Care Quality Commission

Mr & Mrs S Theobald

Highroyd Care Home

Inspection report

Highroyd Lane
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place over two days, 5 and 8 December 2014. The inspection was unannounced. The last inspection of this service took place in September 2014. There were no breaches of regulation identified at this inspection. A further inspection took place as the Care Quality Commission had received some information which needed to be investigated. This information was particularly regarding the processes within the home for obtaining medicines in a timely way and involving health care professionals external to the home in a timely manner to support people's health and care..

Highroyd Care Home provides residential care for up to 19 older people. Nursing care is not provided. Accommodation is provided over two floors, the first floor accessed by a stair lift. At the time of our visit there were 17 people living at the home.

The registered manager has been at the home for a number of years. 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.

Summary of findings

People who used the service and relatives told us they liked the staff and found them helpful, kind and caring. People said the meals at the home were good but we felt closer monitoring of people's nutritional needs was needed.

We found staff knew people well and were able to give a good account of the support people needed. However, care records lacked some of the information staff would need to support people appropriately.

There was no activities organiser in post although the registered manager was in the process of recruiting one. We did not see people being engaged in meaningful activities and two people told us they missed this.

Relatives told us they were made to feel welcome when they visited. Two visitors told us they didn't see much of the registered manager but knew they could approach staff if they had any concerns.

We found people's safety was being compromised in some areas. The medication system was not well managed and posed a potential risk to people. A lack of robust care records could also have resulted in people not being cared for safely. Staff had been recruited safely and knew what to do if they felt something was happening that was not in someone's best interests. Staff received training appropriate to their needs.

We found there were some audits in place to monitor the quality of the service but the registered manager acknowledged there had been some slippage in the conducting of these audits .

The home has the Gold Service Framework award for their work in planning end of life care.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The medication system was not well managed and we could not be assured people were be given their medication as prescribed.

Safety needs of people who lived at the home had been assessed but plans of care had not always been put in place to make sure staff knew how to deliver people's care safely.

The premises were well maintained. There were some observations we made about slippage in infection control standards but these were rectified immediately by the provider.

Staff had been recruited safely and knew how to respond if they thought something was happening that might put people at risk.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received the training they needed to support people and the manager made sure staff received support through supervision and appraisal.

Staff were aware of the mental capacity act and deprivation of liberty safeguards but this was not always demonstrated in consent processes and care practice.

People said the food was good but closer monitoring of people's nutritional needs was needed.

Is the service caring?

Good

The service was caring.

Staff treated people with care and respect. Care records demonstrated some consideration of a person centred approach but there was little evidence of people being involved in planning their care.

The home has the Gold Service Framework award for their work in planning end of life care.

Visiting relatives told us they were made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Not all care plans reflected people's current needs and did not include advice from healthcare professionals.

Care plans did reflect the beginnings of a person centred approach.

Summary of findings

There were no regular activities to keep people engaged or stimulated.

There was a complaints procedure in place and people told us they would feel able to take any issues up with the registered manager.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were some audits in place and there were some systems to assess and monitor the quality of the service, although these were not always effective to ensure key areas of people's care were met.

Policies and procedures were out of date but this had been acknowledged prior to inspection and work was on-going to update them.

The registered manager had forged links with community healthcare professionals and had maintained good levels of training.

Highroyd Care 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 was planned to check whether the provider is 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.

This inspection took place over two days on 5 and 8 December 2014 and was unannounced.

The visit was made in response to concerns we received about responding to the care and welfare of people who lived at the home.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This 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 did not ask the provider to complete a PIR on this occasion because we planned the inspection at short notice.

The inspection team consisted of two ASC inspectors; one inspector on the first day and two on the second day.

On the day of our inspection we spoke with six people who lived at Highroyd Care Home, four relatives who were visiting the home, 5 members of staff, the registered manager, the provider and a visiting physiotherapist.

We spent time speaking with people and observing care in the lounge and conservatory. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, two staff recruitment records and records relating to the management of the service. We also looked at recent reports from the local council contract monitoring team.

Requires Improvement

Is the service safe?

Our findings

None of the people we spoke with expressed concerns about their safety although one person who lived at the home said they didn't like it that staff didn't help them to take their walking aid with them when they went to their room as they needed the aid to mobilise safely. When we asked about staffing one person who lived at the home said "there weren't always enough" and a person visiting said staff weren't always visible and "perhaps more should be around."

One visitor told us there were no unpleasant odours and liked that the 'building smelled of cooking'

On the first day of our inspection we looked around the home. This included people's bedrooms bathrooms and communal areas. We noticed some areas were in need of more thorough cleaning. These included some toilets and washbasins and a bowl used for one person to wash. The carpet in one room had a strong unpleasant odour and another was badly stained. The registered manager said they were due to be replaced. In six of the eleven bedrooms we looked in there was no liquid soap for staff to wash their hands. This meant that infection control measures were not being followed. The registered manager took immediate action to remedy these issues. The provider should make sure that local guidelines regarding infection control are followed at all times.

Although the building appeared safely maintained we noticed some minor maintenance issues which needed to be addressed. These included some toilet seats which were damaged to an extent which made thorough cleaning very difficult. We also noticed a bed headboard was not safely attached to the bed. In some bedrooms we noticed the call bell and lamp or light switch would not be in reach of the person when they were in bed. This meant that people would not be able to summon help when needed or put a light on for comfort or safety reasons. We did not find risk assessments relating to these issues within care files. We pointed this out to the Registered Manager during our visit.

One person told us they were not provided with their walking aid when they were in their bedroom. This meant the person was not able to mobilise safely. We told the Registered Manager about this who spoke with staff immediately to make sure the person was provided with their walking aid at all times.

The home did not have a passenger lift and there was a stair lift that operated between the ground and first floor. Prior to our inspection we had received some concerns relating to an incident where a delay had occurred in transporting a person who was very ill from their bedroom on the first floor to an ambulance. We asked the provider and manager if there was a procedure in place to guide staff about what they should do if someone was unable to use the stair lift. The manager and provider said there was not but said they would look at how they could best manage this and provide direction for staff. . There was also no record of this possible situation having been discussed with people whose bedrooms were situated on the first floor. This meant there were no plans in place for transporting people who may need emergency care, to or from their bedrooms if they were too ill or incapacitated in a way which meant they could not use the stair lift.

This lack of emergency procedure breached Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the recruitment records for two staff members. We saw staff members had completed an application form and they had been checked appropriately with the Criminal Records Bureau or the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. Recruitment records also included appropriate references and interview records.

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for reporting serious concerns to agencies outside of the service if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We saw records of incidents having been reported appropriately to the local safeguarding team. This meant that incidents which occurred within the home were looked at by someone independent of the home to make sure people were protected.

Requires Improvement

Is the service safe?

We noticed there were long periods of time when staff were not present in communal areas. Staff told us that although staffing levels had increased recently they felt they still struggled to meet people's needs in a timely manner. We noted that on two occasions people visiting the home were left ringing the doorbell for ten minutes until staff were able to respond.

We saw one person who was trying to take a drink but was not able to do so independently. We could not find any care staff but the cook, having seen us looking for staff, went to assist the person. We looked at this person's care plan which said they needed staff support for eating and drinking.

We discussed this with the registered manager and provider who said they did review the staffing levels in line with the needs of the people living at the home but would revisit this in response to our findings.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff that had been appropriately trained. We observed people being given their medication during our visit and saw staff supporting them well.

However, we noted on the second day of our visit that morning medications were still being administered at 12.10pm. This meant that people did not receive their medicine in a timely manner. The member of staff administering the medications was wearing a tabard which asked people not to interrupt them but we saw this person answering the telephone, responding to people's care needs and assisting a visiting healthcare professional.

When we looked at the medication administration records (MAR) we found that medicines were not always being given as prescribed.

One person's MAR showed they were prescribed Paracetamol caplets to be taken four times each day. Over a period of fifteen days this medicine had not been administered at all on six days and given only once on four days. The recording code staff had used when this medicine had not been given was one to be used for 'as required'(PRN) medicines. The Paracetamol was not prescribed on a PRN basis. Another medicine for the same person had not been given as prescribed on two consecutive days and another not given as prescribed on four separate occasions. We also saw this person had been recorded as refusing their prescribed antibiotic for a period of fifteen days. We saw that staff had contacted the GP surgery to inform them of this on the first day but there was no record of any further contact with the GP for another two weeks.

We saw that a person's pain relieving patch which was to be replaced on a weekly basis had not been replaced as prescribed.

Another person's medication given only once a week had not been administered as prescribed.

We also saw fifteen signatures of administration for a course of fourteen tablets. This meant that staff had signed for a tablet they had not given.

We saw a prescription for a person's recently prescribed medicine pinned to the notice board on the office wall. When we asked why this had not been obtained a member of staff told us it had but the prescription had not been given to the pharmacist. This meant that procedures for receiving medicines into the home had not been followed. This breached Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who lived at the home and some visitors. One person who lived at the home told us "the carers are so kind and the food is good." One person told us they would like more choice whilst another said there was a good choice of food and "if there is anything I don't like I feel free to leave it."

Staff we spoke with told us they received training that supported them in carrying out their roles.

The registered manager told us they did not have a training matrix in place but kept details of when training updates were required in their diary. We saw this was programmed on an annual basis. From looking at a number of documents we saw that staff did receive good levels of training, however this was not available to us in a format that was easy to follow.

We saw that new staff followed a period of induction training. The registered manager told us staff did not follow the core induction standards but they were looking into this for new staff.

We saw staff received regular supervision sessions and staff told us they felt supported by the manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw staff had received training about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The manager and staff were able to demonstrate some understanding of this legislation, but appeared to not fully understand issues around capacity or who would be involved in best interest decisions if needed. Staff frequently referred to people's families being consulted about care rather than the individual concerned.

One person told us they needed a walking aid but that staff did not take this to their bedroom when they went to bed. This meant they were unable to mobilise or access the commode independently when in their room. When we asked staff about this they said the person could ring for assistance when they wanted to mobilise in their room or use the commode. Staff did not give any reason why this person was not being provided with their walking aid.

We asked a senior care assistant if they considered this to be an infringement on the person's liberty. The senior care assistant said it probably was and said they would make sure the walking aid was provided to the person at all times. The registered manager also said they would make sure this happened immediately.

We spoke with the cook about the meals provided at the home, particularly in relation to special diets such as those for people with diabetes. The cook said that they made all desserts with artificial sweetener so that people with diabetes could have the same as everybody else. We had noted however, that two of the people whose care files we looked at had lost weight. One person had lost over 10 kg in the previous six months and another had lost over 4kg in the previous three months. We noted that the GP had been involved for one of these people but the diabetic suitable desserts served would not support these people's need for a high calorie diet.

We saw from one person's care records that they were diabetic and needed a low sugar diet. However we noted this person frequently had syrup sandwiches for breakfast.

We also noticed that people were served very small portions at lunch time. For example two gentlemen were served a meal consisting of one small sausage and small amounts of vegetables. Staff told us this was because there had been food wastage due to people being over faced. We noted however that people were not offered second helpings when they finished their meals.

Four of the people we spoke with told us they enjoyed the food at the home. One person said it was "Ok" but they would prefer salad or a banana with bread. They said they had not been offered these options. This person did not have any food preferences recorded in their care documentation.

This meant that people did not always receive a diet suitable to their needs and is a breach of regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw from care records that health care professionals such as GP's, district nurses and physiotherapists were

Requires Improvement

Is the service effective?

referred to as required. We spoke with one visiting healthcare professional who told us they felt the staff at the home worked very well with them. However we saw that communications from healthcare professionals were not being recorded consistently within people's care records. A senior carer showed us a 'seniors book' in which we found information about people's health care needs and what interventions they had received from healthcare professionals. This made it difficult to follow from care records, for example, when a GP had been called to see an individual and what their advice had been and meant that important information relating to people's healthcare was not always included within their own care records.

We also saw that advice from healthcare professionals was not always followed or incorporated into care plans. For example we saw a person from the falls team had been to visit a person two weeks prior to the date of our visit and had recorded their advice about how the person needed to be supported. The senior carer we spoke with was unaware of this.

This meant the person may not have received the care they needed to meet their needs. This is a breach of Regulation 9 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service caring?

Our findings

People we spoke with told us they were well looked after. One person said "the carers are so kind" and another said they found their experience of living at the home "very good and staff get on with me." One person who was still in their night wear told us "They know me, I like a lie in and to take my time."

One visitor told us the staff knew their relatives needs well and always found them kind and caring in their approach.

Visitors told us they were made to feel welcome and could visit whenever they chose. One visitor told us they found the home to be in need of some modernisation and redecoration but said the caring staff more than made up for this. They said the home was "more family-orientated and the staff have lots of patience."

People looked well cared for and it was evident that staff had taken time to support people with personal hygiene and grooming. For example we noticed that people had been supported to put jewellery and watches on and that ladies' hair looked cared for.

When we looked at care plans we saw they took account of people's privacy and dignity needs and reflected peoples preferences in relation to the care and support they received. For example care plans included headings such as 'The things I would like you to help me with' and 'What else we need to agree on.' Where these sections had been completed, this showed that people's personal preferences had been considered.

We observed staff interacting with people in a kindly and appropriate manner. For example we witnessed two occasions during which people who lived at the home were showing signs of annoyance with each other. We saw staff intervened quickly and skilfully with appropriate distraction techniques which meant the situation was diffused quickly whilst supporting the dignity of all the people involved.

Staff told us how much they enjoyed working at the home and demonstrated genuine care and respect for the people who lived at the home.

The home had recently been re-accredited with an award from the Gold Standard Framework. This meant that staff at the home had been recognised for the work they had done to make sure people were supported with end of life care. The registered manager told us they were an ambassador for the Gold Standard Framework.

Requires Improvement

Is the service responsive?

Our findings

None of the people we spoke with told us about any involvement they might have had with their care plans. One person's relative told us that staff kept them informed of any changes to their relatives care or health. When we spoke with people about how they spent their time one person said they "would like to have more hobbies and activities to do" and another said "My only wish is for some more entertainment."

We found care records varied in quality particularly in relation to the person centred approach. For example we saw documents entitled 'My life before you knew me', 'Who I would like to be involved in my care' and 'People that I wish to see' were included within the care files but had not always been completed. In one of the care files we looked at all of these documents were blank. We also noted in two of the care files we looked at that no record had been made of the person's religion.

This meant that details which may be important to the individual and to the way in which care and support was delivered, had not always been considered.

Other documentation demonstrated that a person centred approach was intended but the completion of these documents was inconsistent. For example we saw care planning documentation included headings such as "Things I am able to do", "Things I would like you to help me with" and "What else we need to agree on". None of these documents had been fully completed in three of the care files we looked at and one care file, for a person receiving respite care, did not include any care plans at all.

This is a breach of Regulation 20(1)(a) (Records) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw little other evidence of people being actively involved in the planning and review of their care. In three of the care files we looked at we saw a sheet for people who used the service or their relatives to sign when they had been involved in the development or review of care plans. Only one of these sheets had been completed.

The registered manager told us they were in the process of employing an activities organiser for the home but there was no current provision for engaging people in meaningful activities.

Staff told us they would like to have more time to spend with people but they were busy with care duties. On the second day of our visit we noticed the same songs played on a loop four times. Although some people were singing along, one person told us they were "fed up" with hearing it. We did not see people engaged in any form of activity during our visits but were aware of a Christmas Fayre having been held at the home.

The registered manager told us they would review the staffing situation in particular with regard to the deployment of staff, to address this issue until an activities organiser could be engaged.

We saw that a complaints procedure was in place and people told us they would speak with staff if they had any concerns. We saw a complaints and compliments file in place and noted a large number of compliments had been received. Complaints were managed as per the procedure.

Requires Improvement

Is the service well-led?

Our findings

One visitor we spoke with told us they saw the owner occasionally. They said they knew the staff well and feel they would handle any concerns well. They said they had "never seen the manager." This person went to say the manager had recently organised a dementia evening for carers. Another visitor told us they knew the names of the owner and the manager but never sees the manager.

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.

All of the staff we spoke with told us the registered manager was approachable and supported them well with training and supervision.

Staff told us the manager sometimes helped out with care duties but we were concerned during our visit that the manager spent their time in an office in the attic of the building and therefore was not aware of the problems staff were having particularly in relation to timely administration of medicines due to frequent telephone interruptions. When we spoke with the manager about this they told us they had been busy with other matters and had been trying to answer the telephone to take pressure off the senior carer.

Some quality assurance systems such as monthly audits of the environment, medication audits and care plan audits were in place but these were inconsistently applied and many quality checks had not been carried out for some time. We saw evidence that some maintenance checks such as water temperature monitoring were up to date. The registered manager acknowledged there had been some slippage in this area due to sickness and absence but was in the process of making sure quality checks were applied consistently.

We saw equipment safety checks such as hoists, stair lifts and fire alarm systems were up to date and the registered manager had good systems in place to make sure they were arranged appropriately and in a timely manner.

We saw that a number of policies and procedures were in need of updating. However we recognised this had been identified as a priority by the registered manager and they had already started work in this regard.

We saw the registered manager had a system in place for gaining the views of people who used the service and people involved in the service. We saw the results of the most recent survey were complimentary of the service provision.

The registered manager told us about how they worked with community based professionals and how they had forged links with them to enhance staff training. This included working with the district nurses and healthcare professionals involved with the Gold Standard Framework.

We saw a system was in place for analysing accidents and incidents within the home so that lessons could be learned if repeated accidents or trends were identified.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who used the service were at risk from not receiving care that met their individual needs and lack of emergency procedures. Regulation 9 (1) (b) (i) and (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs People who used the service were at risk of not receiving a diet suitable to their needs. Regulation 14 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not ensure there were suitable arrangements for the administration and recording of medication.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person did not ensure that people were protected against the risk of unsafe or inappropriate care by means of the maintenance of an accurate record in respect of each service user in relation to their care and treatment.