

Embrace (UK) Limited

High Peak Nursing Home

Inspection report

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Date of inspection visit:
01 February 2016

Date of publication:
31 May 2016

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

This inspection was unannounced and took place on the 01 February 2016.

High Peak Nursing Home was previously inspected in June 2013. Three breaches of legal requirements relating to the care and welfare of people using the service, staffing and assessing and monitoring the quality of service provision were identified. We undertook a follow-up inspection in November 2013 and found that improvements had been made to address the breaches.

The home provides accommodation, personal and nursing care for up to 41 older people; however the majority of double rooms are used as single rooms with a maximum of 34 places provided. The registered provider is Embrace (UK) Limited. At the time of our inspection the service was accommodating 27 people.

The home is an adapted three storey country house located in a rural part of Warrington. It has a two storey purpose built extension and is set in its own grounds. Most of the rooms have en-suite toilet facilities. There is a car park provided for visitors.

At the time of the inspection there was a registered manager at High Peak Nursing Home. 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.

The manager was off duty on the day we inspected High Peak Nursing Home. The Regional Manager made arrangements to attend the inspection in order to provide help and assistance to staff and the inspection team and was joined later in the day by the home's deputy manager.

During the inspection we found High Peak Nursing Home to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content with the standard of care provided.

Staffing levels varied throughout the day and were structured to meet the needs of the people who used the service and to reflect the design of the building. Overall, staff spoken with reported that they felt the staffing levels were generally adequate to meet the needs of the people using the service but reported it was difficult to meet people's needs, particularly at mealtimes.

We raised this feedback with the registered manager following our inspection who assured us that she would explore the deployment of staff in the afternoons and how the service could utilise staff more efficiently and effectively at mealtimes.

Staff recruitment systems were in place and information about prospective employees had been obtained to make sure staff did not pose a risk to people using the service.

Staff were supported through induction, regular on-going training and supervision to develop the necessary skills and competence for their roles.

People had a choice of meals and drinks at lunchtime, breakfast and supper. Special dietary needs were met, such as soft and pureed meals for people with swallowing difficulties.

Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Corporate policies were in place relating to the MCA (Mental Capacity Act (2005) and DoLS (Deprivation of Liberty Safeguards). Staff understood their duty of care in relation to this protective legislation.

Systems were in place to safeguard people from abuse and to respond to complaints.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good ●

The service was effective.

Staff had access to supervision and induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed. Staff understood how this protective legislation impacted upon their work and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and meals planned accordingly.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect.

People were supported by committed staff that were compassionate and patient.

Staff were polite and friendly in their approach. They had a good understanding of how each person communicated their wishes and emotions.

Is the service responsive?

Good ●

The service was responsive.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed.

People received care and support that met their needs and took account of their wishes and preferences.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

Is the service well-led?

Good ●

The service was well led.

The home had a registered manager who provided leadership and direction with support from senior management.

Internal auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

High Peak Nursing 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 checked whether the provider was 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 took place on 1st February 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

The provider was requested to complete a provider information return (PIR) prior to the inspection. A PIR 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 also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority and clinical commission group to provide us with any information they held about High Peak Nursing Home. We took any information provided to us into account.

During the site visit we spoke with the regional manager for the north west region, the deputy manager, two nurses; and three care staff. We also spoke with fourteen people who used the service and two relatives.

We encouraged people using the service to communicate with us using their preferred methods of communication and undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. 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 a range of records including four care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding logs; rotas; staff training; maintenance and audit documentation.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at High Peak Nursing Home to be safe. People spoken with confirmed they felt safe and that they were supported by staff that had the necessary skills to help them with their individual needs.

Comments received from people using the service or their representatives included: "It's a nice and secure place to live"; "I have nothing to worry about here" and "The staff look after me and I can relax with them."

We looked at four care files for people who were living at High Peak Nursing Home. We noted that each person had a range of care plans, supporting documentation and assessments that were relevant to each person's individual needs. Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. Likewise, a business continuity plan had been developed to ensure an appropriate response in an emergency. This information helped staff to manage and control risks for people using the service and to safeguard people's health and safety.

Additionally records of accidents and incidents had been maintained for each individual. We noted that the registered manager maintained an overview log of incidents which outlined key information on each incident and outcomes. We discussed with the regional manager the benefit of also recording action taken and lessons learnt to ensure best practice. The regional manager told us that she also reviewed accident and incidents as part of her monthly provider visit reports and we saw evidence of this during our inspection.

At the time of the visit there were 27 people being accommodated at High Peak Nursing Home who required different levels of nursing or residential care and support. Following our inspection we received information from the registered manager which confirmed the dependency levels of the people using the service were kept under review on a monthly basis and that staffing was deployed as per a staffing guidance tool used by the provider. The suitability of this dependency tool has been questioned by the local authority during their last contract monitoring visit as it was last reviewed in 2009.

We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. A deputy manager was also in post that had supernumerary hours to support and work alongside staff.

We looked at the rotas with the regional manager in order to review the daily staffing levels during the morning, afternoon and night. Examination of the rotas highlighted that the home was staffed with two registered nurses and six care staff in the morning. During the afternoon, the staffing levels reduced to one registered nurse and four care assistants. At night there was one registered nurse and three care assistants on duty.

Ancillary staff were also employed for activities; domestic; laundry; catering and maintenance roles.

Overall, staff spoken with reported that they felt the staffing levels were generally adequate to meet the needs of the people using the service however staff reported it was difficult to meet people's needs, particularly at mealtimes.

We raised this feedback with the registered manager following our inspection. The registered manager informed us that she had taken into consideration the lay out of the building and people's needs when staffing the home. The manager also reported that people using the service required a higher staff input in the mornings and that she would explore the deployment of staff in the afternoons and how the service could utilise staff more efficiently and effectively at mealtimes.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were: application forms; references, health declarations; disclosure and barring service (DBS) checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at High Peak Nursing Home. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding of Vulnerable Adults' (SOVA) and 'Whistle blowing'. A copy of the local authority's adult protection procedure was also available for staff to reference.

Training records viewed confirmed that the majority of the staff team had completed safeguarding vulnerable adults training. Only two staff had not completed this training at the time of the inspection.

Discussion with staff confirmed they understood the concept of abuse and the action they should take in response to suspicion or evidence of abuse. Systems were also in place to monitor staff that required annual SOVA refresher training.

We looked at the safeguarding records for the service. We could not locate a tracking log or any safeguarding records for the past 12 months. The regional manager reported that there had been no safeguarding incidents referred by the registered manager in the last year.

The regional manager and senior staff understood their duty to report safeguarding incidents to the Care Quality Commission (CQC) and the local authority safeguarding team. No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication; covert administration of medication and controlled drugs. The policies were available in the medication storage room for staff to reference.

Photographs of the people using the service had been attached to medication administration records which also detailed people's names and key information. This helped staff to correctly identify people who required medication.

We checked the arrangements for the management of medicines with a registered nurse. We were informed that only registered nurses administered medication. A list of staff responsible for administering medication, together with sample signatures was available for reference. Staff spoken with confirmed they had received care of medicines foundation and advanced training to ensure they understood their responsibilities when responsible for this task.

Medication was stored in a dedicated room and medication trolleys were secure. Separate storage facilities were in place for controlled drugs and medication requiring cold storage.

We checked the arrangements for the storage, recording and administration of medication for the home and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication. We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

Systems were also in place to record room and fridge temperature checks; medication returns and incidents concerning medication. Additionally, monthly medication audits were undertaken and the dispensing pharmacist visited annually to undertake an external audit. At the time of our inspection none of the people using the service had chosen to self-administer their medication.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures and auditing systems for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at High Peak Nursing Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people using the service or their representatives included: "I'm very happy living here. The food is nice and I can't complain"; "The staff are great here" and "It's a very nice place to be. The staff will do anything for us".

High Peak Nursing Home is a three-storey building with resident accommodation on the ground first and second floor. The home is equipped with a passenger and stair lift and has 34 bedrooms, the majority of which have ensuite toilet facilities. All rooms have an emergency nurse call system. There are lounge areas, a dining room, hairdressing salon and assisted / communal bathroom and toilet facilities located within the building. There is a large patio where people can sit and enjoy the outdoors and a car park at the front of the building.

We undertook a tour of the building and noted that some parts were in need of refurbishment, in particular bathroom areas. The regional manager informed us that a substantial amount of money had been set aside to improve the environment, in particular the upgrading of bathroom facilities and that the provider's estates manager was due to visit the in the near future to plan for this work.

People using the service were noted to have access to a range of individual aids to assist with their mobility and independence. People's rooms had also been personalised with memorabilia and personal possessions and were homely and comfortable.

The provider had developed a programme of induction, mandatory; qualifications and service specific training for staff to access. This was delivered via a range of methods including face to face and on-line E-training (electronic).

Records viewed highlighted that staff completed mandatory E-Learning within their 12 week probationary period which was accompanied with the completion of a written practical assessment or assessment of competency to evidence knowledge retention and implementation of learning within their specific job role. Systems were in place to monitor completion rates and when refresher training was required. Records detailed that the completion rate was at 91% at the time of our visit. Conversely, the completion rate for moving and handling practical training was lower at 35% and action was being taken to address this training need.

The provider had developed its own self-assessment and induction programmes for staff to complete. The programmes varied in content to reflect the experience of new staff and were linked the Skills for Care 'Care Certificate' standards.

Staff spoken with during the inspection reported that they had accessed a range of induction, mandatory

and other training relevant to their roles and responsibilities. Staff spoken with also confirmed they had attended team meetings periodically and received regular supervision and appraisal sessions. This was confirmed via a review of minutes of meetings and supervision tracking logs.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the regional manager and staff.

Staff spoken with informed us that they had completed DoLS training which included information on the MCA. We also noted that staff were able to access corporate policies relating to the MCA and DoLS on the provider's 'Hub' and that they understood their duty of care in relation to this protective legislation. The 'Hub' is an intranet based records management system where staff can access relevant policies and procedures relevant to their employment.

The regional manager sent us a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been recorded.

Information received confirmed that at the time of our visit to High Peak Nursing home there was one person using the service who was subject to a DoLS. Additional applications had also been submitted to the local authority and were awaiting authorisation.

A four week rolling menu plan was in operation at High Peak Nursing Home which was reviewed periodically to reflect seasonal produce, availability and individual preferences. The menus were available in book format in the dining rooms and on notice boards for people using the service to view.

We spoke with the cook on duty and noted that kitchen staff were aware of any special dietary requirements pertaining to people using the service and that individualised diet support plans had been produced. Residents spoken with told us that a member of staff discussed daily meal options each day with them to obtain their choices.

The menus offered an alternative choice of meal at each sitting however the alternatives were not recorded on the menus. We observed the breakfast and lunchtime meal being served and saw that food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day or upon request.

The most recent food standards agency inspection was in August 2015. High Peak Nursing Home was awarded a rating of 5 stars which is the highest award that can be given.

People using the service told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed

GPs and other health care professionals subject to individual needs.

Is the service caring?

Our findings

We asked people who used the service or their representatives if they found the service provided at High Peak Nursing Home to be caring.

People spoken with confirmed they were treated with respect and dignity by the staff who worked in the home. "Top class. I'm short of nothing. I have plenty of food and the staff are kind"; "The carers are very good. They do anything for you and are very polite" and "The staff are great. They have become my friends".

During the day of our inspection we observed the environment in the home to be warm, friendly and relaxed. People were supported to follow their own routines and to exercise choice and control over their lives.

We spent time with people using the service and visitors during our inspection of the service. People spoken with told us that staff were always respectful of them. We noted that staff knocked on people's doors to request permission to enter and observed interactions between staff and people to be positive, responsive to need and caring. We also observed people's choices were respected and that staff communicated and engaged with people in a compassionate and caring manner.

Nursing and care staff spoken with demonstrated a good understanding of people's needs and support requirements. Staff informed us that they had read people's care records to help them develop an awareness of how to care and support people using the service.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided to people. We saw that interactions between staff and people were caring and personalised and that staff provided appropriate assistance in accordance with people's needs and preferred routines.

We noted that mealtimes were a busy period for staff however staff were observed to continually respect people choices and were responsive to people's needs and seen to speak with people in a polite, dignified and courteous manner. We also noted that interactions between staff and people were caring and personalised and that staff provided appropriate assistance in accordance with people's needs and preferred routines.

It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, and promoting independence.

Personal information about people receiving care at High Peak Nursing home was kept securely to ensure confidentiality. Likewise, information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

Is the service responsive?

Our findings

We asked people who used the service or their representatives if they found the service provided at High Peak Nursing Home to be responsive. People spoken with confirmed the service was responsive to their individual needs.

For example, comments received from people using the service or their representatives included: "I would like to be at home but under the circumstances this is my second home and I'm looked after well" and "I can't complain. The staff are great here".

We looked at the care files of four people using the service. Files viewed contained a range of information such as: pre admission assessments of need; care plans; risk assessments and supporting documentation.

Care plans viewed outlined: planned outcomes; abilities / skills; support needed from staff and perceived risks to each individual. Plans covered a range of key areas that were relevant to each person such as: Activities; communication; eating and drinking; continence; keeping safe; mental wellbeing; personal care; pressure care and wound management; moving around; pain management and medication. Monthly evaluation records had also been completed to ensure care plans were monitored and records were up-to-date.

Supporting documentation including: admission information; personal profiles; risk assessments; end of life wishes; visiting professional records; daily notes; consent forms; terms and conditions and other miscellaneous records were also available for reference.

Records viewed were handwritten and some were difficult to decipher and follow. We raised these issues with the regional manager who assured us that action would be taken to improve and develop more person centred care plans. Similar issues were identified by the local authority following their last contract monitoring visit.

High Peak Nursing Home provided palliative and end of life care and had achieved the Gold Standard Framework to Beacon Status. Staff spoken with told us that they strived to work in a person-centred way to identify people's wishes and needs and to promote personal dignity. Staff worked closely with the GPs which helped to reduce the number of admissions into hospital.

The registered provider had developed a complaints procedure to provide guidance to people using the service and / or their representatives on how to make a complaint. An easy read version had also been developed for people to read. The home's complaints procedure was displayed on noticeboards so that people had access to this information.

A complaints log had been established to record any concerns or complaints. This outlined the log number for each complaint; date complaint received; verbal or written; complaint code; details of the complaint; feedback given; outcomes and date closed.

Records detailed that there had been three complaints in the last 12 months. Records confirmed that issues had been investigated and acted upon by the service. No complaints, concerns or allegations were received from the people using the service during our visit.

The provider employed one activity coordinator who was responsible for the development and provision of a range of activities for people using the service five days per week.

On the day of our inspection the activity coordinator was not on duty in this role. People spoken with confirmed that they had accessed a range of activities and that external entertainers visited the home on an on-going basis. People told us that they had also participated in on off-site activities such visiting the pantomime and canal trips.

Is the service well-led?

Our findings

We asked people who used the service or their representatives if they found the service provided at High Peak Nursing Home to be well led. People spoken with confirmed they were happy with the way the service was managed. No direct comments were received.

High Peak Nursing Home had a manager in place that was registered with the Care Quality Commission. The registered manager was off duty on the day we inspected High Peak Nursing Home. The Regional Manager and deputy manager made arrangements to attend the inspection in order to provide help and assistance to staff and the inspection team.

Both senior and operational management were helpful and responsive to requests for information from the inspection team. We also spoke with the registered manager by telephone following completion of the inspection.

We asked the regional manager to provide us with information on how the provider sought feedback on and monitored the standard of service provided at High Peak Nursing Home.

An internal 'Quality Assurance Policy' had been developed by the provider. This highlighted that the internal audit programme consisted of three aspects which included: regional manager monthly visits; service manager monthly service overview and quality compliance team audits.

We noted that the regional manager had undertaken monthly provider visit reports which enabled her to maintain an overview of key operational areas such as discussions with relatives and visitors; inspection of premises; review of significant events; complaints, safeguarding and conduct of the service and quality assurance records.

Additionally, the registered manager had completed periodic audits which covered the kitchen; laundry; medication; staff records; care plans; infection control and health and safety. Furthermore, records viewed confirmed that the provider's quality compliance team had visited the home in the last 12 months to undertake quality development and financial audits.

The provider commissioned a market research organisation to conduct a 'Your Care Rating'. The regional manager informed us that the last survey was conducted during December 2015 and involved seeking the views of the people using the service or their representatives. At the time of our inspection the results of the latest survey had not been received.

The previous survey for 2014 highlighted that the survey sought feedback on a range of issues including: 'staff and care'; 'home comforts'; 'choice and having a say' and 'quality of life'.

The home's overall performance rating score for 2014 was 850 /1000 and scores had improved since the previous rating in 2013.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by Warrington Borough Council's Contracts and Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. The last monitoring visit was undertaken in June 2015 and all areas assessed were met.

The manager held regular residents meetings every two months and minutes of these meetings were evidenced. Notices were placed on the communication notice board informing residents and their relatives of forthcoming meetings.

We checked a sample of maintenance records relating to: the fire alarm system; fire extinguishers; electrical wiring; nurse call; portable appliances; gas safety; slings and hoisting equipment and passenger lift and found all to be in order. We noted that there were no monthly visual inspection records for the fire extinguishers and some minor gaps in the weekly testing of the fire alarm system. We raised these issues with the regional manager who assured us that action would be taken to address this matter

The registered manager is required to notify the CQC of certain significant events that may occur in High Peak Nursing Home. We noted that the registered manager had kept a record of these notifications. This meant that the registered manager was aware of and had complied with the legal obligations attached to her role.

Information on the High Peak Nursing Home had been produced in the form of a Statement of Purpose and a Service User Guide to provide people using the service and their representatives with key information on the service. The information was on display in the reception area of the home for people to view.