Crown Care VI Limited

Highgrove Care Home

Inspection report

West Road
Mexborough
South Yorkshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 20 June 2017 and was unannounced. This was the first inspection of the home under the current registration.

Highgrove Care Home is a 78 bed nursing home, providing care to older adults with a range of support and care needs. At the time of the inspection there were 26 people living at the home. The home is divided into four discrete units, although the registered provider had stopped using two of the units and therefore, only two units were in use at the time of the inspection.

Highgrove Care Home is located in Mexborough, a small town in Doncaster, South Yorkshire. The home is known locally as Highgrove Manor. It is in its own grounds in a quiet, residential area, but close to public transport links.

The service had a registered manager who had been registered with the Care Quality Commission since February 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Assessments identified potential risks to people, and management plans were in place to reduce these risks. Recruitment processes were safe and we saw there were sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system. Although, at the time of the inspection one room where medicines were stored was too warm.
It was a very warm day and periodically, we noticed a smell of urine in one particular area of the home. However, all other parts of the home looked clean and did not smell.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had completed an induction and essential training at the beginning of their employment. This was followed by additional training and periodic refresher sessions. They also received regular support and supervision to help them meet people's needs.

People were supported to eat and drink to maintain a balanced diet, and snacks were available between mealtimes. The people we spoke with said they were happy with the meals provided.

The registered provider had appropriate arrangements in place to ensure they adhered to the requirements

of the Mental Capacity Act 2005.

People were treated with respect and kindness. Staff demonstrated a good knowledge of how to respect people's preferences and ensure their privacy and dignity was maintained.

Relatives had been encouraged to be involved in planning their or their family members' care. Care plans checked reflected people's needs and had been reviewed and updated to reflect people's changing needs.

People had access to social activities, as well as outings into the community.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they had no complaints, but would feel comfortable raising any concerns with the registered manager.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. Action plans were in place to address any areas that needed improving.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and we saw there were sufficient staff on duty to meet people's needs.

Overall, the provider had appropriate arrangements to make sure people received their medications safely.

Is the service effective?

Good

The service was effective.

People told us they enjoyed their meals at the home. People's nutrition and hydration was closely monitored to ensure they maintained good health.

The registered provider had appropriate arrangements in place to ensure they adhered to the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Care plans were devised in such a way as to ensure that good care was supported effectively.

Staff interacted with people warmly and with respect.

People's privacy and dignity was upheld when staff were carrying out care tasks.

Is the service responsive?

Good

The service was responsive.

There was a comprehensive programme of activities, both in the home and within the community.

There was a clear complaints process. Although people we spoke with had no complaints to tell us about.

Is the service well-led?

Good

The service was well led.

There were systems in place for auditing the service, to ensure people received care which was safe and of a good quality.

Staff told us they felt well supported to undertake their roles.

Highgrove Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant that the registered provider and staff did not know that the inspection was going to take place. It took place on 20 June 2017. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to CQC by the registered provider and information from other agencies.

At the time of our inspection there were 26 people using the service. We spoke with people who were using the service to gain their views about the care they received. We spoke with six people who used the service and four visiting relatives.

We spoke with three senior care staff, five care staff, a cook, an activities co-ordinator and one visiting activities person, the registered manager, and several members of the registered provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. We spent time observing people in the communal areas to help make a judgement about their mood and wellbeing. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for three people who used the service and records relating to the

management of the home. This included meeting minutes, medication records, staff recruitment and training files and surveys completed by people's relatives. We also reviewed records used to monitor the quality of the service provided and how the home was operating.

Good

Is the service safe?

Our findings

People who used the service and relatives we spoke with told us they felt safe in the home. For instance, one person said, "I am alright. Staff look after me." And one person's relative said, "There are always staff around to help the residents and I feel the residents here are safe."

All the people we saw in the communal areas and those we spent time speaking with looked relaxed when interacting with staff. People who were mobilising independently moved around the home without any restrictions. Those who needed help with mobilising received support from staff. We saw people used pressure relieving cushions when sitting in the lounges, if they needed to. We saw one person using a special chair to support their specific needs, and they looked relaxed and comfortable. Staff supported people to move around the home safely. For instance, they were competent and confident when using a hoist to move people. We saw staff explained to people before moving them. We also saw staff prompting people to use mobility aids correctly and giving them sufficient time to mobilise safely whilst supervising them. Staff knew people's names and interacted with them in a friendly and courteous manner. Staff did not rush when attending to people.

We spoke with staff who displayed a good understanding of people's needs and how to keep them safe. They spoke with knowledge about risks people may be vulnerable to or may present, and what action to take if necessary. One staff member told us, "We make sure residents are safe by taking proactive measures, such as risk assessments, taking to relatives and getting to know the residents well. If in doubt, I will talk to the other staff and the manager."

Care and support was planned and delivered in a way that promoted people's safety and welfare. We checked the quality and detail of risk assessments. These had been reviewed and updated when necessary and included a good level of detail setting out what staff needed to do to address particular risks. We checked the use of bed rails in the home, and noted their use was properly assessed. Records we checked showed staff were undertaking appropriate safety checks where required.

Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately. Records within the home and those held by CQC, showed t where untoward incidents or suspected abuse had taken place, the registered provider had acted appropriately and appropriate referrals had been made to the local authority.

Staff spoke confidently about making sure people were protected from abuse. For instance, one staff member said, "Safeguarding applies to all of us, residents, relatives and all staff. It's about keeping people safe and away from harm. Minimising the risks. I have done the course and I am not worried about reporting any incidents." Another staff member said, "We work together as a team to make sure people who use the service are safe. Sometimes residents get upset with each other and we are good at distracting them." While another staff member told us, "I know abuse happens in different ways and we the front line staff need to be observant and take action."

Our observations showed there were enough staff on duty to meet people's needs in a timely manner and to keep them safe. No one raised any concerns about staffing.

We checked a sample of staff files which showed t a satisfactory recruitment and selection process was in place. The staff files we sampled contained all the essential pre-employment checks required, including a work history, evidence of identification and references. This also included a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We checked the arrangements for managing medicines at the home. We looked at medication administration records (MARs) for seven people during the visit and spoke with the assistant manager, a nurse, and two senior carers who were administering medicines.

The rooms used to store medicines were secure, with access restricted to authorised staff. Room temperatures were monitored daily to ensure they remained within recommended limits. However, the day of the inspection was a particularly hot day and one room where medicines were stored was too warm. This issue was addressed promptly by the management team.
Waste medicines were disposed of in accordance with the relevant regulations. There were appropriate arrangements in place for the management of controlled drugs, including storage and record keeping, and regular balance checks had been carried out. Medicines which required cold storage were kept securely in a medicines fridge in the downstairs treatment room. Fridge temperatures were recorded daily in accordance with national guidance.

People who used the service had photographs and allergy details completed on their MARs; this helped to prevent medicines being given to the wrong person or to a person with an allergy. The MARs we looked at had been completed accurately to show the medicines people had received. We checked the stock balances of medicines in the trolleys and store cupboards and found they were correct. Staff routinely recorded the number of tablets given from variable dose prescriptions. Body maps were routinely used for topical treatments and pain relief patches to make sure they were applied to the correct area.

We found there was written information to guide staff how to administer medicines which had been prescribed to be given only as and when people required them. Although the guidance was more detailed for some people than others.

The assistant manager carried out monthly medicines management audits. We reviewed two recent audits and saw clear outcomes and actions had been recorded where improvements were needed. Staff received training in medicines management and had their competency assessed by members of the management team.

For the purpose of fire safety the rooms which were occupied had coloured stickers informing staff of the mobility status of the people who used the service. It was a very warm day and we noticed a smell of urine in one particular area of the home. However, all other parts of the home looked clean and did not smell.

Good

Is the service effective?

Our findings

People told us they enjoyed the food, and said it was plentiful. People's relatives said the care was appropriate and they were involved in the planning and reviews of the care of their loved ones.

We carried out an observation of lunchtime. We saw t there was a pleasant, calm atmosphere in the dining room we were observing. People were given appropriate support to eat if they required it, and equipment was available where required. Outside the dining room on the ground floor there were pictorial menus for people and visitors to see. Eight people ate lunch in the dining room and two people in their own rooms. We saw all three care staff and the cook served the meals and drinks to people. Two staff sat with people and helped and prompted them to eat and the third staff member took the meals to the people in their rooms and made sure they were assisted. Staff provided people, where needed, respectful and discreet support to eat their meals and took time to ensure people were offered choices of food and drink.

People ordered their meals a day in advance and we saw staff reminded people of what they had requested when serving their meals. Staff offered alternatives. On this particular day everyone was happy to receive their choice of main meal. One staff member said, "Residents often tell us the food they like. We let the manager and the cooks know. There are menus displayed with pictures to help the residents to choose."

People were not rushed and they were offered alternatives to the puddings that were on the menu. The cook also asked if people liked the food and whether they wanted more. We heard two people commenting on the food to staff, one said, "That's nice. I would like some more drink. Not bothered about dessert I have had a lot to eat. Thanks." The other person said, "Lovely, I am enjoying the pudding. I love custard."

One person's midday meal was pureed chicken casserole and mash potatoes. The presentation could have been made more appetising, if the food had been presented using food moulds.

Following lunch we spoke with the cook. They showed us the kitchen list, of people's special diets and food allergies, which they said was checked each day and kept up to date. We saw the menus were planned in advance. The cook told us they updated the menus following residents' and relatives' meetings. After a recent meeting changes had been made to the evening meals, now people had more choices, such as soup and sandwiches, or light meals like egg on toast or poached haddock.

Care staff told us, "Kitchen staff are very good at providing alternatives if people are not eating. They make smoothies, puddings and cakes to tempt people." The cook told us they had been to Doncaster hospital on a smoothie making course, which they had found very useful. They now offered fresh smoothies to people and they were well received, as well as providing good nutrition.

We checked five people's care records to look at information about their dietary needs and food preferences. Each person's file contained details of their nutritional needs and preferences, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Records were kept of people's food and fluid intake where they were at risk of dehydration or malnutrition. Where people

needed external input from healthcare professionals in relation to their diet, appropriate referrals had been made and professional guidance was being followed. People were provided with drinks and encouraged to drink throughout the day. Between breakfast and lunch, drinks and snacks were served and further drinks and snacks were served after the teatime meal, and later in the evening for supper.

We looked at records in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. At the time of the inspection, nine people living at the home were being lawfully deprived of their liberty. There were systems in place to ensure that the progress of DoLS applications were monitored, and that conditions were complied with.

We also checked people's files in relation to decision making for people who were unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. We found that people's files contained evidence of appropriate best interest decision making, where appropriate.

People and their relatives said that people could see the GP when they needed and staff were good at getting in touch with the GP. For instance, one person said, "Yes I can see a doctor if I need to, staff sort that out." Staff confirmed people had good access to external health care services. For instance several staff members said the GP visited when they were called, and attended people's annual reviews. One staff member told us, "I speak to doctors, district nurses and other professionals seeking their advice, including Emergency Care Practitioners (ECPs)." ECPs generally come from a background in paramedicine and have enhanced medical assessment and clinical skills. Another staff member said, "I think we are effective in our care because we know our residents, we know the signs when they are upset, we give people choices, we help them make decisions, and we ask the doctors and for other professional help at the appropriate times."

We checked staff training records and saw staff had received training covering the needs of older people, including dementia awareness and safeguarding. Staff told us, "We have in-house training and e-learning. I have had safeguarding training. I know what to do and who should be involved." Another staff member said, "There is a lot of training in-house and e-learning. I am up to date with my training." Another staff member listed some of the core training they had received. This included moving and handling of loads, health and safety, fire safety and fire evacuation, medication training and infection control.

Staff received regular supervision and appraisal. We checked the registered provider's supervision and appraisal schedule and saw appraisals took place annually, with supervision taking place around every two months. Staff we spoke with confirmed they received supervision and told us they found this useful. One staff member told us, "The manager did my supervision and it gave me time to discuss my future with the home. It was very useful." Another staff member added, "I have six monthly supervision and yearly appraisal. This time the manager did all our appraisals to get to know us better, which was good."

Good

Is the service caring?

Our findings

People and their relatives made positive remarks about the staff and how helpful they were. Two relatives said they had been involved in planning the care of their loved ones and their subsequent reviews. They said the staff were, "Very good at keeping the family informed." One relative confirmed, "I am involved in my [family member's] care arrangements." They also said, "Staff use the sling to hoist my [family member]. They do the right things."

We saw staff spoke to people with warmth and respect and knew people well. We saw staff being polite and courteous towards people and their visitors. Throughout the inspection we saw staff strived to ensure the environment in the home was calm and peaceful, and they responded to people promptly when they needed assistance or support.

To assess the registered provider's practice in relation to caring, we used the Short Observation Framework for Inspection (SOFI.) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our SOFI findings concluded that staff regularly interacted with people in a positive way, seeking opportunities to engage with people beyond undertaking care tasks.

Staff described how they offered people choice, such as where and when to eat, what clothes they wanted to wear and the time they liked to go to bed and get up. For instance, staff members told us, "We give residents the choice. We make it easy for residents to express what they want by using pictures and prompting them and also showing them the choices they have. Like showing the different shirts a resident has, so he can make a decision" and "Residents are given the help to make their choices. I know the body language and the facial expressions of residents, even if they don't tell me in words. We don't make any decisions without the consent of the resident or their significant other." When we observed staff practice in relation to choice, we noted staff promoted people in making choices and decisions.

We looked at some bedrooms, and found people's rooms contained people's personal belongings, which contributed to a homely and personalised feel in each room. People we saw were well groomed, in smart, clean clothes and sometimes wearing jewellery and other accessories. This indicated staff had taken time with people when helping them to get ready for the day, ensuring they could reflect their personal preferences in the way they dressed. One staff member said, "All residents whether they are able to verbally communicate or not are given help to make decisions for themselves. I don't rush. Most residents need time to consider and act. They know when staff are rushed and that make them anxious. Sometimes it can be busy, but when I attend to residents I don't rush."

The staff we observed upheld people's dignity, speaking discreetly with people about any care needs, knocking on doors and addressing people using their preferred names. One staff member said, "Dignity and privacy is maintained at all times, when giving personal care, talking to residents about personal and private matters and when residents receive letters. Letters are only opened and read when residents ask." Another staff member told us their rules for maintaining people's privacy and dignity, "Don't speak loud, so others can hear. Close the door and draw the curtain before helping the resident undress. Respect the resident's

belongings."

We checked five people's care plans and saw their needs and preferences were clearly set out, so staff had clear guidance about how to support people and provide care which met their needs. Care plans were personalised, and each one reflected the person concerned in detail. The staff we spoke with demonstrated a good knowledge of the people living at the home, their care needs and their wishes.

Good

Is the service responsive?

Our findings

People we spoke with told us they were happy in the home and praised the staff. For instance, one person said, "Lovely up here. Good staff, good food. I like it here." They added, "I choose my clothes and what I want to do. I see staff are very helpful to all the residents and they know them."

We looked at the arrangements for providing activities in the home. The registered provider employed two activities co-ordinators, who promoted a range of activities both inside and outside of the home. We spoke with the one activities co-ordinator. They told us as well as organising activities, they also invited volunteers to spend time with those people who do not have visitors, reading and chatting.

We observed nine people participating in the armchair activities. People were encouraged to take part in the exercises and they were cheered and praised when they joined in. We saw people with different abilities joining in and others enjoying just observing. After the exercises everyone was offered drinks. The person who presented the activity told us they visited the home each week to carry out armchair exercises with people.

There was a file with photographs showing people had been involved in various activities. There was also a folder with evidence of people receiving one to one time, as well as group activities. Most people we spoke with said there were occasional trips out. Only one person's relative was not quite as complimentary about the service. They said, "It's OK. [My family member] seems settled, but I have to take [my family member] out."

Care plans reflected that people's preferences and choices people's care and treatment was regularly reviewed to ensure it was up to date. Each care plan had evaluation records, showing staff had reviewed whether the care being provided met people's needs. We also saw evidence of care plans being changed to improve the way people were cared for when their needs changed and external healthcare professionals' directions were incorporated.

People using the service and their relatives were encouraged to give feedback about the home. This was via an annual survey and regular meetings. Minutes from meetings of relatives and people using the service showed the registered provider had responded to feedback. We checked records of complaints within the home, and saw when people had made a complaint this was addressed promptly by the registered manager, and in accordance with the registered provider's policy. People we spoke with said they would be confident to make a complaint if they wanted to. They told us they had nothing to complain about.

The arrangements for making a complaint were described in the service user guide, which was given to people when they began using the service. The complaints process was on display in the communal area. Staff members told us, "There is a complaints procedure and if people want to make a complaint I will point them to it. But, before that I will see if I can help", "I haven't dealt with any complaints, but I know the procedure. If in doubt I'd ask the other staff or the manager" and, "Any concerns brought to me by relatives or residents, I tend to see if I can first sort the problem out myself and then report it to the unit manager. All

concerns are discussed with the unit manager."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. In addition, the registered manager was supported by deputy managers and an assistant manager, who were all qualified nurses. The registered provider is part of the Crown Care group of homes. This meant there was also a structure of regional and operations managers who provided support and guidance to the home.

Staff told us they enjoyed working at the home. Staff talked about the culture of the organisation, saying the present management team were fair and open. Staff made positive comments about the registered manager and the support they received on a day to day basis. People who used the service and their relatives were involved in giving feedback about the service at the meetings. They said they felt confident to say what they thought, as the staff were approachable.

A staff member said, "Staff meetings are held. We had a meeting with the manager recently. I feel we work as a team and the manager is there for us. We can go to her anytime." Another staff member said, "The manager listens to our problems whether they are personal or work related. Staff on the units are also supportive and caring."

Staff meeting minutes were displayed to share information. Staff told us if they had concerns about the practice of their colleagues, they would not hesitate to reporting any concerns. They told us morale was good and they felt they could communicate with the management team. We saw from the minutes of staff meetings that staff were able to contribute their views and ideas in relation to the way the service was run.

One staff member said, "Management is much better now and we feel we are supported. We took part in a staff survey by Doncaster Council some weeks ago. The last staff meeting was two weeks ago. Although, I've not seen resident and relatives meetings taking place when I have been around." Another staff member said, "The staff team are very supportive and we help each other out. I don't worry about asking the manager. She is around and she is very approachable. Things are a lot better now."

Various audits had been used to make sure policies and procedures were being followed and essential checks were carried out. These audits looked at areas including health and safety, care plans, personnel records and staff training. We checked a sample of these, and found t they were thorough and identified areas for improvement. Where areas for improvement were identified, an action plan was formulated and followed up at the next audit to ensure it had been addressed. We saw the quality assurance process was effective, and ensured the home was operating safely and providing a quality service.

Systems were in place to make sure the registered manager and staff learned from events such as accidents, complaints and incidents. There was a thorough analysis of accidents and incidents, which identified trends and patterns so any areas of risk could be addressed. We checked records of incidents and accidents, and noted relevant incidents had been notified to the Care Quality Commission and the local authority, when required.

Staff said there were meetings arranged for residents and relatives to give people the opportunity to share their views. One staff member said, "We have residents meeting, but not many turn up. But, more people attend when they have residents and relatives meetings. We can see the minutes and they are usually displayed on the notice boards on the units."