



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

Highfields Nursing & Residential Care Home

**Station Road
Edingley
Newark
Nottinghamshire
NG22 8BX**

Lead Inspector
Steve Keeling

Unannounced Inspection
6th March 2008 09:00

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

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Highfields Nursing & Residential Care Home
Address	Station Road Edingley Newark Nottinghamshire NG22 8BX
Telephone number	01623 882441
Fax number	01623 882073
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Majestic No. 2 Ltd
Name of registered manager (if applicable)	Susan Elizabeth Grummett
Type of registration	Care Home
No. of places registered (if applicable)	45
Category(ies) of registration, with number of places	Old age, not falling within any other category (45)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home with Nursing - Code N

To services users of the following gender: Either

Whose primary care needs on admission to the home are within the following category:

Old Age, not falling within any other category - Code OP.
2. The maximum number of service users who can be accommodated is: 45

Date of last inspection N/A

Brief Description of the Service:

Highfields Nursing Home is registered to provide residential and nursing care for 45 people. The home has been recently purchased by Majestic Luxury Care Homes and is currently undergoing an extensive refurbishment programme.

The home is located in the village of Edingley about 1 mile from Farnsfield, which has a variety of shops, pubs and a post office.

There are 29 single bedrooms and 19 of the bedrooms have en-suite facilities. Bedrooms are located on 2 floors and there is a passenger and a stair lift to aid access for residents with limited mobility. The home has gardens that are well maintained and easily accessible. There is car parking available for approximately 15 cars. The current scale of charges range from £461-£660.

SUMMARY

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

The focus of inspections undertaken by the Commission for Social Care Inspection (CSCI) is upon outcomes for residents and their views on the quality of service provided. This process considers the provider's capacity to meet regulatory requirements, minimum standards of practice; and focuses on aspects of service provision that need further development.

One inspector conducted the unannounced visit.

The main method of inspection used was called 'case tracking' which involved selecting residents and looking at the quality of the care they receive by speaking to them, observation, reading their records and asking staff about their needs.

The manager, one member of staff and visitor to the home were spoken with as part of this visit. Documents were read as part of this visit and medication management was inspected to form an opinion about the health and safety of residents at the home. A partial tour of the building was undertaken which included the case tracked resident's bedrooms and the communal areas they frequent to make sure that the environment is safe and homely.

A review of all the information we have received about the home since the last inspection was considered in planning this visit, which included an Annual Quality Assurance Assessment (AQAA), provided by the registered manager in November 2007.

The quality rating for this service is **2 star** this means the people who use this service experience **good quality** outcomes.

What the service does well:

Information relating to Highfields Care Home is contained within the Service Users Guide (SUG), which provides up to date, comprehensive information relating to the service provision.

An effective pre-admittance assessment process is performed to make sure the needs of residents can be identified and met. The care planning process addresses the identified needs of the residents.

Residents have opportunities to access the local community and to maintain their links with family and friends. Routines are flexible and residents are given

choices in their lifestyle and social activities. Residents also benefit from a varied menu.

Complaints and concerns are effectively managed.

Residents benefit from a safe, well-maintained environment which is a pleasant, comfortable and clean throughout.

Resident's needs are met by the number of staff employed at the home and staff recruitment practices are effective in promoting the residents safety. Staff have received training to safely perform their duties.

Residents live in a home, which is run and managed by a person who is fit to be in charge and residents' financial interests are safeguarded.

What has improved since the last inspection?

This is the first unannounced inspection since Majesticare Luxury Care Homes registered the home on the 16th October 2007.

What they could do better:

The complaints procedure should adhere to Regulation 22 of the Care Home Regulations 2001 and specify timescales in which a complainant will receive a written response.

Medication administration policies should be followed at all times to ensure that Medication Administration Records (MAR) are only signed when residents have been witnessed to take their medication.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3,6.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Information relating to the service provision at the home is contained within the Service Users Guide (SUG), which provides up to date information in a format suitable for the residents.

People have assessments performed prior to moving into the home, to make sure their needs are identified and can be met.

Intermediate care is not provided at the home.

EVIDENCE:

The manager said that a SUG is available to all potential residents or their representatives. A resident and a visitor to the home confirmed that they were provided with the SUG and said it was useful in determining to suitability of the

service in meeting the residents needs. The guide clearly sets out the aims, objectives and philosophy of the service together with the qualifications and experience of staff.

The Guide provides information relating to how residents or their representatives can make a complaint. The current format does not specify timescales in which the complainant will receive a response and will require amending.

Revised pre admittance needs assessment documentation, provided by Majesticare, is being utilised. The revised pre-admittance assessment affords the opportunity to determine the holistic needs of the residents. The manager, who is a Registered General Nurse (RGN) and has recently attained a degree level qualification in management, filled out the pre admittance assessments documentations in detail.

Majesticare provides a comprehensive contract of residency and a visitor to the home confirmed that she had signed the contract of residency on behalf of her relative.

Intermediate care services are not provided at the Home

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Resident's healthcare needs are recorded and are met. Medication was managed well and residents are afforded appropriate levels of privacy and dignity.

EVIDENCE:

The manager is currently in the process of transferring resident's information to a new care planning format provided by Majesticare Luxury Care Homes.

The case tracked residents care plans are effective in addressing the identified needs of the residents from the pre-admittance assessment. The care plans are reviewed on a monthly basis to ensure the changing needs of the residents can be identified and met.

In addition to the monthly reviews a facility has been created to review the care plans on a three monthly basis in the presence of the residents or their

representative to ensure that consent to the content of the care plan is obtained.

To date not all the residents details have been transferred to the new care-planning format and it is recommended that the new care planning format be utilised in all cases.

Care plans showed and residents confirmed that they have access to the Multi-disciplinary team (MDT), which includes Chiropractors, General Practitioner, and Physiotherapists. On the day of the inspection a specialist Tissue Viability Nurse (TVN) was visiting a resident at the home, the specialist nurse confirmed that the home is proactive in involving her in the care of residents when required.

The medication administration system has been recently amended to a Monitored Dosage System (MDS) provided by a large pharmaceutical retailer. Only qualified nursing staff administer medication throughout the 24 hour period to promote the health and well being of residents.

The case tracked residents Medication Administration Records (MAR) were examined. The records had no gaps present and medication administration was recorded effectively.

Medication, which requires refrigeration, was stored within a secure fridge. The temperature within the medication fridge is recorded on a daily basis but the temperature was slightly outside the required 2-8 degrees centigrade range on some occasions in February 2008. To address the concern a new fridge was being supplied within the five days.

Whilst observing the registered nurse administering medication it was noted that on one occasion the MAR was signed prior to witnessing a resident taking her medication as the resident was in her bedroom.

We asked residents "do staff listen and act on what you say" and "does the staff promote your respect and dignity".

Residents said, "The staff are caring and friendly" and confirmed that respect and dignity is always promoted whilst performing personal interventions. Residents confirmed that the routine in the home is flexible in meeting their needs and said that they have control over their lives and can make independent decisions in relation to their daily routines.

A visitor confirmed that all the staff are welcoming and respectful at all times, and said that she had never witnessed anything that gives her cause for concern. The visitor said, "The staff are fabulous".

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

A wide range of recreational activities are provided to residents and opportunities are available for residents to interact within the broader community.

Residents benefit from the provision of an appealing balanced diet and are able to have snacks and drinks as they wish.

EVIDENCE:

A social activities co-ordinator is employed at the home with the responsibility to provide a varied and stimulating social activities programme.

Residents and visitors were asked if activities are arranged in the home and within the broader community. Residents said they were satisfied with the social activities provided and confirmed that the service is proactive in organising social events which include bingo, movement to music, armchair Yoga and relaxation, guest singers and organists.

Residents confirmed that seasonal events are also provided such as a Christmas pantomime, Easter bonnet parade, summer barbeque, garden parties and firework displays.

Residents confirmed that they enjoy the social activities at the home, but also said that staff respects their choice if they do not wish to participate. One resident said that his preference was to stay in his bedroom most of the time and said that he never feels pressured to "join in" at any time.

The manager stated that an open door policy is encouraged at the home and that resident's family and friends can visit as they wish.

Residents and a visitor to the home confirmed the open access and stated that that the staff at the home always make visitors welcome, saying, "The staff are excellent".

Residents spoken with stated that they were very happy with the meals at the home, stating "the food is very good and always plenty of choice available".

On the day of the inspection residents were enjoying a varied breakfast, which included bacon and egg, toast and cereals. The lunchtime meal consisted of stew and dumplings with fresh seasonal vegetable followed by treacle pudding with custard. Residents also confirmed that they could have a drink whenever they wish.

We observed that residents who required support with eating and drinking were assisted in a very caring, considerate and unrushed manner and the residents appeared to be enjoying the interactions with the staff.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Complaints and concerns are effectively managed and residents confirmed that they were confident that the manager would deal with concerns and complaints.

EVIDENCE:

A complaints procedure is on display in the foyer of the home and residents or their representatives are given the complaints procedure within the Service Users Guide.

Residents said they felt safe in the home and that the staff are receptive to their needs and wishes. Residents felt confident that they could report any concerns or complaints to the manager and said she is very good and always available when needed.

A visitor to the home was aware of the complaints procedure and was aware of what to do if she was not happy any aspects of the service. The visitor said, "I feel confident that the manager would address any concerns, but I have nothing to complain about".

The manager was not investigating any complaints at the time of the visit and CSCI has not received any complaints relating to the service provision.

The complaints file was examined which showed that five complaints/concerns had been made to the manager. The complaints/concerns had been documented well and included the actions and outcomes following the complaints.

Training records showed that staff have received training in relation to the Safeguarding Adults and staff spoken with were able to confirm this. The revised Nottinghamshire Safeguarding Adults policy was also available to provide guidance to staff in relation to Safeguarding Adults issues.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,26.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Resident's benefit from a safe, well-maintained environment, which is pleasant, comfortable and clean throughout.

EVIDENCE:

Resident's were asked "is the home fresh and clean". The residents were very positive about their standard of cleanliness thought the home. Comments included "its lovely and clean", "my bedroom is cleaned daily and this place is lovely" and "the home is always fresh and clean".

The partial inspection of the homes showed that the homes internal environment, which included the dining room and the lounge area, were clean, fresh and homely throughout.

Resident's bedrooms are well maintained, clean and fresh. Window restrictors are evident together with radiator guards to promote the safety of residents.

A well-maintained, pleasant, garden area is available for residents use in the summer months and the garden area is accessible to residents with impaired mobility.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Resident's needs are met by the number and skill mix of staff and staff have received appropriate training to promote the safety of residents. Recruitment practices are effective in promoting the safety of residents.

EVIDENCE:

Resident's were asked if staff are available when they need them. All the residents said there always appears to be enough staff on duty and staff are always available.

The staffing rota showed that the staffing compliment consists of appropriately qualified staff team throughout the 24-hour period, which includes a Registered General Nurse (RGN).

Recruitment documentation showed that members of staff only commence employment once satisfactory Protection of Vulnerable Adult (POVA) checks and Criminal Record Bureau (CRB) checks have been obtained, together with two satisfactory references.

Information provided by the manager within the AQAA showed that the service has achieved the target of 50% of staff trained to a National Vocational Qualification (NVQ) level two and above to ensure a suitably qualified workforce is employed at the home.

A staff-training programme is also provided, which includes Moving and Handling, Basic Food Hygiene, Safeguarding Adults, Health and Safety, Infection Control.

The manager said that only three members of staff have received training in relation to dementia care. To address the shortfall fifteen members of staff will attend a training event relating to dementia care in April 2008.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home is run and managed by a person who is fit to be in charge. Residents' financial interests are safeguarded and the health, safety and welfare of residents are promoted.

Residents and relatives are consulted on a frequent basis to promote their ability to fully contribute to developments within the home.

EVIDENCE:

As mentioned earlier in the report Highfields Care Home has been recently purchased by Majestic Luxury Care Homes. The manager and staff have made significant progress in updating assessment and care planning documentation, in addition a planned refurbishment, which includes new carpeting, and redecoration is progressing well.

Residents and visitors said they had every confidence in the manager's abilities to promote the resident's safety and wellbeing.

A member of staff said that she felt supported and valued by the manager, and said, "she is approachable and would sort out any issues I might have very quickly".

The homes updated policies and procedures provided by Majesticare are readily accessible to all staff and information within the policies and procedures is updated appropriately.

Residents and visitors confirmed that resident's views and opinions are valued. Residents are encouraged to fill out satisfaction surveys on a yearly basis to identify areas for improvement. Residents and relatives are also encouraged to attend resident meetings, in the evenings, on a three monthly basis, at which time cheese and wine is provided to promote a social atmosphere.

Staff records showed that the manager performs staff supervision on a bi-monthly basis together with annual appraisals to ensure that staff have the opportunity to discuss any issues relating to the service.

A revised quality assurance auditing procedure has been recently introduced by Majesticare to ensure that any areas of concern are identified and addressed by the manager.

Resident's money is individually stored within a secure area. Residents records showed that all transactions are individually recorded to ensure that residents are protected from financial abuse.

As stated earlier in the report, the home is maintained to a good standard throughout and information supplied by the registered manager within the AQAA showed that resident's health and wellbeing is promoted by effective routine maintenance.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	2
2	x
3	3
4	x
5	x
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	x
21	x
22	x
23	x
24	x
25	x
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	x
33	3
34	x
35	3
36	x
37	x
38	3

Are there any outstanding requirements from the last inspection? No.

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP1	22	To promote the health and wellbeing of the resident's the complaints procedure must adhere to Regulation 22 of the Care Home Regulations 2001 and specify timescales in which a complainant will receive a written response.	31/03/08
2	OP9	13	To promote the health and wellbeing of the resident's staff must witness residents taking their medication before Medication Administration Records (MAR) are signed.	31/03/08

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	It is recommended that the new care planning format is utilised in all cases at the earliest opportunity to aid continuity of care.

Commission for Social Care Inspection

Eastern Region

Commission for Social Care Inspection

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