

Dhillon Care Services Ltd

Highview Home

Inspection report

12 Priory Road
Dudley
West Midlands
DY1 4AD

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23 March 2021

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04 May 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Highview Home is a residential care home registered to provide personal care for up to 24 people. Support is provided to older people and people living with dementia. At the time of inspection there were 22 people living at the home.

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

Governance systems were not always effective to ensure care plans contained enough guidance for staff to follow. Systems had not identified that monitoring records were not always accurate and completed in line with people's needs. Accidents and incidents were not analysed to assess for patterns and learn lessons to minimise the risk of re-occurrence. Audits were carried out to monitor medicine management, but they had not identified the concerns we found on inspection in relation to patch rotation and protocols for when medicine was given as required.

People, relatives and staff all knew who the newly registered manager and felt able to approach them. Staff felt the newly registered manager had started to make improvements to the service, whilst we did see this further improvement was required.

People did not always receive person centred care and there were not enough activities available for people to enjoy. People and relatives were not consulted about their wishes at the end of their life and were not involved in reviews of their care.

Staff told us there were enough staff in the day, but at night-time more staff were required due to people's increased needs. People told us they felt safe and staff knew how to recognise and report safeguarding concerns. At our last inspection we found concerns in relation to infection control practices. At this inspection we found the provider had taken action in response to our concerns and made improvements.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments had not been completed for some key decisions when people lacked capacity.

People told us staff were kind and caring and treated them with dignity and respect and we observed this. However, there was a lack of systems in place to ensure the service was consistently caring and people were fully involved in their 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 inspection was a targeted inspection (published 23 December 2020). We did not rate the service at

this inspection because we only looked at a part of the key question safe where we had specific concerns. This service was registered with us on 17 April 2020 and this is the first inspection where a rating has been given.

The last rating for the service was under the previous provider Mr Gordon Nuttall, the service was called The Keepings and was good, published on 11 December 2019.

Why we inspected

The inspection was prompted in part due to concerns received about the infection and control practices within the service and the care provided to people with distressed behaviours. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulation 9, person centred care and regulation 17, governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Highview 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

At the time of the inspection visit the manager had applied to register with the Care Quality Commission and became registered when the inspection was completed. 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 information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

This is the first inspection rating for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Whilst risks had been assessed, care plans lacked guidance for staff to follow to reduce these risks. For example, when people needed a hoist to help them to move or where people were at risk of pressure ulcers. Staff we spoke with did have good knowledge of people's current support needs, but the lack of recording increased the risk of inconsistent care.
- Accidents and incidents were dealt with appropriately as and when they occurred. However, there were no systems in place to learn from incidents or identify possible themes in order to reduce the chance of a similar incident occurring again.
- Regular checks were made to environment to ensure people were kept safe, this included checks on water temperatures and safety equipment within the home. Any issues identified were dealt with promptly

Staffing and recruitment

- Staff told us there were enough staff in the day, but some staff said there needed to be more support at night due to an increase in the people's needs who lived there. The provider had a dependency tool to determine how many staff were required to meet people's needs however, this did not take into account the individual needs of people at night-time. The registered manager said they would talk to staff following our feedback.
- People told us they did not have to wait to receive care. One person said, "I have the buzzer for help. Normally they come fairly quickly." Our observations confirmed this.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. This included the completion of a Disclosure and Barring Service (DBS) check and references.

Using medicines safely

- When people needed medicine via a skin patch, we found patches were not being safely applied in line with the medicines' guidance. This can lead to increased skin irritation for the person and a higher absorption rate which can lead to overdose of the medicine. We discussed this with the registered manager who immediately updated their systems to address this issue.
- For some people who required medicines to be administered as and when required (PRN), there were no protocols in place for staff to follow. The registered manager ensured all protocols were in place by the end of our inspection.
- Medicines were stored securely and at the correct temperature. Controlled drugs were stored securely and recorded correctly.

- Staff had received training in medicine management and their competency had been assessed to ensure they were safe to support people with their medicines.

Preventing and controlling infection

At our last inspection the provider had failed to ensure good infection control practice at the service and people were placed at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were somewhat assured that the provider was using PPE effectively and safely. Whilst the majority of staff were wearing PPE correctly one staff member was wearing a cloth mask instead of a surgical mask. This is not in line with current government guidance to prevent the spread of COVID-19. Immediate action was taken by the manager to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes I am as comfortable as can be. The carers are really helpful."
- Staff had received safeguarding training and understood the signs of abuse. They were able to describe the action they would take to report any concerns. One staff member told us, "I would report it definitely as people are vulnerable. I would go straight to the manager."

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.

This is the first inspection rating for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received mandatory training and the provider had a system in place to ensure staff kept up to date with their training. However, there was no additional training to improve staff skills and knowledge in other areas, for example oral hygiene, pressure care or supporting people with distressed behaviours.
- Staff were positive about the training they had completed and confirmed they received regular supervision and attended team meetings.
- Regular competency assessments were taking place to ensure staff had the skills and knowledge to support people. This included assessing how staff supported people with medicines and to move safely using equipment.

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

- Kitchen staff did have information about most people's dietary needs. However, for one person who had recently come to stay at the service, they did not have the necessary information. The registered manager addressed this following our feedback.
- People told us they were happy with the food. One person said, "It's very good, very good choices."
- The registered manager had worked with the kitchen staff to improve the choices of meals available to people. We observed people being offered a choice by showing them the plated meals. An alternative was offered and given to one person who wasn't enjoying their food.

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

- People had oral health care assessments in their care plans however people's daily records were not always completed to evidence the support given and staff had not received training. Some people had not had a visit from a dentist for a number of years. We discussed this with the registered manager who told us they were aware of this and was making steps to address this issue.
- The service was proactive in making referrals to health care professionals when people's needs increased. For example, they were working with external healthcare professionals to support someone who was regularly displaying distressed behaviours.

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

- A pre-admission assessment was carried out to ensure care was planned and reflected people's individual needs and preferences. For one person who was new to the service, further exploration had not been made regarding a medical need and not all staff were fully aware of the person's health needs. We raised this with

the registered manager who immediately addressed the concern.

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

- There was signage around the building and individual pictures on people's doors to help people living with dementia to orientate around the building, however further consideration was needed. For example, the use of colour contrast and a quieter space for people to spend time in.

We recommended the provider consider best practice guidance in relation to adapting the environment further to meet people's needs.

- The provider had made improvements to the building since they registered. For example, updating the kitchen and decorating the lounge area. They had plans to improve the garden area further by having a potting shed that people could access and keep chickens.

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.

- For some key decisions there were no MCA assessments or best interest decision in place for people who lacked capacity. For example, when someone used bedrails. Although a risk assessment was in place there was no capacity assessment to determine if the person could agree to this. We discussed this with the registered manager who agreed to put these in place.
- Staff had received training in the MCA and DoLS, however staff knowledge in this area was inconsistent. Staff we spoke with were not sure which people had DoLS applications and what this would mean in terms of the support they gave people. This increased the risk of people having their liberty restricted.
- We saw that CCTV was operational in all communal areas of the home. The registered manager confirmed that this was used to monitor incidents and accidents. Whilst people and relatives were aware CCTV was in operation they had not been consulted about its use.

We recommend that the provider considers current best practice in relation to the use of CCTV within the home.

- We found DOLS applications had been submitted to the local authority as required by law to deprive people of their liberty in order to protect their health and wellbeing.

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.

This is the first inspection rating for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The providers systems did not always support the service to be fully caring. This can be demonstrated by the concerns found in other areas of this report.
- We observed staff talking to people with kindness but there was missed opportunities to engage with people in a personalised way and spend time talking about things that were important to people.
- The provider gathered information about people's protected equality characteristics, and there was some consideration of people's diverse needs, for example one person was supported to listen to a religious service on a regular basis, which was important to them. However, staff had not received training on equality and diversity and some further exploration of what was important to people, and how to support people from the lesbian, gay, bisexual and transgender community was required.
- People told us they were involved in day to day decisions about their care. One person told us they liked to get up later in the morning and this was respected.
- People and most relatives told us staff were kind and caring. One person told us, "The staff are good, people are kind." A relative said, "Carers have been brilliant with [person]." One relative had concerns staff didn't know the person's needs well, but said things had improved since the new manager had come to the service.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. One relative said, "They ask can we come in and knock the door before." Our observations confirmed this.
- Some people preferred to stay in their rooms and staff respected this. Staff supported one person to maintain their independence and individualised routine at night.
- Staff knew the importance of keeping information confidential and people's information was stored securely.

Is the service responsive?

Our findings

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

This is the first inspection rating for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- During the inspection we observed people sat for long periods with little interaction and no objects of interest or activities available to them. One relative told us, "[Person] is always saying they are bored, they do like to draw and dance. They become frustrated." Another said, "They just about cover the basics, but only just."
- Some people chose to stay in their rooms and there was no leisure opportunities or time spent with them apart from the care provided. One person said, "No one comes into my room to spend time with me."
- We saw little evidence that the activities carried out were tailored to people's individual needs. One person's care plan said they enjoyed gardening but there were no planned activities to reflect this.
- People told us they could not recall being involved in reviews of their care. Whilst we could see evidence of communication with relatives, when care plans had been reviewed there were no records of who was involved and what was discussed.

End of life care and support

- There was no evidence people and relatives had been consulted about their wishes about the care they would receive at the end of their life. The service had not explored people's preferences, choices, cultural or spiritual needs in relation to their end of life care. Most relatives confirmed these discussions had not taken place.

The provider had not ensured that people were supported with personalised care that reflected their needs. This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014; personalised care.

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.

- People's communication needs were identified in their care plans. One person was supported to communicate using picture cards.
- We observed people being shown the food on the plates at mealtimes in order to make an immediate choice. This supported people living with dementia to make a choice, and the registered manager said it had a positive impact on people's nutrition intake.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. People we spoke with knew who the registered manager was and said they came to speak to them and would feel comfortable to raise concerns. There were no recent complaints logged.

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.

This is the first inspection rating for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems had failed to ensure risk assessments and care plans provided sufficient guidance for staff to follow and monitoring records were completed in line with people's needs. Although staff did have good knowledge, this increased the risk of unsafe care.
- There was no system in place to monitor accidents and incidents. There was no oversight or systems in place to analyse information and use lessons learnt to reduce the likelihood of re-occurrence. The registered manager told us they would put a system into place.
- Systems to ensure good practice in relation to Mental Capacity had been ineffective. Staff knowledge in relation to Dols was poor and for some decisions no MCA had been carried out.
- Systems to ensure people's medicines were managed safely were ineffective. The provider's quality assurance systems around medicine management had not identified the concerns we found on inspection in relation to patch rotation and PRN protocols.

The provider's failure to ensure that effective systems were in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no effective system in place to ensure that people were involved in reviews of care plans, which meant the service was not consistently promoting person centred care.
- Systems to ensure people were receiving person centred care and were engaged and involved in activities they enjoyed had been ineffective. There was a culture of task-centred instead of person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had recently carried out a survey with people and relatives to gain their views about increasing the number of people they supported at the service.
- 'Residents meetings' were held to gain people's views about the food, activities, care staff and the impact of COVID -19. However, the action taken in response to the meeting was not clear and further improvement was required to consider how all people's view could be gathered.
- Regular staff meetings were held, and staff told us how the newly registered manager was making improvements to the service. One staff member told us, "I am so over the moon because with [registered

manager] you can go to them with absolutely anything, and they definitely get on to it."

- People and relatives told us they knew who the registered manager was and they were approachable. One person told us, "[Registered manager] is good. They ask me how I like the place."

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; Continuous learning and improving care

- The provider and registered manager were open and transparent during the inspection and demonstrated a willingness to listen and improve. The newly registered manager had begun to make changes and improvements to the service, however further improvements were required.
- We saw improvements in infection control practices since the last inspection and the provider and registered manager had addressed the concerns we had identified.
- Improvements had recently been made to the menus and how people were supported to make a choice of meal. As a result, people had begun to eat more, and where there was concern about weight loss improvements were seen.

Working in partnership with others

- We saw that the provider worked in partnership with several different professionals to ensure that people's needs were met. For example, social workers, district nurses and pharmacists.

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 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 RA Regulations 2014 Person-centred care The provider had not ensured that people were supported with personalised care that reflected their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to ensure the safety and the quality of the service were inconsistent.