Mr Roger Bruce Thorne

Highborder Lodge

Inspection report

Marsh Lane
Leonard Stanley
Gloucestershire
GL10 3NJ

Tel: 01453823203
Website: www.highborderlodge.co.uk

Date of inspection visit:
24 August 2022
25 August 2022

Date of publication:
27 September 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Highborder Lodge is a residential care home providing accommodation and personal care to up to 40 people. The service provides support to older people and people living with Dementia. At the time of our inspection there were 32 people using the service.

The service is also registered to provide care and support to people living in their own homes. However, at the time of our inspection, this service was not being provided. Everyone living at Highborder Lodge had access to en-suite facilities, communal living and dining spaces and garden.

People's experience of using this service and what we found
People were not always protected from avoidable harm. People's care plans and associated records were not always current, accurate and did not provide staff with the correct information they required to safely meet people's needs.

People did not always receive care and support which fully respected their wishes. Immediate action was taken by the management to address these concerns.

Monitoring systems were not always effective as the records supporting the management of the service were not always reliable. These systems had not always identified or addressed concerns found during our inspection, including concerns in relation to people's care records, cleanliness of the home, people's person centred care and medicine management.

People's medicines were not always stored in accordance with manufacturers guidance and provider's policies. The management took immediate action to address this concern.

People told us they felt safe. They told us the staff were tolerant, patient and friendly. Although there had been challenges in recruiting staff, there were enough staff to ensure people's care needs were met.

There were a range of activities and events for people to enjoy. However, some people who were not mobile, or were living with dementia were not always supported to access or enjoy these activities. Additionally, while we observed there were enough staff to meet people's needs, staff did not always take the opportunity to engage with people and promote their wellbeing.

The provider, registered manager and staff had learnt from incidents and used this to inform their actions.

People and their relatives felt the registered manager was approachable. The registered manager had sought feedback from healthcare professional which was positive.

Staff told us they felt supported and enjoyed working at Highborder Lodge. Staff had received training to

meet people's needs.

We were assured the service were working in accordance with current government COVID-19 guidance

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

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.

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

Rating at last inspection
The last rating for this service was Good (published 4 December 2017).

Why we inspected
This inspection was prompted by a review of the information we held about this service. This included information of concern about people's care and support.

As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highborder Lodge on our website at www.cqc.org.uk.

Follow up
We will request an action plan from 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Highborder Lodge

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
Two Inspectors carried out the inspection.

Service and service type
Highborder 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. Highborder Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Highborder Lodge is also registered to provide care and support to people living in their own homes. However at this inspection, no one was receiving this service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
At the time of our inspection there was a registered manager in post.

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 considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in September 2021 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 this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who lived at Highborder Lodge. We spoke with two people's relatives and one professional about their experience of the care and support provided by the service.

We spoke with eight staff including two assistant managers, a laundry assistant, a housekeeper and four care. Following our visit we spoke with the registered manager.

We reviewed a range of records. This included six people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

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. At this inspection the rating has changed to 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.

Using medicines safely

● People's prescribed topical creams had not always been stored and managed in accordance with the provider's policies and manufacturers guidance. We found seven people's topical creams had not been stored appropriately, meaning people could access them inappropriately. Additionally; staff had not always dated these medicines when they had been opened. Some topical creams are advised not to be used after being open for 28 days.

● People's controlled medicines had not always been securely stored in relation to recognised government guidance. We discussed these concerns with the management who took immediate action to ensure people's medicines were stored safely.

Staff had not followed recognised good practice when managing people's prescribed medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicine administration records (MARs) confirmed people received their medicines as prescribed.

● People had clear protocols in place in relation to their 'as required' medicines, such as pain relief.

Assessing risk, safety monitoring and management

● Information about people's risks, including the risk of falling, had not always been fully assessed and documented. One person had moved in to Highborder Lodge over six months prior to our inspection. The registered manager had not ensured that a full care plan or risk assessment had been put into place for the person including moving and handling and nutrition assessments and plans. We discussed this with the management who confirmed that there wasn't a full range of assessments in place to reflect this person's needs. This meant the person could be placed at avoidable harm as there was not a clear assessment of their needs, risks and the support they required.

● People were not always protected from the risks of their environment. There were some areas of the home where refurbishment work was being undertaken, or was required. These areas were accessible to people, staff and visitors. However, management informed us the rooms, which were unlocked, were not accessed by people. Staff took immediate action to ensure these areas were attended to, to reduce the risk to people.

People's needs had not always been assessed to ensure there was a clear record of the care and support they required. People were not always protected from the risks associated with their environment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● One person was living with diabetes. There was a clear care plan in place for this person's diabetes care,

including the support they required, and signs and symptoms staff should be aware of. All senior care staff were being supported with training to meet this person's diabetes care needs.
● Where people's needs and risks had been fully assessed and documented, there were care plans and risk assessments which reflected their needs and documented the support they required. Staff understood people's needs and the support they required.
● Checks in relation to moving and handling equipment and fire safety systems had been carried out in accordance with recognised best practice.

For focused inspections of care homes that do not include the effective key question, include the following text to report your DoLS judgement, otherwise delete. If issues are identified with DoLS, the inspection should be expanded to include the entire effective key question. Delete the final sentence relating to conditions if not applicable.

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection
● 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 using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the inspection we found some areas of the home had not been effectively been cleaned. The management explained some staffing shortages had impacted on their cleaning regime during the inspection and they were taking action to address this.
● 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.

Visiting in care homes
The provider was following current government guidance in relation to visiting at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt the home was safe. One person told us, "It is safe here." Another person said, "I am happy here."
● The management were visible and regularly worked alongside staff and met people's visitors which promoted an open and transparent culture.

● Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour.

Learning lessons when things go wrong
● During the inspection the manager and representatives of the provider took immediate action in relation to our concerns around cleanliness and medicine management.

Staffing and recruitment
● Suitable staffing levels were in place to meet the needs of people using the service. The home used agency staff when required to ensure there were safe staffing levels. In response to recruitment concerns the provider had employed staff as part of a sponsorship scheme. This scheme was co-ordinated with the government.
● Staff told us there were enough staff and they had the time they needed to provide people's care. Comments included; "We always have enough staff and time to help the residents" and "the management help if we are running low."
● Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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

● People did not always receive care and support which reflected their personal wishes. For example, one person wished to be supported with a bath twice a week. However, there was no evidence the person had been supported with a bath in the weeks prior to our inspection. A relative for this person, raised concerns to CQC about personal hygiene and when their relative had been assisted with a bath.
● People's choices had not always been respected. Staff identified one person was leaning out of bed and following the person's consent, bed rails were agreed to be put in place on one side to protect the person from harm. When the rails were fitted by an external professional, they were placed on both sides of the bed. The person told us they felt "imprisoned" and unhappy. We discussed this concern with management who informed us this was a mistake. After our inspection, the management had worked with healthcare professionals to ensure the bed rail was removed in accordance with the person's wishes.
● Care staff and other staff did not always have a consistent approach to meaningfully engaging with people and providing positive interactions. For example, on one unit we observed seven people went for a period of time of over 30 minutes without any engagement or interaction from staff, with one person requesting a assistance for a drink.
● There were activities and events arranged on a daily basis for people living at Highborder Lodge. However, for those people who were immobile or were living with dementia there was not always appropriate engagement and support. We observed that staff did not always take time to provide meaningful engagement for people. Two people told us they felt isolated living at Highborder Lodge.
● We discussed these concerns with the management team, who provided us further information of activities people had received. However, for some people who chose to stay in their room there was not always a clear record of the plans to protect from the risk of social isolation.

People did not always receive care which was personalised to their needs and promoted their wellbeing. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● However, some people benefited from a range of events and activities. During our inspection people were enjoying some tabletop games. Some people were being supported to access a local canal boat trip. A church service was also carried out during the inspection.
● People told us they enjoyed these activities and spoke positively about the activity co-ordinator. One person told us, "I do like the trips, there is enough for me to do."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.

Improving care quality in response to complaints or concerns
● People and their relatives told us they knew how to make a complaint to the service and that the management listened to and acted on complaints.
● The registered manager kept a complaints tracker. This documented the action they had taken in response to complaints, concerns and any compliments.

End of life care and support
● People were cared for at the end of their life through the service working in partnership with health professionals. Staff spoke positively about end of life care and ensuring people receive the care and support that is important to them, including being visited by their loved ones.
● The service worked with healthcare professionals to ensure people were comfortable at the end of their life. Where relevant, anticipatory medicines had been prescribed by people's healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. 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.

- Audits and management systems were not always effective at identifying concerns. Audits in relation to medicine management and care plans carried out by assistant managers had not identified concerns we found at this inspection including people's care assessments, topical cream management and the safe storage of medicines.
- Some systems had not been fully embedded and understood by all staff. During the inspection we raised some concerns in relation to cleanliness. The assistant managers confirmed they did visual checks, however there was no cleaning audits carried out to ensure areas of the home were effectively cleaned.
- The provider and registered manager did not have effective systems in place to ensure the quality of care people received was meeting their expectations. Concerns we identified regarding people's ongoing personal care had not been identified by at this inspection.
- The provider and registered had not always acted on guidance from healthcare professionals. For example, a pharmacy audit had been carried out in February 2022. This had identified actions in relation to people's topical creams and the safe storage of medicines. At the time of the inspection these actions had not been completed and medicine audits carried out by the management had not identified or acted on these concerns.

The registered manager and provided did not always operate effective quality assurances and governance systems to assess and monitor the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and assistant managers responded to concerns identified at this inspection, carrying out immediate action where necessary to reduce the risk to people living at Highborder Lodge.
- The manager carried out audits in relation to infection control (including hand hygiene), incidents and accidents, and call bell audits. These audits focused on identifying any trends or concerns. Learning from audits was shared with staff.

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

- Management were visible in the service and approachable. We observed management engaging people and providing support.
- Staff told us the management were supportive. One member of staff told us, "The manager is really good.

We feel supported, It's a good place to work." Staff told us they felt able to raise concerns with management without fear of what might happen as a result.

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 manager and provider understood their responsibilities to be open, honest and apologise if things went wrong. Records showed relatives were contacted appropriately to inform them of incidents or near misses affecting their family member. Where appropriate staff and management reflected on incidents or concerns to make changes to the service.

● The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

Continuous learning and improving care; Working in partnership with others, Engaging and involving people using the service, the public and staff, fully considering their equality

● People were able to discuss their views on Highborder Lodge and any changes they would like. Staff carried out monthly residents' meetings to seek people's views and concerns. These meetings were used to communicate changes in the home such as new staff.

● Prior to the inspection the registered manager had sought the feedback of healthcare professionals and relatives. Feedback from healthcare professionals was positive. Feedback received from family was due to be analysed to identify any potential actions or improvements which could be made.

● People and their relatives told us the registered manager was approachable and accessible. One relative told us, "The manager is nearly always in his office, so if you want to talk to him, he's there and he listens."

● The registered manager and staff had acted on feedback from infection control specialists and fire safety staff. When feedback had been received, action plans had been implemented and action taken to improve the service. For example, action had been taken in relation to PPE stations and working in accordance with best practice guidance.

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 People did not always receive care which was personalised to their needs and promoted their wellbeing.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's prescribed medicines had not always been managed effectively. People's needs and risks had not always been assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider did not always operate effective systems to monitor, assess and improve the quality of service they provided.