to the service and takes into account the experiences of people using the service.

What the care home does well:

There is a clear admission procedure in place. People are encouraged to visit the home before making a decision to move in, which enables a successful placement.

People have good access to health care provision.

People are able to choose their preferred routines and spend their time as they wish. Important relationships are supported.

People have access to a varied social activity programme, which is specifically tailored to meet people's individual needs.

Food is given very high priority with clear attention given to variety, presentation and fresh seasonal produce.

People are consulted on a regular basis and are clear about raising their concerns.

People enjoy good relationships with staff and have the benefits of an established staff team.

What has improved since the last inspection?

A newsletter has been developed and more social activity provision has been introduced.

Three bedrooms have been redecorated and new carpets have been fitted. The kitchen has been fully refurbished. A ramp has been installed to enable people easier access to the garden.

The role of gardener/maintenance person has been split to enable two separate posts of ten hours each.

More one-to-one staff time has been given to some individuals.

A new staff training package has been purchased and is in the process of being introduced.

Incidents, which affect the wellbeing of people, are now being reported to us under regulation 37.

What they could do better:

While noting that people received good outcomes in this area, care plans must contain sufficient detail in order to reflect peoples' individual needs and the support they require. A more person centred approach would be beneficial.

Staff must ensure that they maintain records detailing a wound and its management rather than solely relying on those of the District Nurse.

Staff must follow procedures and document when they have administered each medication, on the medication administration record. Staff must ensure that they administer peoples' medication as prescribed. Any hand written medication administration instruction should be signed, dated and countersigned by another member of staff.

A record of any concerns, which are addressed on a day-to-day basis, should be maintained.

Hot water regulators must be regularly checked to ensure that people are not at risk of being scalded by very hot water.

Priority is given to staff training yet topics related to the ageing process should be included in the home's training plan, in order to extend staff member's knowledge.

All environmental risk assessments must be regularly reviewed to ensure that people are protected from potential risks.

Staff should ensure that greater detail is recorded when making written entries in the accident book. Regular review of all accidents, with particular attention to falls, should be undertaken.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)
Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are assessed before they move in, so that they know whether the home will be suitable for them.

Evidence:

Within the AQAA, it is stated 'we have a clear admissions process that provides prospective residents with all the information they need, to decide whether we can meet their needs and wishes. The manager carries out a comprehensive pre admission assessment to help ensure that we can meet the residents needs before we offer a room.'

The AQAA confirmed that people are given as much information as possible about the home so they know what to expect. Records showed that people were given a copy of the home's Statement of Purpose, Service User's Guide and a brochure, before moving in to the home.

Evidence:

One person told us that they had visited the home to have a look around before making a decision to move in. Another person said 'my family chose the home for me. They knew it had a good reputation so they came and had a look inside. As soon as they arrived they knew it was the one for me. I think they made the perfect decision. I was able to choose my furniture that I wanted to bring with me. It makes it just like home. In fact, I am totally at home here.' Another person said 'the staff are charming but I'm not sure that they all fully understand, how difficult leaving one's home really is.'

Within surveys, people told us that they received sufficient information about the home before moving in. One person said 'I did not want to come into a 'home' as I thought of lines of chairs with silent people - but it is nothing like this here. I came for two weeks to see if I was happy and after three days I told my daughter I wanted to stay. I have felt it so homely and I have been happy ever since. This is not a 'Home' in the sense I thought - it is my 'Home.'

We looked at the assessment documentation of one person who had recently moved into the home. The assessment identified the person's basic care needs. Aspects such as medical history, physical health and well being and social interests were identified. There was evidence that people had been asked about their risk of falling and any on going appointments with agencies such as the optician or dentist.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are totally satisfied with their care yet greater detail within care plans would ensure individual needs are fully met. People have good access to health care services. People are at potential risk of medication error through staff not diligently following procedures. People's privacy and dignity are maintained.

Evidence:

People we spoke to told us that they were very happy with the service they received. One person told us 'Highfield is superb, couldn't be better. They look after us wonderfully. Staff are all perfectly lovely. They take a pride in what they do. Everything has to be of a high standard otherwise it's not good enough.' Another person said 'they look after me beautifully, with affection. If we are ill, we always get a visit from Vanessa, the manager, she is always very concerned about us.' Further comments were 'I am able to ring my bell at anytime and they always come really quickly' and 'they don't make you feel guilty if you need anything. They always have a smile.'

Evidence:

Within surveys, people were equally positive about the care they received. Specific comments included 'everything is well done. Highfield is superb,' 'we are well looked after' and 'keeps a happy atmosphere.' In relation to what the home does well, one person said 'looks after us around the clock.' A relative told us in their survey, 'Highfield provides an outstanding high quality of care, patience and understanding. Highfield is a shining example of what a care home should be.'

At the last inspection, we made a requirement that each person's care plan and associated records must set out the actions to be taken, to meet their needs. We said the plan must also be updated to reflect any changes. We saw that the requirement had been met in part. The care plans we looked at were up to date and had been regularly reviewed. However, although people's basic care needs were identified, the intervention required was less clear. For example, one plan stated 'to encourage XX's personal hygiene.' There was no information as to what this meant in practice. The care plan continued to state 'to ensure XX's appetite stays healthy.' We said that specific instructions were required so that staff were clear about the support they needed to give. In relation to memory and orientation, it was written 'to engage XX in conversation to keep his/her mind alert. There was no information as to how this should be achieved.

Another care plan stated 'has dementia.' There was no information as to how this condition affected the person or the support they required. In terms of managing continence, the plan stated 'wears pad during the day.' There was no information which clarified whether the person needed any support or if they were self managing. The person's needs at night were not identified. A care plan regarding mobility stated 'to encourage mobility.' While people's basic care needs were identified, we said that the plan of care did not fully inform staff of the support the person needed.

We saw that people had a manual handling and pressure ulcer risk assessment in place. One person was assessed as low/medium risk of developing a pressure sore. The plan stated 'carers will check pressure areas when being bathed or washed.' There was no further detail about other preventative measures staff should follow. The ability of the person to change their position or special pressure relieving cushions/mattresses were not identified. Another person was assessed as being at risk of developing a pressure sore. Their care plan stated 'has pressure cushion to sit on. Inform District Nurse of any changes.' We said this was insufficient and further information to minimize the risk was needed. Skincare was identified in another person's care plan. The information stated 'having treatment, put on dermalogical cream.' There was no clarity to show what cream, where it was to be applied or how often.

Evidence:

Within one file we saw a risk assessment and printed guidance about MRSA. The care plan stated the need to use disposable protective clothing and particular bags for laundry. It did not give the specific location of the infection or how the wound was being managed. We saw that the District Nurse was providing regular support to the person. Within daily records, it was recorded that the District Nurse had dressed the person's wound. There was no evidence of a wound on the person's care plan. We said that the home must maintain its own records of any wounds and the healing process. They must not rely solely on the District Nurses' notes and input.

There was clear recording when showing a person had been unwell. The records also showed the person's improvement in health and general well being. In another person's records, there was clear recording about a person not wanting to eat. Favourite foods, encouraging the person to have a little but often and easier foods to manage were stated, as things to try.

Within surveys, people told us that they received the medical care they needed. We saw that a record of all health care intervention was maintained. Mrs Hillier told us that people are able to maintain their own GP. She said the home had excellent support from all health care professionals such as the GP and District Nurses.

Mrs Hillier told us that only staff trained to do so administer medication. We saw that medication policies and procedures were readily available for staff to look at. The medication was stored securely and had been satisfactorily receipted when it had arrived into the home. As good practice, items with an expiry date, such as eye drops had been dated when opened. We saw that hand written medication instructions had not always been signed, dated and countersigned by another member of staff. There were a number of gaps in the medication administration record yet the medication had been removed from the monitored dosage system. Due to this, it appeared that staff had not followed procedures by signing the record after each medication administration. We saw that one person had not received their antibiotic, as prescribed. Mrs Hillier told us that this had been identified and was addressed with staff. Another person was given a liquid medication once a day instead of the prescribed three times a day. Mrs Hillier told us that the person often refused the medication due to not needing it, at such times. We said this should be discussed with the person's GP and documented accordingly. We saw that one person was prescribed a pain relieving patch and an ointment. These medications and their management were not identified within the person's care plan.

Within surveys, health care professionals told us that staff always promoted people's privacy and dignity. We saw that staff consistently knocked on people's bedroom doors and awaited a reply before entering. All staff approached people in a kindly,

Evidence:

understanding manner. People did not raise any concerns about how their privacy and dignity were maintained.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are able follow their preferred routines and join in with a range of activities that are tailored to their needs. People are encouraged to keep in contact with family and friends. People enjoy a very high standard of meals.

Evidence:

The manager told us that activity provision had recently improved. They said there is a dedicated activity person and external speakers are invited into the home. They said the activity person is a qualified yoga teacher and does yoga with people using the service. An artist visits on a weekly basis to do an art session. Once a month there is a 'Happy Hour' where people have wine, sherry and 'nibbles.' There is also a cinema evening or afternoon, with snacks. Mrs Hillier said that a beautician visits weekly and a hairdresser visits fortnightly.

The activity person told us about their role. We saw that they were very motivated and enthusiastic about their work. They were clear about people's needs and what individuals were interested in doing. They said that bingo and singing to 'war time' songs, would not be well received. They told us people had planted containers for the tables and the garden. They said that some people enjoyed learning about how to

Evidence:

relax through yoga. From this, some people had enjoyed talking about issues related to healthy living. The activity person told us that they were now giving some people more one-to-one time. We saw this take place when a person looked at a book about cats with a member of staff. Looking at the pictures then led onto discussion about pets in general.

The activity person told us that there was a reading group. We saw this taking place. People were actively encouraged to be involved. The activity person asked questions such as 'can you remember what happened last time? What was his name? How do you think he felt?' The activity person believed the group encouraged people's memory as well being a relaxing, social type activity. People told us that they enjoyed the reading group. We saw that there were good interactions between people and the member of staff.

There was a weekly activity plan on the notice board. The activity person told us that she also gives people written reminders of forthcoming activities. One person showed us a reminder. They said it was very useful to be kept informed of what was going on. We saw that there was a monthly newsletter to keep people up to date. The activity person told us that external speakers and celebrating events were important aspects of the home's activity plan. Recent events had included a trip to the woods to see the bluebells, a 'strawberries and cream, Wimbledon special' and a talk on bonsai trees. They said a local explorer had talked about their expeditions and a Chelsea Flower Show gold medal winner had given a talk of their work.

People told us that they were able to spend time in their rooms if they wanted to. Some people told us that they preferred to do this, most of the time. They said they enjoyed reading. One person said 'I'm knitting a blanket at the moment so that takes a lot of my time.' People said there were things going on, which they could join in with. One person said 'there is always a lot going on here. I'm part of a discussion group and music appreciation. We've had people playing the violin, cello and the harp.' Another person said 'we have a Happy Hour, which is very good.' One person told us that they join in with the yoga sessions. They said 'I enjoy the yoga, as it helps me with my posture. I didn't realize that the way I sit and stand may not be good for me.' One person told us that they had inquired about the mobile library. They said 'the next thing you know, the van is pulling up outside. It's a wonderful service that I and many others, benefit from considerably.'

Within their survey, one person told us that activities and meals were things the home did well. A relative told us 'the level of entertainment is just right. There is nothing the home could do better. At one stage I felt my XX would benefit from extra individual activity and this was quickly provided.' Staff also commented about activities within

Evidence:

their surveys. One staff member said 'offers a varied programme of activities for residents to participate in, if they chose to.' Other comments were 'clients' needs are put first. There are plenty of activities' and 'if the residents feel they want to leave their rooms, they have different forms of entertainment during the week such as art classes, story readings and film shows plus musical events.'

People told us that they were able to have visitors when they wanted to. Within surveys, one person said 'we are allowed to have guests for lunch, which is served in the sitting room. We are free to go out as and when we like and visitors can come at any time.' Another person said 'I can stay in my room - have visitors here and visit other residents, or I can visit the elegant sitting room and library. I can go out with my visitors at anytime. No specific visiting hours.'

The chef told us about their role with enthusiasm saying that very high importance is given to food. They said 'because 'you eat with your eyes,' the colour and manner in which the food is presented, is as important, as how the food tastes.' They told us that tempting people to eat was an important part of their role. They felt it was not enough to just cook the food. They said they try to accommodate what people want. They said 'if a person wants something, which is not on the menu, they can have it, as long as they give sufficient notice.' We saw that the lunch time meal was steamed fish or home made chicken and mushroom pie with grilled tomatoes, green beans and carrots. The tomatoes were cut in a certain way to look more appetizing. The chef said that some people like to eat a little but often. They said 'if anyone was hungry, at any time, they would be made something.' After people had eaten their main meal, the chef wheeled in a sweet trolley. This contained an extensive range of different home made desserts. The chef told us that people always have a choice of four or five puddings after their main meals. We looked at the menus and saw that a wide variety of food is offered. Peppered mackerel, bacon and cheese puffs, stilton stuffed mushrooms and prawn cocktail were examples of the teatime menu.

The manager also told us about the importance of food. They said 'all food is homemade. There is always home made cake and soups available. There are home made puddings and pies. The chef does the menus. They are based on traditional food, healthy eating and people's preferences. We try to use local suppliers such as the butcher in town, to ensure we get good quality produce and service.'

There were very positive comments about the food in the surveys, which were returned. Specific comments included 'the food is superb. I am a vegetarian and I have no problems at meals,' 'wonderful meals' and 'the food is all fresh and beautifully cooked and presented so that you look at it and want to eat it.' Also, 'the food is all fresh, nothing heated up. The food is very seasonable. We always have five vegetables

Evidence:

with Sunday roast and we have fresh salmon. You only need to ask if there is something you would like and it's arranged for you.' One person said 'I just wish they would put salt in the potatoes.' One staff member said 'the home cooked food is fresh with a varied, well thought out menu. The three cooks are so talented. The special cakes and wonderful meals are greatly looked forward to by the residents.' A relative and a health care professional also commented about the high standard of food. They said 'the food (and attention to individual diet) is excellent.'

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are aware of how to make a complaint and feel that any issue would be quickly resolved. Systems are in place to minimise the risk of abuse.

Evidence:

The AQAA stated that the home creates an open culture in which people know that staff want to hear about any concern they may have.

People told us that they knew how to make a complaint if they were not happy. One person said 'I'd just discuss any concerns with a member of staff. Alternately I would go to the office and have a word with someone there.' Another person said 'I would not consider the need to make a complaint. The staff do everything they can for you, so you just need to say, if there is something not quite right.'

People confirmed that they knew how to make a complaint within their survey. Staff also told us, within their survey, that they knew what to do if a person had concerns about the home. One staff member told us 'I would try to sort things out but would also let our manager know. If I couldn't help, our manager would.'

We saw that there was a copy of the home's complaint procedure on the notice board. During the afternoon of our visit we saw that one person was slightly agitated. We saw a member of staff sensitively talk to the person and identify a possible reason for their

Evidence:

agitation. The person was reassured and appeared content with the response from the staff member.

The manager told us that she had not received any complaints since the last inspection. We saw a complaint log yet there were no recent entries. The manager told us that any issues albeit limited, were immediately addressed although not recorded. We advised that any issues, addressed on a day-to-day basis be recorded, to show how the home manages complaints. We have not received any formal complaints about the service since the last inspection.

Staff told us that they would inform the manager or owner if there was an allegation or suspicion of abuse. They said they had undertaken adult protection training. We saw that the home's abuse policy was linked to local safeguarding protocols of Wiltshire and Swindon. The policy clearly identified the process, which would be followed and those involved. The manager told us that all staff are given a summarised copy of the procedures, 'No Secrets.' There have been no incidents, reported to the safeguarding procedures since the last inspection. We saw that information detailing local advocacy services is available to people.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from an environment, which is clean, well maintained and comfortable. People could be at risk of harm through excessive hot water temperatures if not monitored correctly.

Evidence:

People's bedrooms were located on all three floors of the home. The bedrooms we saw were personalised with various pictures, ornaments and other personal possessions. Many people had their own furniture. We saw that people had access to their call bell. En-suite toilets and hand wash basins were provided in all except two of the bedrooms. Four rooms had an en-suite bath. There were also two bathrooms for general use and a number of toilets.

The manager told us that special equipment such as bath seats, are purchased for those people who require them, within their en-suite. The AQAA stated that since the last inspection, three bedrooms have been redecorated and re-carpeted.

There was a spacious, lounge and a separate dining room. Both rooms were comfortable and well presented. There were well maintained gardens to the rear of the property. People could access these easily.

Evidence:

People told us that they liked their environment. One person said 'I love my room. It has windows on both sides so the light is perfect. I have lovely views over the Common. What could be better? They clean it for me, so it is always spotless. It's perfectly done.' Another person said 'the garden is lovely. It is always well tended and there are always seasonal plants, which are beautiful.'

Within surveys, people told us that the home is always fresh and clean. In terms of what the home does well, one person told us 'rooms are cleaned daily.' Another person said 'the rooms are comfortable and we can have our own furniture if we wish.' A health care professional and a relative both commented upon the cleanliness of the home. They said 'the home is clean and welcoming' and 'always clean and tidy.'

The chef told us that the kitchen had been totally refurbished. They said it now fully met health and hygiene standards with stainless steel throughout. We saw that one landing area was being decorated. Within one bathroom, there was a radiator, which did not have a cover on it. There was no risk assessment in place for this. The manager told us that a radiator cover was being made. She said it would be in place without delay. Rather than a soap dispenser and paper towels to minimise the risk of infection, the bathroom had a bar of soap and a cotton hand towel. Mrs Hillier told us that only one person generally used the bathroom. They did not want any changes made. We advised the manager to regularly review this. We saw that an infection control audit recently took place. In response, two hand gel dispensers were installed.

At our last inspection, we saw that the water from three hot water outlets was above the recommended temperature of 43 degrees. We made a requirement to address this. Mrs Hillier told us that hot water regulators had been fitted. Within one bathroom however, the water was very hot to the touch. We said that the regulators must be checked regularly to ensure they were working properly. Mrs Hillier told us that she would immediately address the hot water outlet identified and further monitor all other outlets.

We did not look at the laundry facilities during our visit. We saw that people's clothing was well maintained and ironed. The AQAA confirmed that policies and procedures were in place regarding the management of soiled linen. However, the policy regarding the handling of soiled linen we saw had not been regularly reviewed. People did not raise any concerns about the laundry procedures in place.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from good relationships with staff. People are protected through a clear, well-managed recruitment procedure. Staff have good access to training yet greater focus on aspects associated with the ageing process, would further update their knowledge.

Evidence:

Mrs Hillier told us that the home benefits from an experienced staff team. Many of the team have worked at Highfield for many years so people have consistency in the care they receive. At times of staff holiday or sickness, other staff members cover the staffing roster. The manager told us that the staff are motivated and aim to do their best for people. They said the home was fully staffed. Staff told us that the home had a good staff team who were very supportive of one another. They said staff morale was high.

Staffing levels are maintained at five carers, a manager and/or a deputy manager, during the day. In the evening until 9pm, there are three or four care staff. An additional staff member is available to administer medication. The manager told us that each care staff member is allocated an area of the home to work in, to ensure consistency for people. Another staff member or 'floater' works where needed. There is a cook and a kitchen assistant on duty each day. The care staff complete all

Evidence:

housekeeping tasks such as cleaning people's bedrooms and the laundry. At night, there is one waking staff and another who works until approximately 11 o'clock or midnight. They then go to sleep on the premises. There is an additional member of staff who provides sleeping in provision throughout the night. Mrs Hillier told us that if the home is busy, the person who works until 11pm is expected to stay up to support people. They said the home did have a gardener/maintenance person. Due to the workload, the post has been separated. There is now a gardener and a maintenance person, both working ten hours a week.

Each person we spoke to said they were very happy with the staff. One person said 'the staff are all so jolly, nothing is too much trouble.' Another person said 'the nurses are all very good. They help me with what I need, as they know I am on my own. They smile and are friendly, which is nice.' Another comment was 'staff do everything possible.' As a means to improve the service, one person said 'it's just charming here although I would like to speak to the staff more. They don't really have time to talk and relax while they are doing so. I'm sure they are conscious of what they need to be doing next.' With the home's quality assurance system, a similar comment was made. A relative said '[staff] ok, but not always enough time to chat. On the whole the team are friendly, approachable, caring and very helpful. Their response to calls for help, are always prompt.'

Within surveys, people told us that staff always listen and act on what they say. Two people told us the staff are very caring and sympathetic. In relation to what the home does well, one person said 'the delightful staff.' In terms of what the home could do better, one person told us 'there could be more fully trained staff.'

Staff told us within their surveys that they went through a robust recruitment procedure, before starting work at the home. We looked at two staff files and this was confirmed. The files contained an application form and two written references. We said that the employment history of one prospective staff member was not easy to follow. POVA [Protection of Vulnerable Adults] and CRB [Criminal Record Bureau] checks had been undertaken before staff started employment. Staff told us within their surveys that their induction covered what they needed to know, to do their job. We saw that staff had signed to demonstrate they had been given a Health and Safety manual.

Staff told us that they had access to a wide range of training. We saw that staff had recently completed training in moving and handling, first aid, food hygiene and palliative care. We saw that the training assessment identified that nineteen staff needed abuse awareness updates. Thirteen staff also needed refresher training in infection control. Mrs Hillier told us that these had been arranged. We saw that

Evidence:

training had also been arranged in relation to the Mental Capacity Act. We did not see that staff had completed other training in relation to the ageing process. We said that tissue viability, continence and sensory loss should be considered. As a means to improve the service, Mrs Hillier told us that a new package of training had been purchased. She was expecting the package to incorporate some of these aspects. The AQAA stated that fourteen of the twenty eight care staff had a National Vocational Qualification (NVQ) level 2 or equivalent. Three staff had NVQ level 3. We saw within the AQAA that two cooks were completing their NVQ level 2 in catering.

Within their surveys, all staff told us that they received training, which was relevant to their role. They said it helped them understand and meet the individual needs of people. One staff member told us 'I have worked at Highfield since XX and in that time, I have been supported to progress through training, meaning that I can fulfill my role as best I can.' Another staff member said 'supports staff well in their roles and offers good training opportunities.' In relation to what the home does well, one staff member said 'keeps training up to date.'

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a manager who is qualified, experienced and person centred. People are actively encouraged to give their views about the service they receive, as a means to enable improvement. Greater focus is required to health and safety systems to safeguard people from potential risks.

Evidence:

Mrs Hillier has been the registered manager for approximately four years. She previously worked in the home, as a carer for many years. She is a Mental Health Nurse, has NVQ level 4 in care and is a NVQ assessor. She has the Registered Managers Award and undertakes various short training courses. Within the AQAA we saw that Mrs Hillier had recently completed a three day course in dementia awareness. She said she was planning to do training in the Deprivation of Liberty. Mrs Hillier told us that she had very good support from the owners of the home. She said they visited weekly and could be called upon at any time, as required.

Evidence:

We saw Mrs Hillier interacting well with people. They were clear of her role and appeared relaxed in their conversations with her. Within a survey, a staff member told us 'the managers do an excellent job and are special. They help everything run smoothly and take real interest in all the residents. They make sure they are happy and contented giving them every comfort, as if they were in their own home. All the staff work by these rules and are dedicated and hard working.'

A health care professional told us within their survey, 'the person in charge is always available and is very willing to listen to us and cascade information down.'

At the last inspection, we made a requirement that any incident, which affected a person's wellbeing, must be reported to us under regulation 37. Since the last inspection, we have been informed of particular falls and people's deaths. We were not however informed of the medication error, as described earlier in this report.

Within discussion, it was evident that people were encouraged to give their views in order to improve the service they received. The manager told us that people's wishes were acted upon if at all feasible. Mrs Hillier told us that regular audits of the home are undertaken. People and their families are also asked to complete questionnaires, to give their views about the service. One person told us about these. They said 'we've filled in surveys. They can't do enough for you. They are always asking about how the home could be made better. They want your ideas. We have ample opportunity to say how we feel and tell them if there is anything we would like.' A staff member commented within their survey, 'we are always open to suggestions from residents and outside agencies, on how we can improve things further.' The AQAA confirmed that people are at the centre of the home's quality assurance and auditing system.

We saw a copy of the latest annual development plan. It stated that the Statement of Purpose would be updated and an audit of the environment would be undertaken. It also stated that activities and events would be improved upon. We saw that the feedback from the questionnaires was generally very positive. One relative had commented that their parent's carpet and curtains were in need of replacement. Records showed this had been done.

Mrs Hillier told us that the home does not become involved in any financial affairs of people using the service. They do not hold people's personal monies for safe keeping. People are encouraged to take responsibility for their own financial affairs or appoint a family member or representative to do so for them.

We saw that there were systems in place to ensure that all equipment such as portable

Evidence:

electrical appliances, manual hoists and the lift were serviced and well maintained. There were a number of environmental risk assessments in place yet the majority were dated 2006. We said these must be regularly reviewed to ensure people's safety. We saw that fire safety was generally of a good standard. Records showed that regular checks of the fire safety systems were undertaken. We saw that fire drills regularly took place. We advised that the names of all participants be documented. This would clearly evidence if a staff member had not been part of a fire drill for a long period of time. Similarly, we advised that the dates when staff received fire instruction should be documented.

As stated earlier in this report, all hot water regulators must be regularly checked to ensure they are in good working order. This practice would reduce the risk of people being scalded by very hot water. The potential risk associated with a radiator without a cover must also be addressed within the risk assessment process.

Records showed that the home received an Environmental Health Inspection in November 2008. The home was awarded '3 stars' and asked to replace chopping boards and lighting. Staff were also reminded to ensure that they dated any food placed in the freezer. Mrs Hillier told us that these areas had been addressed.

Within the accident book, we saw that there had been a high number of falls between April and May 2009. Mrs Hillier gave some possible reasons for this yet there was no evidence that the level of accidents had been reviewed. We advised that regular accident monitoring should be undertaken with risk assessments up dated, as necessary. Within the accident book, staff had recorded 'XX fell over in room' and 'shouting from XX - found on floor.' We advised that staff should record greater detail when making entries in the accident book.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	Each person's plan of care and associated records must set out the actions to be taken to meet all their needs, and must be updated to reflect changes.	31/08/2007
2	25	13-4	Suitable measures must be taken for the regulation of hot water temperatures, to protect people from the risk of harm.	31/08/2007

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	12	<p>Care plans must be sufficiently detailed to reflect people's individual needs and how they are to be met.</p> <p>To ensure that people receive the care they require to meet their needs and ensure their well being.</p>	31/08/2009
2	7	12	<p>Staff must maintain their own records of any wound and its management rather than relying on those of other health care professionals.</p> <p>So that staff are aware of the support they need to give in order to manage the wound and work alongside involved health care professionals.</p>	31/08/2009
3	9	13	<p>Staff must ensure that they administer all medication, as prescribed by the prescriber.</p> <p>So that people receive their medication as required, in</p>	01/08/2009

			order to support their health care condition and minimise the risk of harm.	
4	9	13	<p>Staff must ensure that they sign the medication administration record immediately after administering each medication.</p> <p>To minimise the risk of a medication error.</p>	01/08/2009
5	25	13	<p>Hot water regulators must be regularly monitored to ensure they are in good working order and maintaining the hot water to a safe temperature.</p> <p>So that people are not at risk of scalding themselves through excessively hot water.</p>	01/08/2009
6	38	13	<p>Risk assessments must be reviewed on a regular basis to ensure that all information is up to date and risks are satisfactorily managed.</p> <p>To safeguard people from harm.</p>	31/08/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	9	All hand written medication instructions should be signed, dated and countersigned by another member of staff.
2	9	There should be a list of the person's prescribed medication identified on their care plan. The instructions for any

		medication, which is not orally taken should be clearly defined.
3	16	A record of any concerns, which are addressed on a day-to-day basis should be maintained.
4	26	Consideration should be given to installing soap dispensers and paper towels in all communal bathrooms and toilets.
5	38	Staff should ensure that greater detail is recorded within accident records.
6	38	Accident monitoring should be undertaken on a regular basis and any risk assessments updated, as a result.
7	38	The date when staff receive fire instruction should be recorded to ensure the regularity of training can be kept under review.
8	38	The participants of all fire drills should be recorded so that attendance can be monitored.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.