

Qualia Care Limited

High Peak Lodge

Residential & Nursing Home

### Inspection report

Bedford Square  
Leigh  
WN7 2AA

Tel: 01942262021

Date of inspection visit:  
28 June 2023  
06 July 2023

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26 July 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

High Peak Lodge is a residential and nursing home that is registered for younger and older adults, people living with dementia, sensory impairment or a physical disability. It is situated close to Leigh town centre. All bedrooms are single occupancy and have ensuite facilities. High Peak Lodge can accommodate up to 39 people. At the time of inspection 34 people were living at the home.

At the time of inspection, the provider and subsequently the home was in administration. The operation of the home was being overseen by Healthcare Management Solutions, who had been appointed by the administrators.

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

People felt safe living at High Peak Lodge and spoke highly about the care and support they received. The majority of relatives we spoke with also provided positive feedback about the quality of care and the staff who provided this. Accidents, incidents and falls were documented and reviewed to identify patterns and trends and identify opportunities for learning. Staff had received training in safeguarding and knew how to identify and report concerns. Medicines were managed safely. People received their medicines as prescribed, with records being completed accurately and consistently. The home was clean, with effective infection control processes in place.

People and staff told us the home was well run and a nice place to live and work. People, relative and staff views were sought through meetings and questionnaires. The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Action plans were used to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was good (published 24 October 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection to assess whether the current rating of good was still accurate. This report only covers our findings in relation to the key questions safe and well-led, as these were the key questions inspected.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for High Peak Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# High Peak Lodge Residential & Nursing 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 Health and Social Care Act 2008.

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 2 inspectors and an Expert by Experience, who made telephone calls to relatives of people living at the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

High Peak Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. High Peak Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

#### Notice of inspection

The inspection was unannounced. We visited High Peak Lodge on 28 June 2023 and 6 July 2023.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 6 people and 7 relatives about the home and care provided. We also spoke with 11 members of staff, which included the registered manager, regional manager, clinical lead, team leader and care staff.

We reviewed a range of records and other documentation. This included 4 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 6 people.

#### After the inspection

We reviewed additional evidence from the provider. This included staff rotas, training data, risk assessments, questionnaire data and action plans.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at High Peak Lodge. One person stated, "I feel safe here, I wouldn't live anywhere else." Another stated, "Yes, I feel safe, they look after me well, the staff are very kind and caring."
- A safeguarding file was in place which included information on how to report any safeguarding concerns to the local authority. A log was used to document referrals, along with actions taken and outcomes.
- Staff told us they had completed training in safeguarding, which was regularly refreshed and knew how to identify abuse and report any concerns.

Staffing and recruitment

- Enough staff were deployed to meet people needs and keep them safe. People and relatives views supported this. Comments included, "There are always staff available when I need them", "I never have to wait long for help, seem to be plenty staff about," and "I feel there are plenty of staff, if [relative ]needs anything, staff respond promptly."
- Two relatives felt more staff were needed, especially around mealtimes, to ensure people received sufficient support and encouragement to eat and drink enough. We spent time observing the mealtime experience. As people could choose to eat in the dining room, lounge or their bedroom, staff were spread across the home, although those who required support to eat received this timely and in a dignified manner.
- The home used a system for determining how many staff they required. This showed enough staff were deployed to meet people's assessed needs. Some staff told us they felt more staff were needed during certain parts of the day, such as early morning when supporting people to get ready for the day. We discussed this with the registered manager who agreed to look into this.
  - Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

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

- Each person's care records contained a range of risk assessments, to enable staff to keep them safe and meet their needs.
- Accidents and incidents had been documented consistently and accurately. Monthly logs had been used to document what had occurred, along with actions taken and outcomes. Additional analysis was completed to look for patterns and trends, and to consider any lessons learned. Where necessary, people had been referred to professionals, such as the Local Authority's falls team.

- Safety checks of the premises and equipment had been completed, in line with guidance. Where checks had identified shortfalls or issues, action plans were in place to ensure remedial work was completed.
- Certificates were in place to confirm trained professionals had assessed the safety of items such as hoists, slings and the lift. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.

#### Using medicines safely

- Medicines were managed and administered safely by staff, who had received training and were assessed as competent to do so.
- Medicines, including controlled drugs, were stored safely. These had been given as prescribed, with records of administration completed accurately.
- Detailed guidance was in place for 'as required' medicines, such as paracetamol. This explained how, why and when to give the medicine and the expected outcome. This helped staff identify if it had been effective.

#### Preventing and controlling infection; Visiting in care homes

- The home was clean with effective infection control processes in place. People told us staff wore personal protective equipment (PPE) as required when supporting them.
- Infection control policies and procedures were up to date and reflected current national guidance.
- Detailed cleaning checklists were in place and completed consistently.
- The home's infection, prevention and control practice had recently been audited by Wigan Council's Health Protection team, with the home receiving a score of 98%.
- The registered manager confirmed relatives were welcome to visit at any time in line with current government guidance. Some relatives told us about protected mealtimes, which they felt resulted in some restriction on visiting. The registered manager told us they would ensure messaging was improved, so everyone knew they could visit whenever they wished.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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 and provider regularly assessed the quality and safety of the care provided. A range of audit and monitoring processes were in place and had been completed in line with the provider's audit schedule. These included audits of care files, accidents, incidents, health and safety, medication and daily provision of care.
- Action plans were generated from audits and used to drive improvements. An overarching development plan, onto which all separate actions were recorded was being used, to ensure the registered manager and provider had effective oversight. A separate environmental action plan was in place, to monitor completion of required maintenance and decorating tasks.
- The registered manager was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

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

- People said they liked living at the home and were happy with the care and support they received. One person told us, "Care is very good, everything is how I want it to be." Another person stated, "It's smashing here, right from the beginning they have done everything for me they can."
- People and relative's views were captured via resident and relative meetings, as well as questionnaires, though it was not clear how often these were circulated.
- Regular staff meetings were held. Staff were involved in the running of the home and kept up to date with relevant information. Their views were also collected via annual surveys.
- Staff told us they enjoyed working at the home and felt supported, though were anxious about the future due to the home being in administration. One stated, "We have a good staff team here, it's a good place to work." Another said, "Some staff are uneasy with what's going on with the home, but I feel supported, [registered manger] is approachable."

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

- The home was meeting the requirements of the duty of candour. The registered manager was open, honest and willing to listen and act on any concerns. A relative told us the home always informed them of any accidents or incidents and what actions had been taken.

### Working in partnership with others

- The home worked effectively in partnership with other organisations. For example, the home had made links with a dementia friendly day centre, with the intention of supporting people to attend.
- The home worked closely with professionals, including the local authority and medical professionals to ensure people received appropriate care and support.