



# Inspection Report on

**Highfields Nursing Home**

**Highfields Nursing Home  
Highfields Lane  
Blackwood  
NP12 1SG**

## **Date Inspection Completed**

20/01/2020

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## **Description of the service**

Hartpark Limited provides personal and nursing support to 39 adults. The responsible individual (RI) who has oversight of the service is Dr Abdul Waheed. There is a manager employed at the service who is registered with Social Care Wales.

The service is situated in a residential area in Blackwood close to local amenities.

## **Summary of our findings**

### **1. Overall assessment**

People feel as content and safe as possible and live in a warm and clean environment where they experience high quality support which enhances their feelings of well-being. Individuals are provided with choice and have as much control as possible over their lives. People's feedback is sought, listened to and valued. People receive continuity of care provided by kind and committed care workers whom they have developed trusting relationships with. There is a long standing, stable management team who provide appropriate oversight of the service and who demonstrate ongoing commitment to the development and improvement of the service.

### **2. Improvements**

This is the first inspection completed since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act (RISCA). Any improvements will be considered at the next inspection.

### **3. Requirements and recommendations**

Section five of this report contains our recommendations for the improvement of the service. These recommendations include:

- Redecoration plans.
- Feedback collected at time of review.
- Recording of daily care interventions.
- Information available on fluid charts.
- Proof of identity for staff.
- Staff supervision documentation.
- Quality of care review report.

# 1. Well-being

## Our findings

People understand their rights and entitlements, have choice and as much control over their daily lives as possible. We saw there was an up-to-date statement of purpose (SOP) document and service user guide (SUG) which detailed the type of service available and supported people to make informed choices about where their requirements could best be met. We noted information contained in the SOP was reflective of the service people received. We saw people's preferences such as the time they like to get up, retire to bed, food preferences, where they ate and social interests were documented and reflected the support available. People and/or their representatives spoke positively about living at the service and we observed interactions between people living and working at the service where people's choices were promoted. Meetings for people living at the service and their representatives took place at frequent intervals and people were encouraged and supported to provide their views. Where some individuals had not been able to attend the meetings, we read documentation that management approached people individually and their feedback was recorded. We were told questionnaires were distributed to people living at the service and feedback was welcomed and valued. Detailed analysis of the feedback and how this was used to promote the ongoing development of the service was available in the quality of care review report. We conclude there appears a genuine commitment for the ongoing development of the service, influenced by the opinions of people living at the service and/or their representatives.

People's physical and emotional well-being is prioritised. We observed care workers providing timely support to people as and when they required it. Positive feedback from people living at the service and their representatives was provided to us and we noted call bells appeared to be answered efficiently. Staffing levels available at the service were in keeping with those identified in the SOP document, and the weekly rotas we were shown further evidenced this. An activities co-ordinator was employed at the service over a five day period which included some weekend working. Analysis of documentation in regards to activities suggested there was a wide range of group and one to one activities available at the service. We saw documentation of meetings held where people living at the service were asked for their feedback towards the further development of activities. On a noticeboard we noted forthcoming plans for a valentine celebration and we saw photographs which demonstrated annual events such as Easter and Halloween were celebrated and enjoyed. Photographs also provided evidence that close links had been established with a local school, and visits from the children had taken place. Referrals to other health and social care professionals were documented alongside detailed recordings of this input. We find people are content, have things to look forward to and are supported to remain as healthy as possible.

People feel safe and receive support from kind and caring staff who they have built trusting relationships with. Information provided in the welcome pack included identified ways people could raise a concern/complaint and we saw there was a comments/suggestions box in the main foyer area which encouraged people's feedback. People told us the manager was "*very approachable*" and that they "*had confidence any concerns would be dealt with appropriately*". We considered complaints and compliments received and found that although there were systems to record and respond to complaints, no complaints had been received since the service had been re-registered under RISCA. We saw dated compliments which recorded people's high levels of satisfaction and praise of the service. Care workers had completed appropriate adult safeguarding training and appeared confident they would be able to identify and appropriately report any adult protection concerns. We conclude people's safety is promoted and there is an open and honest culture at the service.

## 2. Care and Support

### Our findings

People's requirements and preferences are appropriately considered and documented. In the four care files we considered as part of this inspection, we saw detailed social histories had been obtained and incorporated into people's personal plans. Plans were detailed, person centred, recorded people's individual preferences, identified outcomes and documented what people could do independently, as well as recording what people needed support with and how the support would be provided. Care workers we spoke with felt plans provided sufficient information to enable them to provide appropriate support to people. Individuals we spoke with during the inspection and/or their representatives talked favourably about the care provided. One person stated "*staff are wonderful, nothing is too much trouble*", another person told us "*staff here are particularly good*". We noted personal plans were reviewed at regular intervals which met regulatory requirements. Where any changes were identified, this had resulted in plans and other care documentation being updated accordingly. We noted reviews did not routinely capture feedback from people living at the service and/or their representatives. We discussed with the manager ways this could be evidenced moving forward. People told us they received '*timely support*' and we observed care workers were responsive and demonstrated good anticipatory skills which ensured people received support in a timely manner. We noted there was a relaxed approach from care workers. People living at the service and their representatives called care workers by their first name, appeared at ease during conversations and when support was being provided. Care workers demonstrated detailed knowledge of individuals living at the service and were fully aware of people's usual presentation. We heard one care worker who acknowledged "*X is not himself today*" which prompted a discussion about how the person was feeling.

We saw that daily care notes documented by care workers were written at the times support had been provided, which was good practice, and daily summaries provided an appropriate overview of the day. We saw individual care interventions were documented but noted some gaps on care files in regards to the support provided with oral care. We saw some recordings detailed where a person had refused support with oral care. We noted people's weight was monitored effectively and routinely documented. For those individuals with poor nutritional or hydration intake food/fluid charts were completed. We noted charts referred to National Institute for Health and Care Excellence (NICE) guidelines in regards to calculating individualised fluid intake amounts, but a total daily fluid calculation had not been recorded. We felt this would support care workers to fully understand fluid targets and identify when these were not being met. We discussed this with the manager who explained nursing staff have oversight of daily fluid charts and are aware of appropriate fluid level intake for individuals. We find, people's requirements are understood and planned for but information contained in some daily care notes could be strengthened to further evidence the support provided.

People are supported to be as healthy as possible. We saw timely referrals to health and social care professionals were made including doctors, tissue viability nurse and dietician. We saw documentation stored on care files evidenced that advice provided was being followed. We saw people had access to dental and optical services when they required. We considered the medication arrangements in place and noted medicine administration records (MAR) were signed when medication had been administered and a photograph of individuals was held on the MAR to support medication being provided to the correct individual. As required medication (PRN) was documented when provided alongside a recording of the effect of the medication. Aneurin Bevan Health Board had previously completed an audit of the medication systems in place and any recommendations identified had been responded to appropriately. Medication trolleys were stored safely in a locked room and the medication stored within them were in colour coded packs, which reduced the likelihood of a medication error arising. Nursing staff spoke favourably about the medication arrangements in place. Documentation available at the home supported that there was regular oversight of medication administration arrangements taking place. People had access to a varied and nutritious diet. We were shown menus available on a four weekly basis which recorded an extensive range of appropriate and nutritious meals and demonstrated people had a range of meals to choose from. We observed the lunchtime meal service and found people had appropriate choice. Meals appeared warm and appetising and we heard positive comments such as *“I really enjoyed that”* and *“the food here is amazing”*. We find people’s health and well-being is prioritised.

### **3. Environment**

#### **Our findings**

People live in an environment which is clean, warm and able to meet their needs. We saw that people were supported and encouraged to personalise their rooms and saw photographs, blankets and items which were meaningful to individuals on display. We saw individual photographs were available on bedroom doors to support people to orientate themselves around the home and locate their bedrooms as independently as possible. Housekeeping staff were available on the day of inspection and we noted the home was clean and smelt fresh. We saw appropriate equipment such as hospital beds, pressure relieving mattresses and hoists were available for individuals who required them and there was appropriate bathing and showering facilities in situ. We noted the layout and facilities at the service were as documented in the SOP. People spoke positively and with pride about their ability to personalise their bedrooms and several individuals invited us to see their rooms. We noted that some frequently used areas of the home were in need of redecoration and discussed this with the manager who explained individual bedrooms had been prioritised for redecoration, but there were also plans for the redecoration of other areas of the service including the downstairs television lounge area in the future. We saw some individual bedrooms had been provided with hard flooring and were told about plans for hard flooring to be available throughout the home. There was a secure accessible garden available and we were told appropriate seating and sun-shade was available when weather permitted. One person's representative talked about how people enjoyed spending time in the garden, often enjoying their meals outside in warmer weather. We saw plans to support people who enjoyed gardening to participate were available and spoke with a person's representative who showed us photographs of the flowers they had planted last year which further evidenced people had access to a pleasant garden space. We find people's well-being is promoted by the environment in which they live.

People's safety is recognised and prioritised. We found the main entrance was secure and we were asked for identification prior to admittance being authorised. We saw all external doors were appropriately secure and appropriate window restrictors were in place. We noted chemicals or substances which could be hazardous to health (COSHH) were stored securely and were not accessible to people living at the service. We saw certificates in relation to gas, electricity, fire safety and portable appliance tests (PAT) were in date and available for inspection alongside appropriate certification of insurance. We noted records kept by the maintenance person such as temperature, lift safety and call bell checks were taking place at regular intervals which demonstrated there was appropriate oversight of health and safety at the service. We were shown the minutes of health and safety meetings which were held at three monthly intervals. We saw appropriate personal emergency evacuation plans (PEEPS) were recorded which evidenced safety arrangements to enable staff to support individuals in the event of an emergency. We saw that the service had been awarded five stars in regards to food hygiene practices which was very good. We conclude the safety of people living at the service is a high priority.



## 4. Leadership and Management

### Our findings

There are robust arrangements in place for the recruitment of staff. We considered three staff personnel files and found records contained full employment histories, sufficient employment references and evidence of disclosure and barring service checks (DBS) prior to the commencement of employment. Although all staff had provided evidence of their identity, we discussed with the manager the requirement to hold copies of staff birth certificates and passports (where available) as the preferred method of proof of identity. We were provided with information which evidenced staff received appropriate training and refresher training in mandatory subjects such as adult safeguarding, moving and handling, infection control and deprivation of liberty safeguards (DoLS). We noted additional training was available to staff who required it. Care workers were encouraged and supported to complete further qualifications via the qualifications and credit framework (QCF) in line with good practice and in preparation for mandatory registration of all social care workers with Social Care Wales in the future. We were provided with information which evidenced staff were receiving supervision at intervals which met regulatory requirements. We were told the responsibility for carrying out supervision sessions with staff was distributed between the manager and some qualified nursing staff. All care workers we spoke with talked positively about the experience of training and supervision. We considered individual supervision notes and found that whilst some notes fully evidenced an individualised approach to supervision, where the individual had been supported to identify their strengths as well as identify areas for development, this was not the case for all supervision notes we considered. We discussed this with the manager who agreed to ensure all supervision sessions would reflect a consistent approach for staff moving forward. Supervision in this context referred to the one to one time provided to a member of staff by their line manager in order to effectively reflect on and evaluate their work. We find people living at the service are supported by care workers who are appropriately vetted and invested in.

There are good quality assurance arrangements at the service which demonstrates that there is effective oversight. We considered the minutes of the most recent quality visits completed in September and December 2019. These evidence people living and staff working at the service had been involved and their feedback sought. Identification of what was working well, alongside areas for further development were recorded. We saw the most recent quality of care review report, required on a six monthly basis, was completed in September 2019. We found the information contained within the report was detailed, comprehensive and identified the aspirations for the ongoing development and improvement of the service. We noted the report appeared to have been written and was signed by the manager. We reminded the service of the need to clearly demonstrate the RI's input and oversight within the report. We find, management oversight arrangements are a strength at the service, but recommend information contained in the quality of care review report should more clearly evidence the oversight of the RI moving forward.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This was the first inspection completed since the service was re-registered under RISCA.

### **5.2 Areas of non-compliance identified at this inspection**

There were no areas of non-compliance identified at this inspection.

### **5.3 Recommendations for improvement**

We made the following good practice recommendations:

- Re-decoration of some frequently used areas of the home should be prioritised.
- The views of people living at the service or their representatives need to be captured during reviews.
- Daily care notes in relation to oral care need to accurately reflect the care provided and all refusals need to be documented.
- Where fluid charts are required, a clear calculation of the optimum daily fluid levels would be beneficial.
- Information contained in staff supervision notes demonstrate all staff receive consistency in the approach to supervision.
- Where available, proof of identification records include copies of birth certificates and passports.
- RI oversight of the quality of care review report needs to be clearer.

## 6. How we undertook this inspection

This inspection was completed as part of our scheduled inspection programme and was carried out under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. Two inspectors visited the service on an unannounced basis on 20 January 2020 between the hours of 8.45 am and 3.50 pm.

We considered the following information:

- Information held by CIW including previous inspection reports, notifications and any concerns received.
- Discussions with the manager of the service and members of staff.
- Discussions with people living at the service and/or their representatives.
- Examination of four care files.
- Examination of three staff personnel files.
- Consideration of information available in relation to staff training and supervision.
- Examination of information relating to health and safety arrangements.
- Consideration of the quality assurance systems in place.
- Consideration of medication practices.
- Consideration of the statement of purpose and service user guide.
- Examination of staff rotas.
- Consideration of minutes of meetings available to people living at the service and/or their representative.
- Consideration of the minutes of meetings available to staff.
- Consideration of a range of policies available at the service, including medication, complaints and safeguarding.
- Consideration of 41 responses in regards to our questionnaire.
- We used the short observational framework for inspection (SOFI 2) tool during the lunch time meal service. This tool enabled inspectors to observe and record card to help us understand the experiences of people who are receiving support.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Hartpark Ltd</b>
<b>Responsible Individual</b>	<b>Dr Abdul Waheed</b>
<b>Registered maximum number of places</b>	<b>39</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the first inspection carried out since the service was re-registered under RISCA.</b>
<b>Dates of this Inspection visit(s)</b>	<b>20/01/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	No. This is a service which is currently working towards being able to fully offer the 'active offer' of the Welsh language. Due to the location of the service, in a predominately English speaking area, there are no individuals currently living at the service whose first language is Welsh.
<b>Additional Information:</b>	

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