Care Quality Commission

Dignus Healthcare Limited

Highcroft House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 14 July 2015 and was unannounced. At the last inspection on 3 July 2014, we found that the provider was meeting the requirements of the Regulations we inspected.

Highcroft House is a residential care home providing accommodation and nursing care for up to nine people. The home specialises in the care of people with a learning disability and physical disability. At the time of our inspection eight people were living at the home.

There was a registered manager in post at the time of the visit. 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 who lived at the home had different ways of expressing their feelings and were not able to tell us about their experiences. Relatives and staff were able to tell us they felt that people were kept safe. The provider had procedures in place to reduce the risk of harm to people because they supported staff to recognise unsafe practices. However, safety concerns regarding equipment were not acted upon in a timely manner, despite the registered manager bringing them to the attention of the maintenance team.

Summary of findings

People were generally supported with their medicines as prescribed but medicine administrative records were not always consistently completed.

There had been difficulties in retaining staff. There was sufficient staff employed to keep people safe. People received a service from staff that were trained and supervised, which supported them to meet people's needs.

The provider protected people's rights in line with legislation.

People were supported to make some choices with food. Drinks were offered at times during the day. Staff provided healthy options and involved dieticians to ensure people's nutritional needs were met.

People were supported to access other health care professionals to ensure their health care needs were met.

Relatives felt staff was caring and they had good relationships with the people they supported. People received care from staff that was respectful and maintained people's privacy and dignity.

People were supported to participate in various social activities. People received appropriate care and support that was individual to their needs. Relatives told us they were confident their concerns or complaints would be listened to and matters addressed quickly.

The high turnover of staff had led to people's care records not been updated in accordance with the provider's policy. The provider had systems in place to monitor and improve the quality of the service, although these were not always effective, in ensuring the home was consistently well led and some improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe

Relatives of people felt the service was safe.

There were sufficient numbers of staff that provided care and support to people.

People usually received their prescribed medication but administration records were not accurately completed.

Faulty equipment had not been repaired in a timely manner.

Requires Improvement

Is the service effective?
The service was effective

People were cared for by staff that were safely recruited and suitably trained.

People's rights were protected.

People were supported and had access to health care professionals.

Good

Is the service caring?
The service was caring

Relatives felt the staff were caring and kind.

Staff spent time with people, supporting them to make decisions about their care.

People's dignity was maintained and staff were respectful of their wishes.

Good

Is the service responsive?
The service was responsive

People received care and support that was individual to their needs.

People were supported to take part in group or individual activities.

Relatives were aware of how to make a complaint and were satisfied with how their complaints were investigated.

Good

Is the service well-led?
The service was not always well led

Relatives were generally happy with the quality of the service people received.

Relatives and staff felt the registered manager was approachable and open.

Requires Improvement

Summary of findings

There were procedures in place to monitor the quality of the service. These were not robust enough. They had not clearly identified improvements to be made following a complaint or that care and medicine administration records were not being consistently updated and completed.

Highcroft House

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.

This inspection took place on 3 July 2015 and was unannounced.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

People were unable to tell us about their experiences of care. We spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with seven care and nursing staff, four relatives, one health care professional, the registered manager and operations manager.

We looked at records in relation to two people's care and medication to see how their care and treatment was planned and delivered. We looked at records relating to the management of the service, staff training and recruitment files. We also looked at a selection of the service's policies and procedures to ensure people received a quality service.

Requires Improvement

Is the service safe?

Our findings

People living at the home had different ways of expressing their feelings and were unable to tell us about their experiences. We saw there were good communications between staff and people. People smiled often and they looked relaxed and happy. Relatives felt people were kept safe, one relative told us, "This is one of the best homes we've seen and feel [person's name] is safe here." Another relative said, "There aren't any problems with safety here I'm confident [person's name] is safely cared for." A health care professional told us they felt the service was safe for their client.

Staff were clear about their responsibilities for reducing the risk of harm and explained to us the different types of abuse. They described what signs they would look for, that would indicate a person was at risk of abuse. One staff member told us, "We know the people who live here and if they started to behave differently or became withdrawn, we'd report it to the senior." Another staff member said, "I have never seen anything that could be considered to be abuse." Other examples given by staff, they would observe for signs of bruising, changes in people's demeanour or neglect. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. We found the provider had a safeguarding procedure in place, which they had followed when reporting safeguarding concerns, to the appropriate body. We looked at training records which confirmed staff had received up to date safeguarding training or they had been scheduled to complete this training within the next two months. The provider's procedures offered staff the guidance required, to make sure people were protected from risk of harm.

Relatives told us any risks to people was identified but not always managed properly. One person said, "[Person's name] has to have their neck supported and sometimes the support is not in the correct position and I have to show the staff where it should be, but it has got a lot better recently." Staff said they assisted senior staff to complete risk assessments to ensure risks were identified, as people's needs changed, in order to reduce the risk of harm. One staff member told us, "I don't complete risk assessments myself but if I see that something isn't right, I will tell the senior staff member on duty." Care records we looked at included detailed and personalised risk assessments for each person. For example, people had been identified at risk due to seizures; the risk assessments provided staff with guidance to support the person in a non-restrictive and safe way. Monthly re-assessments had not been completed on one person's care records. However, their daily care records showed people were being monitored and the appropriate health care professionals were involved in their care.

We saw people in their moulded wheelchairs where not repositioned during the morning. This was important to prevent discomfort for the person and reduce the possibility of pressure sores developing. We asked staff what procedures were in place to reposition people. We were told conflicting information; two staff said people should be repositioned every two hours and other staff were either unsure or told us three hours. We saw the care plans and daily record sheets were not regularly updated to reflect the repositioning of people. One staff member told us it was not always recorded. We discussed this with the registered manager. They explained, people were repositioned and the two hourly repositioning applied to people who were supported in bed. The recent turnover of staff may have led to the confusion. The registered manager confirmed they would address this immediately with care staff, for clarity and to ensure consistency and accuracy of daily record sheets.

Staff told us that safety checks of the premises and equipment had been completed and were up to date. However, faulty equipment had been reported to maintenance but not repaired in a timely manner. This had not unduly impacted on the person, although it did increase the risk of injury to them and the staff supporting them. We discussed this with the registered manager who showed us they had reported it and made follow up requests. A further request was submitted on the day of our visit. Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

Relatives and staff told us there were generally enough staff on duty to meet people's needs. One relative told us, "Things seem to have become more settled with staff over the last couple of months, I think there is enough staff now." Another relative said, "Sometimes I think more staff are needed at the weekends." Staff told us that they would try to cover shifts for each other in the event of sickness or

Requires Improvement

Is the service safe?

annual leave, so people had continuity of care. The registered manager explained they currently needed additional staff. They told us they used the same agency staff because they were familiar with the service and the people who lived there. One staff member said, "Sometimes, there is enough of us and sometimes there isn't and it can be a bit stressful." Another staff member told us, "A few people have left and new staff started. Turnover of staff has been difficult with lots of hours to cover. It's better now as more staff started and they are recruiting team leaders so shifts will run more smoothly." Another staff member told us, "We do have enough staff now; we are a good team and work well together." We saw there was sufficient staff on duty to support people and further recruitment of registered nurses was in progress.

Staff spoken with told us that all required pre-employment checks were undertaken. We checked the recruitment records of three staff and found the necessary checks had been completed. This included obtaining references, confirming identification and checking with the Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been banned from working with people. People were cared for by suitable staff because the provider followed robust recruitment procedures, to help reduce the risk of unsuitable staff being employed.

Staff understood the signs people would show when they were in pain. One staff member said, "I always know when [person's name] has a pain because of the look on their face." We saw that medicines were reviewed when people's needs changed and people received medicine as and when required. Relatives we spoke with told us they had no major concerns about their family member's medicines. Although one relative had told us they knew their family member had not consistently received their prescribed cream. We looked at the medication administration records (MAR) for two people and found one record contained gaps. The record had not been consistently completed; we were unable to establish if the person had received their prescribed creams when they needed it. We saw that there was a system of audit checks but this had not identified issues with the administration of creams.

Good

Is the service effective?

Our findings

Relatives were complimentary about the staff and told us they felt staff was generally knowledgeable and trained to support people. One relative said, "I think the staff could do with more specialised training around dementia awareness." Another relative said, "The staff are very good." A health care professional told us they felt staff was knowledgeable about people's needs. Discussions we had with staff demonstrated to us they had a good understanding of people's individual preferences and support needs.

Most of the staff said they had received ongoing training and supervision to support them to do their job. A staff member told us, "The induction training was really good, very thorough, I felt equipped to do my job." Another staff member said, "I've just completed a specialised course, it was very good, I learnt a lot." Another staff member told us, "I've not had supervision for ages due to the turnover of staff, but it used to be good." We discussed this with the registered manager. They told us supervision may not have taken place as often as it had, due to the on-going staffing issues. We saw that staff would approach nurses and senior staff for support, when required. We saw most staff had received supervision and training records confirmed the provider had a planned training programme for the year.

Staff told us that they sought people's consent before offering support. Staff said peoples' different ways of communicating indicated their consent through their gestures and body language. We saw staff gave people choices and asked for the person's consent. All staff were able to demonstrate an understanding of mental capacity in line with legislation of the Mental Capacity Act 2005 (MCA). We saw that best interest decisions had been made involving family members, the person and appropriate health care professionals and this was in line with the requirements of the MCA. Few staff were aware of the principles of Deprivation of Liberty Safeguards (DoLS), however training was scheduled to take place in the next two months.

The MCA sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. We saw that the registered manager had completed mental capacity assessments and DoL applications had been made. The provider was acting in line with current legislation to ensure that people's rights were protected.

The provider had recently employed a new house-keeper to provide freshly prepared meals, oversee the laundry and general domestic duties. At the time of our visit the house-keeper was on holiday and meals were prepared by the staff. We did see that lunch had been freshly prepared and presented to people in an appetising way. Staff told us they would buy a range of foods and it was sometimes 'trial and error' to find out what people did and did not like, because people's tastes in foods could change. A staff member told us, "We tend to cook what's in the fridge and choose the meals for people but they soon let us know if they don't like it." There were some pictorial aids to support people to make a choice but they were incomplete. The staff explained they were in the process of putting the information together and it had 'not been finished yet'.

Staff knew how to identify people at risk, for example, their specific dietary requirements. One staff member said, "People have different abilities and require different support, some have their food blended, chopped or mashed." Staff ensured that people were supported to eat their meals in a way that was suited to their needs. Staff provided one to one support for people who required support. We saw that snacks and drinks were made available to people.

Staff told us they knew how to support people with maintaining a healthy diet and, where appropriate, how to monitor people's food and fluid intake. For example, one person's care records showed their weight fluctuated. The records confirmed they were regularly monitored, being effectively supported with additional involvement from the Speech and Language Therapist (SALT) and dietician, to maintain a healthy diet.

Relatives told us their family members health needs were met by the provider. They told us they had been involved in meetings with staff to discuss the person's support. A staff member told us, "We explain what's happening to them and we know their likes and dislikes through their sounds, facial expressions and body language." Relatives and staff confirmed that people were regularly visited by other health care professionals. We saw that care records were in place to support staff by providing them with guidance on

Good

Is the service effective?

what action they would need to take, in order to meet people's individual care needs. We could see there was involvement from other health care professionals, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

Relatives and staff told us people were well cared for and looked after. A relative told us, "[Person's name] loves [staff name] they are always laughing together, it's lovely to see." Another relative said, "The attitude of the staff is very caring and friendly." Staff were caring towards people, we saw they took time to explain what was happening and what they were doing. Staff were able to tell us about people's individual needs, their likes and dislikes and this contributed to the staff been able to care for people in a way that was person centred. We saw staff were aware of people's non-verbal communication as to whether they were happy or disliked something. We could see from the people's demeanour they were calm and relaxed.

There was a calm and relaxed atmosphere in the home, people were smiling and good-humoured conversations were ongoing between relatives and staff. Staff spoke to people in a sensitive, respectful and caring manner. We saw how comfortable people were in the presence of staff and that people were relaxed during all staff interactions with them. For example, one person was having their hair straightened, it was clear from their expressions they were happy and comfortable.

People's rooms were individually and tastefully decorated, furnished to take into account people's likes. Relatives told us they contributed to personalising their family member's room. There were photographs of people important to the person in their rooms. People were well presented in individual styles that reflected their age and gender. Attention had been paid to people's appearances so that people's wellbeing was promoted. For example, ladies had their nails painted and men were clean shaven. This showed there was a strong person centred culture at the home and staff knew what was important to people.

Relatives told us they were involved in planning people's care. We saw that the care planning process was centred on the people taking into account the person's preferences. One relative told us, "The staff does listen to what we say and try to make sure they do what they can to care for [person's name]." A health care professional told us they found the service to be very inclusive and staff came across as very friendly. We saw that staff involved people in making decisions about their care. They would ask questions and could identify from the person's facial expression, body gestures or sound they made, whether they were happy or not. For example, one staff member told us, "[Person's name] has their set routine and I know when they are not ready to do something so I'll leave it and come back later." Another staff member told us, "We always talk with people before carrying out any care." A relative told us, "[Person's name] can make their views known to staff."

Relatives told us people were treated with respect and dignity. One relative told us, "[Person's name] is a very particular about who supports them and can become very anxious. Staff do everything they can to protect their dignity." Staff told us how they promoted privacy and dignity in everyday practice. For example, one staff member told us, "Staff should not have conversations with each other when supporting people as this could leave them feeling excluded and ignored." We saw that staff spoke with people in a relaxed tone of voice to explain to people what was happening or whether they wanted to participate in any games. We also saw that staff treated people with respect and were caring in their approach for example coming down to eye level when speaking with people.

Relatives told us that there were no visiting restrictions. A relative told us, "We visit at different times, turn up on spec, and we're always made to feel welcome." Another relative told us, "We visit most weeks the staff are very friendly." This ensured that the provider supported people to maintain family and friend relationships.

Good

Is the service responsive?

Our findings

Relatives told us they were generally satisfied with how people's needs were being met. One relative said, "The staff are very responsive when we have raised concerns." A health care professional told us that staff carried out their instructions at a pace that was suited to the person and had never had any concerns. We saw that staff quickly responded to people that required assistance and support.

Staff were able to tell us about people's individual needs, interests and how they supported people. For example, one staff member told us, "[Person's name] likes to sleep in late so has breakfast and lunch at different times to other people." We saw that people's care records were individualised. Staff told us they would involve the person in any decisions, because they knew how to communicate with the person in a way they could understand. One staff member said, "Everyone has an input, staff explain to the person what is going on and what might be going to change." Staff said, and we saw that they could tell by the person's facial expressions and body language if the person was happy with them.

Relatives confirmed to us they were invited to participate in reviews of their family member's care needs and they would also discuss the person's needs with staff over the phone. One relative told us, "I am in regular contact with the staff about [person's name] so I am kept up to date with their care and when there is a change in their health." Relatives told us communication was good and they were kept informed of any changes in their relative's needs. We saw peoples' care and support needs were reviewed but not always as often as detailed within the care plan. We raised this with the manager who acknowledged some care plans had not been updated as they should be and this was attributable to the turnover of staff. However, we saw people were receiving appropriate care.

Staff told us they always tried to encourage people to go out and experience different things. One staff member said, "We recently went into Birmingham with [person's name] they had a great time shopping." A relative told us, "It's great people get to go out, I'm happy [person's name] is not staying in all the time." We saw two people had gone out during our visit. Other people were engaged in group activities or their own individual interests. Staff respected people's decisions.

Relatives said they knew how and who to complain to. One relative told us they had to discuss with staff why their family member had not received their medication. They had raised it with the registered manager and staff on more than one occasion. We discussed this with the registered manager who was aware of the ongoing discussions with the relative and said they would again speak with staff to ensure the processes for administering medicine were applied.

Relatives told us that they could go to the manager if they wanted to complain about anything. One relative told us, "I have had to raise a couple of issues with the manager, they have always been approachable and things have improved." Another relative said, "There is nothing major to complain about just minor issues but I have no problem speaking with the manager about them." Relatives told us they were confident the manager would resolve the issues and were generally satisfied with the outcome. They told us the manager made themselves available and was receptive to comments. Relatives told us that they felt able to raise issues with any of the staff and they had confidence that they would act, should they raise concerns.

Requires Improvement

Is the service well-led?

Our findings

Relatives and a health care professional were generally complimentary about the way the home was managed and the quality of the service. One relative told us, "The manager is brilliant, they are always to hand and listen to what you have to say." Another relative said, "Overall, I'm pleased with the home, it not regimental and the manager is really nice." Another relative told us, "Initially, I was a little disappointed, but the manager has dealt with the issues I raised and it is getting better." One staff member told us, "I love it here, I go home with a smile on my face and can't wait for the next day."

Relatives told us if they needed to discuss anything with the manager, they would not hesitate to contact them by telephone or email. There were systems in place to monitor the quality of the service through annual feedback surveys from relatives. One staff member said, "We have house meetings to talk about how the home is run and people who live at the home can attend." Although we saw there was little in the way of communication aids to encourage feedback from people who used the service. We discussed this with the registered manager and they told us they were in the process of introducing picture boards and other communication aids so that information was more accessible to people. We saw from team meeting notes that staff received information relating to the development of the service; but there was little evidence to demonstrate staff or people were involved in improving the service.

We found that the provider received mixed views from staff regarding the culture and leadership of the service, which they felt had contributed to the recent difficulties in retaining staff. Staff felt that sometimes the senior management was 'unapproachable' and they 'felt pressurised'. We saw there had been a significant turnover of staff at the service during the last three to four months. A staff member said, "It will be much better when the new staff have completed their inductions." Another staff member said, "There is a big turnover of staff and it's not fair on the people living here." We saw this had impacted on people with missed medication and inaccurate recordings on MAR sheets. Together with care plans and daily reviews not being updated in a timely way, which had led to some inconsistencies in some people's care.

Staff explained to us they had to reimburse the provider training costs if they left their employment, irrespective of their length of service. They felt this played a part in attracting staff to work at the home and believed it should be reviewed. We discussed this with the registered manager and operations manager. They confirmed this was the case and agreed there were improvements to be made. The registered and operations managers were in the process of restructuring the service. This included introducing staff incentive schemes for example, employee of the month and reviewing staff working terms and conditions to make them an attractive employer. The provider needs to take action to ensure support is available to staff. This would reduce anxieties for existing staff and maintain consistency for people living in the home.

There was a registered manager in post. Before the inspection, we asked the provider to send us a Provider Information Return (PIR). This was a report that gave us information about the service. This was returned to us completed within the timescale requested. Our assessment of the service reflected most of the information included in the PIR. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary, to contact the Care Quality Commission. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations, for example CQC.

The provider had quality assurance processes in place which included a bi-monthly audit completed by the operations manager. We saw this audit identified areas for improvement together with an action plan, for example in hygiene and general maintenance of the building. We saw that complaint records were not always maintained in sufficient detail so they could be analysed. We saw people could raise concerns, but the system for recording complaints was not robust. Records did not show what the outcome was for people. Therefore records of actions taken or the outcome had not been consistently maintained. The information could not be used to identify themes and trends which would enable the provider to develop the service. Although there were systems to assess the quality of the service provided in the home, we found that these were not always consistently effective in ensuring records were completed and maintained in a timely way.