

# European Care (UK) Limited

## High Peak Lodge

### 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?

Requires Improvement



Is the service well-led?

Good



### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. We last inspected High Peak Lodge in January 2014. At the last inspection we inspected the management of medicines only, to follow up on previous concerns. We found the service was meeting all requirements of the regulations in this area.

High Peak Lodge is registered to provide personal and nursing care for up to 39 people. It is situated close to Leigh town centre. All the rooms are single and have en suite facilities. There are gardens to the front and rear of the home and car parking is available.

# Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People had been put at risk because appropriate steps had not been taken to deliver care in such a way as to meet the individual needs of, and ensure the welfare and safety two people who used the service. In these instances people had not received care in a timely way following the use of the nurse call bell system, and this had caused unnecessary distress.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The majority of staff had received training in this area.

Care records identified people's care and support needs and we saw evidence people's care was regularly reviewed. People's care records contained detailed information about their personal preferences and social histories.

People's nutritional and hydration needs were being met. In addition, there was evidence of people being visited by a range of healthcare professionals, which demonstrated people's healthcare needs were being met.

Staff were caring and treated with people with dignity and respect. Efforts were made to support people to make their own choices about how they spent their time. We observed positive interactions between staff and people who used the service.

People and their relatives had opportunities to raise their views and experiences about High Peak Lodge through meetings. There was a complaints system place and people told us they would feel confident raising any concerns with the registered manager or other staff.

There was a comprehensive quality assurance system in place to assess and monitor the quality of care and support being provided. The provider also carried out monthly audits. There was evidence that identified areas of improvement were followed through until completed.

# 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?

Staffing levels were reviewed regularly by the manager against people's care and support needs to establish how many staff were required. However, many of the people we spoke with and their relatives told us they didn't think staffing levels were high enough.

There were systems in place to ensure people were safeguarded from abuse, and staff went through thorough recruitment checks.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of DoLS and the Mental Capacity Act. Plans were in place to submit DoLS applications to the local authority.

**Requires Improvement**



### Is the service effective?

The home was effective. People were supported by staff who had the necessary skills and knowledge to meet their assessed needs. Staff received supervision, and were encouraged to access training to develop their knowledge.

People had enough to eat and drink and steps had been taken to identify and support people who were nutritionally at risk.

People were supported to have access to health and social care professionals, such as GP's and social workers. Staff worked effectively with healthcare professionals and was pro-active in referring people for diagnosis and treatment.

**Good**



### Is the service caring?

The service was caring. We observed caring and supportive interactions between staff and the people they provided care for.

Staff treated people with dignity and respect. People had privacy when they wished either by using the dining room or going to their own room.

People were listened to and encouraged to express their views about their care and support. Meetings had been held for residents and relatives to give people the opportunity to provide feedback about the home.

**Good**



### Is the service responsive?

At the time of the inspection, two people waited for an unacceptable length of time for their care to be provided, after they had used the nurse call bell system. In these instances, the service was not responsive to people's care needs, which caused undue distress.

**Requires Improvement**



# Summary of findings

People's needs were assessed prior to their admission to the home. Information about people's preferences were recorded within their care plans. People's care needs were kept under review and staff responded quickly when those care needs changed.

People were supported to maintain relationships with friends and relatives. Relatives spoken with confirmed they could visit whenever they wished and staff made them welcome in the home. There were limited activities at the time of the inspection, as the activities coordinator was on holiday.

## Is the service well-led?

The registered manager had developed good working relationships with the staff team and staff told us they felt well supported and valued.

There were clear systems in place to monitor standards of care provided in the home. A range of audits were in place, and the home was regularly audited by the provider Embrace (UK) Limited.

We found that the service learnt from accidents, incidents and complaints.

**Good**



# High Peak Lodge

## Detailed findings

### Background to this inspection

We visited the home on 15 and 21 August 2014. Our inspection team was made up of an inspector, a specialist advisor for dementia care, and an expert by experience who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the home including notifications received by the Care Quality Commission. We contacted the local authority, which commissions care from High Peak Lodge and Wigan Healthwatch to gather information about the service. The provider completed a Provider Information Return (PIR) and this was returned before the inspection.

During the inspection, we spent time observing care in the communal areas of the home such as the open plan lounge and dining area. We used the Short Observation Framework

for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who could not talk with us. We were shown around the building and saw all areas of the home.

Over the two days of the inspection we spoke with six people and seven relatives. We also spoke with the registered manager, the deputy manager, the area manager and four members of staff. We also spent time looking at records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in November 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

# Is the service safe?

## Our findings

We asked five people and seven visitors whether they felt there were enough staff available. Four of the people and five visitors told us they didn't think there were enough staff available. One resident said she would like to have a shower every morning but was unable to as there was nobody to assist her. She said, "I get a shower when they have time." One relative said, "They do the best they can, sometimes they are so short staffed." People also raised that sometimes they had to wait for assistance at night. One person said, "They never come at night. There is only three on, I don't know who they are, they are all agency staff." The last relatives' meeting was held in June 2014 and this noted that relatives had raised there were not enough staff available at certain times of the day.

We asked the registered manager about staffing at High Peak Lodge. We found the dependency of people using the service was formally considered in determining staffing levels. The tool had last been completed in March 2014. The registered manager told us this tool was usually reviewed monthly and that although it required updating, the need profile had not changed significantly since then. We looked at the staff rotas for three weeks and found staffing levels matched or were above the hours identified on the dependency tool.

There was a vacancy for a night nurse at the time of the inspection, and this meant that one night a week, an agency nurse was routinely covering this shift. However, for a two week period there had been continuous use of agency nurses due to the annual leave of other nurses within the home. This was potentially problematic as only one nurse worked at night and took full responsibility for the home. The registered manager acknowledged this and said they would ensure annual leave was staggered so there would not be a continuous reliance on agency staffing. The regional manager told us they were also exploring the option of recruiting a bank nurse to work between High Peak Lodge and another home in the group.

We asked the deputy manager about how they reduced the risks of using an agency nurse to take responsibility for the home during the night shift. They told us they tried to use the same agency, so the same nurses attended. In addition, they showed us a pack they produce prior to each night shift where agency staff were covering that contained key

information about the home, what to do in an emergency, and a needs profile of all the people using the service. This meant agency nurses covering the night shift were provided with up to date information and guidance.

On our arrival to High Peak Lodge on the first day of the inspection, we asked the registered manager to show us around the building. As we walked around the building we observed there was a lack of storage space within the home. This meant that items were not being stored appropriately. For example, one bathroom with an adapted bath was being used as a store room. We observed there were slings hung on the wall and towels stacked on the floor. This posed an infection control risk and also meant the bathroom could not be used for its intended purpose. Throughout our tour of the home, we noted there were items left in places where they shouldn't be, which created trip hazards. When we returned to the home on the second day of the inspection, we found this had been addressed. The bathroom had been cleared and cleaned and could be used again. The registered manager had previously made requests for storage options to be reviewed and they told us they had followed this up with the provider to have new storage added as soon as possible.

People living at High Peak Lodge told us they felt safe. Arrangements were in place within the home for identifying and responding to any safeguarding concerns. We found the home had a safeguarding policy in place that detailed how to make a safeguarding alert. A copy of the policy and a flowchart about how to make a safeguarding alert were available for staff within the manager's office and in the nurse's station. We spoke with the deputy manager, a nurse and a care worker about their understanding of safeguarding. All had a good understanding of what abuse was and were able to clearly describe how they would respond if they identified potential abuse. We checked training levels with the manager, and found that 92% of staff employed by the service had received safeguarding training.

The registered manager demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that was designed to protect people who are found to lack the ability to make certain decisions for themselves. We spoke with a further two members of staff, both had a good understanding of how to support people with day to day decision making and a basic understanding

## Is the service safe?

of the MCA. Training records showed that 92% of staff had received MCA training. We found the majority of people who lived at High Peak Lodge had the capacity to make decisions about their care and support.

At the time of the inspection, nobody had a DoLS order in place. We discussed DoLS with the registered manager who explained they were working with Wigan Council to develop an approach to reviewing all people using the service against the updated guidance. Recently there had been a Supreme Court case judgement that had impacted on the national interpretation of DoLS. The council had provided tools to use for the reviews and training was scheduled to take place. The registered manager told us they aimed to have completed their reviews by 30 September 2014.

We looked at the recruitment records of two members of staff. Appropriate recruitment checks were undertaken before the staff member began work. We found a completed application form, evidence of identification taken, references received and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to the new member of staff working in the service. (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 recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). There was a system in place to check the pin numbers of the nurses working at High Peak Lodge and this was up to date.

# Is the service effective?

## Our findings

Throughout the inspection we found that people were given choices about all the things that affected their day to day lives. For example, people got up when they wanted and spent their time in the area of the home they wished. Some people preferred to spend most of their time in communal areas of the home, whilst some spent more time in their rooms. This extended to where people chose to eat their meals, some people liked to use the dining room whilst others sat in the lounge or ate in their rooms. We found that people's preferences were clearly detailed within their care records.

Staff we spoke with demonstrated a good understanding of people's care and support needs. For example, one care worker explained how they took extra care around how they spoke with one person as they had specific communication needs. They explained how they could make day to day decisions as long as the staff took time to communicate in the way they required.

We looked at three people's care records. We found information was present about people's needs. Information was present about people's life histories and background including personal preferences. There was a key worker system in place.

People's nutritional requirements were being assessed and monitored within the home. We checked three people's care records and found an up to date nutritional risk assessment and care plan was in place for each person. We saw within one person's care records that their pre-admission assessment had highlighted that they had a very low body mass index. Their nutritional risk assessment identified them as being high risk and this had been reviewed monthly. Information was present about their dietary needs including thickened fluids.

People told us they were happy with the quality of food provided. Although one person said, "The food is hit and miss, friends and family bring me things in that I like to eat." We observed both a lunch time and a tea time sitting. We observed that the food looked appetising. People were encouraged to be independent when eating their meals, though support was given where needed with eating and drinking. One person told us there was always an alternative if you ever didn't like what you had ordered.

All the people we spoke with told us they received timely and effective support with their healthcare needs, including access to pain relief if needed. One person said, "They ask if you need anything when they come around with the medicines." Another person explained how they had reported symptoms to staff and asked for the GP to visit, who had attended. This had led to treatment being put in place that helped with the symptoms they experienced.

We found evidence that people had access to a range of health and social care professionals, including GPs, social workers and district nurses. For example, within one person's care plan we found they had received a review from their social worker, which said, "No problems identified. X very happy with the care given." Notes were present in another person's care file showing contact with a tissue viability nurse, advanced nurse practitioner, and a physiotherapist.

We asked staff if they felt well supported by the management team and they confirmed they were. They told us their training was up to date and there was plenty of opportunities to access additional training. Staff supervision was in place. This meant that people received effective care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities within the service.



# Is the service caring?

## Our findings

Comments made about the staff during our conversations with people who used the service and relatives reflected that they were caring and kind. All the people we spoke with felt they were treated with dignity and respect. One relative said “I have no qualms about her care. It is superb.” One person’s health had improved significantly and due to this they were about to go home. They told us about how much they were going to miss the staff, who they said “have looked after me wonderfully.” People who were in their rooms confirmed staff always knocked before they entered and made them feel at ease when delivering their personal care.

During the inspection, we spent time observing care in communal areas and found the interactions between people who used the service and staff to be respectful, gentle and sincere. Between meal times, we saw that people had access to, and were regularly offered a range of hot and cold drinks and snacks, such as crisps and fruit. Throughout the inspection, staff demonstrated a good knowledge of the preferences of the people living at High Peak Lodge.

Some of the people living at High Peak Lodge were unable to tell us verbally about their views and experiences. We spent time observing how people were supported by the staff and made use of the Short Observations Framework for Inspection (SOFI). This tool is used to help us evaluate the quality of interactions that take place between people living in the home and the staff who support them.

We undertook our SOFI observations, on the second day of the inspection, in the communal lounge, for a 25 minute period in the mid afternoon. The atmosphere in the lounge at this time was pleasant and relaxed with people sat chatting to each other and staff members. One person had visitors arrive in the middle of the observation period, who had brought them a cake in. A staff member then came in with a plate and knife so the person could cut their cake. Interactions within the observation period were very warm and caring. Both staff and visitors engaged people in conversation.

On the second day of the inspection, we observed tea being served to people who lived in the home, within the

dining room. During tea time, the staff were friendly and responsive to the people they were serving. However, we observed that staff seemed busy, with staff coming and going taking food to people in their rooms. One person, was keen to move out of the dining room, and called out to staff to help move them. The staff member asked them to wait for a couple of minutes as they needed another carer to assist them. As this person shouted out, this upset another person sat at the table with them. A staff member immediately de-escalated this, and then two members of staff helped move the person. This was done in a calm, unhurried manner and staff spoke to the person throughout.

We found people were able to come and go as they chose. People either sat in the communal lounge or spent time in their rooms. There was a large garden at the rear of the building. The deputy manager told us people often went and sat in the garden. However, during the inspection we did not see the garden being used by anybody. Other, than the large open plan lounge, the only other area where people could sit was the conservatory. However, this was through a locked door. The manager told us if people had visitors they sometimes went through and used this room. Both people using the service and relatives, said if they wanted to talk in private, they went to their rooms or used the dining room. One relative said “We often go and have a cup of tea and a chat in the dining room, as it is often quiet between meals.”

People had been given opportunities to raise their views about the care and support offered by High Peak Lodge. The registered manager told us meetings were held for residents and relatives within the home to give people chance to provide feedback about the home and to raise suggestions for any improvements.

Training records showed that 92% of staff had received training in equality and diversity; and a further 67% had received training in delivering person centred care. Policies and procedures were in place that outlined the expectations of staff in promoting privacy and dignity. A member of staff had been appointed as a Dignity Champion and had received additional training for this role.

# Is the service responsive?

## Our findings

On the first day of the inspection, we directly observed two incidents where people did not have their call bells answered in a timely way. One person, who needed assistance for the toilet, waited half an hour for a staff member to respond to their call bell. When the staff member arrived they said they would need to wait as they were supporting another person. The carer came back 15 minutes later and could not find a bed pan, and went to look for one, returning after a further 10 minutes. They said they had needed to wash out a bed pan another resident had used as they could not find another one. The wait caused visible distress for the person and their relative. We asked the registered manager to review this incident to establish why there was a lengthy delay. Following the inspection, the registered manager sent us a report. This stated that a care worker had wrongly made the assumption that the call bell was coming from the hair dressing salon, and had not checked the nurse call bell screen.

Another person and their visitor told us when we went into their room they had pressed the call bell 25 minutes earlier, we waited within the room and a care worker came to assist 15 minutes later. The registered manager told us they were not aware of any other occasions where people had been left to wait in this way. As a result of these incidents the registered manager sought and gained agreement for an electronic monitoring system to be put in place for the nurse call bell system. The failure to meet two people's individual care needs by a lengthy wait for delivery of personal care meant there had been a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home had an activities co-ordinator, who was on annual leave at the time of the inspection. This meant the usual programme of activities was not taking place within the home, and we did not observe any planned activities. One person told us how everybody chose what they wanted to do each day. They said they liked to get up at about 11am and then come downstairs to read or knit. They told us there wasn't that much to do. They confirmed there was an activities person that did care in the morning and activities in the afternoon but they were on holiday for

a fortnight. Another person said, "It can be boring here at times, I'd like there to be more going on." There was a notice up advertising that a harpist was coming into the home later in the month.

Most people we spoke with could not recall having discussions about their care plan. One person said, "My daughter sees to all that." Relatives did tell us they felt involved in the care being planned and delivered. One relative said, "We filled in a sheet with her details when she came in a few weeks ago." Another relative told us they had been extremely pleased with the communication from the home, and said they informed them of everything over the telephone. They really appreciated this as they lived a distance away and this allowed them to take a full involvement in their relative's care.

Prior to moving in to High Peak Lodge, people were given information about the home and the facilities available. We looked at three people's care plans and found each person had their needs fully assessed before they moved into the home. This demonstrated the registered manager had gained the information they needed to take the decision they could meet that person's care and support needs within the home.

We saw care plans were up to date and provided staff with sufficient information about people's assessed needs. We found people's care plans contained lots of information about people's personal preferences. For example, we saw information about what people enjoyed to do, and how they preferred to spend their time. Care plans were reviewed each month by one of the nurses and any changes noted were discussed at the handover meeting at the change of each shift. This ensured all the staff were aware of the changes and had the information they needed to deliver the appropriate level of care.

The home had a complaints policy and procedure in place, which was displayed on the home's noticeboard. The policy outlined the timescales for the complaints procedure so people could understand how long they would wait for a response. There had been no complaints in the last twelve months. The registered manager told us they took complaints very seriously and would always investigate any complaints thoroughly.

None of the people using the service or relatives who we spoke with told us they had made a formal complaint. People told us if they did have any concerns they would

## Is the service responsive?

raise these with the registered manager or a member of staff. However, one relative told us they had raised a verbal concern to staff, and felt they had been listened to but had not received an update about what had been done about it.

# Is the service well-led?

## Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. All the staff we spoke with were positive about the management of the home. One member of staff said to us that the registered manager was very approachable, as was the deputy manager. Throughout the inspection, we observed staff interacting with each other in a professional manner.

We spoke with staff at all levels of the organisation who told us they enjoyed working for High Peak Lodge and felt well supported within their roles. One nurse said “It is a nice place to work. I have worked in different settings and I like here how you can really get to know the person.” Formal staff meetings took place and minutes were taken. The last staff meeting had taken place in February 2014. The registered manager said they planned to organise another staff meeting imminently, and intended to start undertaking these monthly. They also told us they undertook mini meetings with different groups of staff but these were not always recorded. For example, they had just had a meeting with the kitchen staff prior to the inspection.

We asked people and their relatives their thoughts about the culture of the home. Comments included ‘homely’, ‘friendly’, and ‘ok’. One person said they did feel listened to and that if there was ever a time they didn’t get a satisfactory response they would go and take it up with the manager. People we spoke with knew who the manager was.

High Peak Lodge had a whistleblowing policy, which was available to all staff. Information about whistleblowing was also displayed on the noticeboard. All the staff we spoke with said they would feel able to raise any concerns they had. The registered manager was aware of their responsibility to report any safeguarding issues to the local safeguarding team and the Care Quality Commission. We found notifications to the Care Quality Commission had been made when required.

The provider had a range of corporate policies and procedures in place with regards to core values such as

privacy and dignity, and equality and diversity. All policies and procedures were reviewed at a provider level and updated in line with current legislation. Staff were expected to become familiar with any updates to the policy.

The registered manager showed us the newsletter they received regularly from the provider. Different ‘hot topics’ were raised throughout the year, and resources and information offered to support staff development in that area. Within the August 2014 newsletter, the area raised was oral hygiene. The registered manager explained how information was cascaded down to staff.

There was a system in place to assess and monitor the quality of care at High Peak Lodge. We tracked one serious untoward incident, which had concluded in June 2014. As a result of this incident an adult protection plan had been put in place for the person concerned. The registered manager showed us an action plan that outlined the required areas of improvement. We found steps had been taken to respond to and address the areas identified. For example, there had been issues with how monitoring was undertaken and recorded relating to people’s specific care needs. Due to this a new system had been put in place. The registered manager planned to review this to check it was working effectively.

Audits were in place across a range of areas. We looked specifically at the infection control audit, as on the first day of the inspection we had observed issues with storage, and clutter that could pose an infection control risk. An infection control audit had been undertaken on 13 August 2014. This had scored 91%, and also showed that 94% of staff had undertaken infection control training. However, this did identify issues with bathrooms including hoists requiring cleaning. The issues we identified with one bathroom in particular were addressed by the second day of the inspection.

The provider undertook monthly audits of the home. We viewed the last report dated 06 August 2014. The audit covered the review of two people’s care records, which highlighted that all information including food and fluid charts had been completed. This also covered complaints, incidents and audit information; alongside observations of care and speaking with people and their relatives. There was a tracking system for checking previous actions had been completed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services  Care had not been delivered in such a way as to meet the individual needs of, and ensure the welfare and safety of the service user.