

Mrs Patricia Beaumont

High Lee Care Home

Inspection report

High Lee Barn
Sowerby Lane, Luddendenfoot
Halifax
West Yorkshire
HX2 6LB

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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

About the service

High Lee Care Home is a rurally placed residential care home providing accommodation and personal care to 12 people at the time of the inspection. The service can support up to 17 people. The accommodation is arranged over two floors, with a stair lift to help make the upper floor accessible to people.

People's experience of using this service and what we found

People said they were safe living at High Lee, and there were systems in place to ensure their safety and well-being. One safeguarding alert needed to be made as a result of a medicines error, and we made a recommendation about acting on feedback from an external audit of medicines safety. We found medicines administration and storage was mostly safe, but some concerns were raised about the quality of support and advice the service received from the pharmacy supplying medicines.

There were sufficient, safely recruited and well trained staff deployed at all times. Staff said they were well supported by the management team. People enjoyed the meals served at High Lee, and were able to make suggestions about what they wanted to see on the menu. Peoples' health and well-being was maintained with the support of a range of other health professionals as needed.

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

Staff and people got on well, and peoples' choices and preferences were known and respected. Diverse needs were understood and met, and there was no evidence people experienced discrimination based on characteristics such as their age, gender, cultural background or sexuality.

Care planning was person centred and responsive to changes in people's needs, with people and their families kept up to date with any changes or incidents. Complaints and concerns were acted on robustly, and the service received compliments for the quality of its care, especially when looking after people at the end of their lives. People had access to activities which they were involved in planning.

There were robust processes in place to monitor and drive improvements in the quality of care, with people and staff supported to share feedback as an integral part of this. The management team made improvements based on research and training they undertook, and health professionals gave very good feedback about the quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 April 2017).

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

High Lee Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

The CCG were conducting an announced inspection of medicines practices at the home when we arrived. This was part of a voluntary scheme the service had signed up to. We had a discussion with the pharmacist in attendance, and they agreed to share their findings with us during the inspection.

Service and service type

High Lee Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service, including previous inspection reports and notifications the provider is required to send us about certain incidents. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority and Healthwatch to ask for any information

they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four members of staff. We also spoke with the registered manager and deputy manager.

We looked at three people's care records in detail, and other records relating to people's care. We reviewed the systems and policies in place to monitor and improve quality in the service, and reviewed recruitment, training and staff supervision and support processes to ensure they had remained good.

After the inspection

We asked the registered manager to send some more information to help support our judgements and received this in a timely way.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they had no concerns about getting medicines when they needed them.
- There had been an error in the administration of one medicine. Advice had been sought from a pharmacist and the safety of the person assured.
- The general management and administration of medicines was safe. We recommended the provider act on advice and feedback given in the report arising from the CCG pharmacist inspection. This included ensuring fridge temperatures were accurately recorded and monitored, and a discussion with their pharmacy about the consistency of information on MAR charts.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place for reporting any relevant concerns to safeguarding teams and CQC as required.
- People we spoke with said they felt safe at High Lee. Relatives confirmed they had no concerns about people.
- Staff were trained to recognise and report signs of potential abuse and gave examples of how they would do this.

Assessing risk, safety monitoring and management

- There were good assessments in place to assess, monitor and minimise risks associated with peoples' care and support. This included clear guidance for staff to follow and referred to national good practice guidelines such as the National Institute for Health and Care Excellence (NICE) guidance for pressure ulcer management.
- Environmental risks were assessed well, and risk minimisation measures put in place as a result. The registered manager had identified short-falls in a contractor's assessment of the fire system, and challenged this successfully to ensure full safety checks were taking place.

Staffing and recruitment

- Staff continued to be recruited safely. Systems were in place to ensure people who were not suitable to work with vulnerable people, for example because of information received in references from previous employers, were not given jobs.
- Staffing levels were determined by a robust planning tool that took into account people's needs and activities staff would need to undertake, such as cleaning and cooking. Separate calculations were carried out for day and night shifts to ensure staff were safely deployed.

Preventing and controlling infection

- There were no infection control concerns when we inspected the service. Staff used protective equipment such as gloves and aprons when needed, and time for staff to clean the home was built into the rota. We advised the registered manager of some areas of the décor that needed to be addressed, and some furnishings which required a deep clean in order to maintain the effectiveness of infection control practices. The registered manager told us they had taken action in relation to this feedback after our inspection.

Learning lessons when things go wrong

- Processes to manage accidents and incidents included thorough review to enable emerging themes to be identified and action taken to prevent any recurrence. This analysis showed what action had been taken, and any additional input from health professionals which had been sought.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and recorded in their care plans, with regular reviews ensuring this information was kept up to date.
- Protected characteristics under the Equality Act 2010 were assessed, and plans put in place to ensure specific needs could be met. Protected characteristics include those relating to cultural origin, gender, sexuality and religion.

Staff support: induction, training, skills and experience

- Good systems remained in place to monitor the induction and on-going training for staff.
- Staff training needs were reviewed when people were assessed before they began using the service. This enabled the registered manager to ensure staff had the skills to meet people's specific needs from the first day they used the service.
- Staff we spoke with said they had the training and support they needed to be effective in their roles. This included meeting regularly with a member of the management team to discuss their performance, training and any challenges they faced.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food, and we saw they were consulted about what meals were included on the menus.
- People were supported to choose options for their meals in a number of ways. Staff told people what was on the day's menu, there was a board with a high contrast display of the day's options to enable people with visual or mild cognitive impairments to read the information more easily, and menus were placed in folders on the table. These menus included pictures of the meals to aid people who may have found choosing from a written or verbal list challenging.
- There were opportunities for people to help themselves to snacks and drinks if they wished. A 'hydration station' in the dining area contained juices people could pour for themselves. Two attractive displays had been created – a sweet 'shop' and fruit stall – and people were able to help themselves from these when they wished.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff arranged appointments with other health professionals when needed.
- From our review of care plan information, we were able to see people had timely and effective input from

GPs, district nurses, opticians, dieticians and other health professionals as needed. Audit processes were in place to ensure any advice received from health professionals had been added to peoples' care plans and acted on.

Adapting service, design, decoration to meet people's needs

- The environment met people's needs, and some adaptation had been made to assist people in their daily living. For example, a stair lift had been fitted to assist people to move between floors and handrails were of a contrasting colour to the walls to enable people to locate them easily. Some glow-in-the-dark signage was used in people's rooms to aid people to find their en-suite toilets and identify the edges of the doors.
- People were able to personalise their rooms as they wished.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Processes remained in place to ensure that DoLS were well managed. Applications were made for people who lacked capacity to decide to live at High Lee, and when these were due to expire timely re-applications were made. The registered manager kept records to show how they liaised with the local authority about applications which had not yet been re-authorised.
- Conditions on DoLS were reviewed and the registered manager was ensuring these were met.
- Consent for all aspects of care and support was appropriately gained and recorded. Assessments of peoples' capacity to make specific decisions were carried out, and appropriate best interests decisions were made if people could not make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said they were happy living at High Lee and had good relationships with the staff and management team. Our informal observations made during the inspection confirmed this, although we did feed back to the registered manager that on one occasion we heard staff refer to 'feeding' people, rather than 'assisting people to eat'.
- There was a strong approach in place to ensure peoples' diverse needs were met equally. People were supported to discuss their individual needs when being assessed before moving into the home, and we saw people were supported to maintain and celebrate relationships and friendships as they wished.
- The registered manager told us ensuring no one experienced discrimination was an important and successful part of the culture of the service.
- In a survey of health professionals, one person included the feedback, 'Dedicated staff (with a) very caring approach.'

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were supported to contribute to the writing and review of their care plans.
- People's preferences for their care were explored and recorded. People told us these choices were respected.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained detailed information about how staff could protect people's dignity at all times, for example describing words and phrases people may use to make discreet references to their personal care needs.
- Staff and management all wore badges with their names in large print on a high contrast background. The registered manager told us they had researched the best design practices, and had removed job titles, "As this introduces elements of them and us. Having just the name on there helps build more positive relationships between staff and people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives said they were offered choices and their preferences were respected.
- Care plans were detailed and contained some person-centred content. Each section was labelled using plain English descriptions of the content to help people and their relatives understand the content and contribute as they needed to. We discussed further improvements the registered manager could make to the style of the documentation during the inspection.
- People's needs and support plans were kept under review to ensure they were up to date. Input from health professionals was incorporated into care plans when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were adaptations in place to enable people to access information in ways appropriate for them. The registered manager understood the requirements of this standard, and how they would take action to meet these when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of activities in place, which was devised based on feedback people and their relatives gave during meetings. We saw feedback from surveys had been acted on, resulting in more shared activities which brought people together.
- People could access a secure garden independently if they wished.

Improving care quality in response to complaints or concerns

- Good processes remained in place to manage any complaints or concerns received. These included making sure people were happy with any actions taken. When a recent survey identified that some people were not aware of the complaints policy, the registered manager ensured a copy was provided and explained to them.
- The service received a high volume of compliments, including via social media.
- The registered manager supported people to raise concerns about their experiences in other care settings, for example during visits to hospital.

End of life care and support

- People continued to receive kind and compassionate support at the end of their lives. We saw one funeral notice published in a local newspaper acknowledged this. The notice said, 'Special thanks to all at High Lee Care Home for their loving care.'
- Care plans containing people's wishes and preferences for end of life care were in need of review to ensure they contained a consistent level of detail. We discussed this with the registered manager and they said they would make this improvement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was good focus on providing care which resulted in positive outcomes for people. For example, one person had been supported to make changes to their medicines regime which had improved their willingness to take medicines. They had been able to return home after a period of respite with a more appropriate care package in place.
- Staff told us they were able to speak up freely and make suggestions which may improve the quality of care and culture in the home.
- People and their relatives were asked for feedback through meetings and surveys. The most recent survey had been carried out in March 2019, and the results showed a high level of satisfaction across the board. All areas were rated as 'good' or 'outstanding' by those who responded.
- Where improvements were made as a result of meetings and other feedback, the registered manager produced a 'you said, we did' response for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- One person we spoke with told us, "They keep my daughter updated as they need to." A relative said, "They always tell me what is going on."
- Records showed how people's relatives were appropriately consulted and informed about incidents in the home.
- Where negative feedback was received, the registered manager shared this with staff openly as part of finding ways to improve care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager had a strong understanding of regulatory requirements, and how to plan and deliver quality care. There were robust systems in place to audit and review care delivery and drive improvements when these were identified.
- There was appropriate support in place at provider level. The registered manager told us, "There is a good response from the provider. I am able to budget as I need and drive the service forward in ways that I want to."
- The management team were studying for a qualification in strategic management and leadership to

further develop their skills.

- As a result of following a national 'Smiling Matters' campaign, the registered manager had introduced a focus on developing more robust oral health care plans with people. An article about the risks of fires in care homes prompted the management team to run an informal quiz and training session to ensure staff were confident in their knowledge of what to do in an emergency situation.

Working in partnership with others

- Care plans contained evidence of on-going communication with health professionals to ensure people's current needs were being met. For example, we saw the registered manager had written to the speech and language therapist (SALT) team about dietary supplements which had been prescribed. They were not to the person's taste and they did not like taking them, which could have had a negative impact on their dietary health. An alternative had been prescribed as a result.
- Health professionals were sent surveys as part of the quality monitoring processes. In June 2019 all those who had returned them had rated the service as 'Outstanding' overall. Comments included, 'Care provided at High Lee that I have observed has always been of the highest quality', 'Documentation high standard', and 'Care needs always met and any concerns dealt with.'