Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Highwell House Care Home with Nursing

32 Highwell Lane, Bromyard, HR7 4DG

Tel: 01885488282

Date of Inspection: 31 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ms K A Rogers
Overview of the service	Highwell House is situated at the end of a narrow lane half a mile from Bromyard town centre. The home provides accommodation with nursing care for up to 34 people.
Type of services	Care home service with nursing Care home service without nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spent time in the lounge so that we could see how staff supported people. We also spoke with people living at the home, relatives and staff. We visited some people in their bedrooms. We also looked at care records to check that staff had clear written information about each person's needs.

People told us that they were well looked after at the home. They described staff as, "lovely and kind", "always thoughtful", and, "a tonic when you're feeling down". We saw that staff were caring and gentle in the way that they supported people. They made sure that people had time to indicate consent before carrying out any care or support. Records showed that staff understood the importance of ensuring that decisions were made in people's best interests.

The home had systems in place to ensure that people received their medicines safely.

People told us that they knew who to speak to if they had any concerns. They were confident that they would be listened to and that action would be taken.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection we observed that staff were treating people with care and dignity. They spoke with people in a kind and appropriate manner and they made sure that people were given clear choices. Staff did not rush people and gave them plenty of time to respond.

Care plans emphasised the importance of informed consent. One person told us, "They listen to me and do things the way I like them done". We saw that the person had signed to indicate consent to the care and support they were receiving. The care plans contained clear information about people's rights in respect of consent and decision making.

We discussed a recent occasion when decisions had needed to be taken in a person's best interests. This was because the person was living with dementia and no longer had capacity to make some decisions. The manager designate demonstrated that they had a clear understanding of the importance of following the principles of the Mental Capacity Act. Staff had received training about mental capacity issues and were aware of their responsibilities.

We saw that consent for the use of photographs was not always clear. For example, one person had signed to indicate consent for photographs to be used for identification and medical reasons. On another form, a relative had signed to indicate their consent for photographs of the person to be used in promotional material for the home. There was no evidence that the person had been asked for their consent for photographs to be used for this purpose. The provider might find it useful to note that the form for consent to photography did not make a distinction between the use of photographs for the benefit of the person, such as identification for fire safety, and the use of photographs for promotional purposes. Staff told us that some people did not wish for their photographs to be used in the media and had therefore not signed the consent form. This meant that there was a risk that essential photographs might not be taken due to lack of consent.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spent time in the lounge, so that we could see how staff supported people. We saw that staff were kind and caring in their approach. At lunch time, we saw that staff were supporting people who could not eat independently. They sat next to each person and chatted with them. One person was not aware of the food on their plate, due to the effects of dementia. The staff member explained what each item of food was and offered the person choice about what they would like to eat. One person became very anxious, and we saw that staff were extremely patient and calm as they reassured the person.

Some people living at the home were able to tell us that they were happy and well cared for. One person said, "I've always found the carers very helpful. They're very bright and breezy". Another person said, "It's a good place and I'm glad I'm here". Others indicated by their non-verbal response and behaviour that they were happy with the care and support provided at the home. A visitor told us, "I can't fault anything here. We were lucky to find somewhere as good as this".

We visited some people in their bedrooms. We saw that one person was being nursed in bed. The person appeared to be very comfortable, well hydrated and well cared for. All charts were up to date, showing times and frequency of the person being turned and drinks being offered.

There was a full and varied programme of activities, including visits to local attractions and external entertainers. Staff were encouraging people to take part in activities but respected people's choices if they did not wish to join in. On the day of the inspection, we saw people enjoying a musical performance.

Care plans were detailed and informative. There were clear instructions for staff about how to meet each person's individual needs. There was evidence that health care professionals such as GPs and district nurses had been called in as necessary. The daily records provided a detailed and informative history of each person's condition. Daily records were linked to the appropriate care plans. This meant that it was easy for staff to see if any changes had been made to the care plans.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We checked some of the home's procedures for managing people's medicines. There were clear procedures in place for the receipt and disposal of medicines. Medicines were stored tidily and in an organised way in the medication cupboards, fridge and trolley. Fridge temperatures were recorded daily and were within safe limits. The provider might find it useful to note that there were no records of the maximum and minimum temperatures for each 24 hour period. These would provide assurance that temperatures had remained within safe limits at all times.

We checked the medication records for eight of the twenty-nine people living at the home. Some people had been prescribed medicines to be given as required. These were mainly commonly used painkillers such as paracetamol, although some people had been prescribed much stronger opiate based painkillers such as morphine. There were written instructions for staff about the circumstances under which these medicines should be given. The provider might find it useful to note that these were not kept with the medication records. This meant that there was a risk that not all staff would be aware of the instructions.

One person's Medication Administration Record (MAR) chart stated that they had been prescribed paracetamol 500mg to be given every four to six hours as required. The label on the box of paracetamol also stated that the dose was 500mg. The MAR chart recorded that on many occasions they had been given twice the prescribed dose. This meant that the person was not receiving their medicines as prescribed. The manager told us that this was a prescribing error and that it would be corrected.

We found an unlabelled box of paracetamol 500mg tablets on a shelf in the medicines trolley, next to a person's prescribed medication. The box stated that the expiry date was May 2018. The box contained two partially used strips of paracetamol tablets, with an expiry date of March 2018. Therefore the tablets were not in the box that they had been dispensed in. Because the box was not labelled, it was not possible to determine whose tablets they were. The manager told us that these were possibly part of the home's stock of homely remedies (medicines which do not need to be prescribed but can be used to treat minor ailments). We would expect homely remedies to be stored separately from

people's prescribed medication, to reduce the risk of errors.

The provider might find it useful to note that we were unable to audit some medicines. This was because the date was not always recorded when new boxes were opened, and the home was not recording the amount of medication carried forward from one month's MAR chart to the next.

We saw that staff were carrying out monthly audits of medication. This included checking five different people's records in detail. These records were detailed and thorough. The nurse on duty and the manager both demonstrated a good knowledge and understanding of the medicines in use at the home.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People told us that they knew who to talk to if they had any concerns. They said that they were confident that staff would listen to them and take action as necessary. One person said, "I'd soon tell them if anything was wrong, but I've never had cause to". A relative told us, "I find them very approachable and I'm sure they would be quick to respond if I had any worries - but I haven't had any so can't speak from experience".

The home had a detailed and clear complaints procedure. We asked to see the home's records of complaints. There had been one concern raised in the past year, and no formal complaints. We saw that the concern had been investigated and that the person raising it had been kept fully informed. The response from the home was prompt and professional.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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