

Mr & Mrs D H Willcox

Highcroft Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Highcroft Nursing Home is a nursing home and was providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

Highcroft Nursing Home is laid over three floors. The ground floor is made up of the kitchen, provider's office, patio and area called the 'parlour'; the parlour is an area with seating that is used for people to meet with their guests in a private setting. The first floor is made up of a dining room, lounge, bedrooms and the nurse's office, there is also a communal bathroom and toilet. The second floor consists of a nurse's station, communal bathroom and toilet, bedrooms and a garden area. There is a lift available for people, so they can access all floors.

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

People, staff and relatives spoke positively about the registered manager. People told us their experience of living in the home was positive and relatives confirmed this. Provider audits and checks were completed effectively and identified errors and omissions. The registered manager reviewed accidents, incidents and falls to identify themes and trends as a way of preventing a recurrence. Links with organisations in the local community included religious organisations and a school.

People told us they were supported by staff who were caring and supported them to retain their independence. People, and where appropriate, their relatives were involved with care planning and reviews. People's privacy and dignity was respected. The registered manager ensured people were not discriminated against because of protected characteristics.

People received a service that was responsive to their needs. Staff supported people to maintain relationships that were important to them. Staff encouraged people to participate in activities they enjoyed. End of Life care was provided in a personalised way and family were invited to stay in the home when a person was nearing the end of their life. The provider made necessary adjustments to ensure people had access to information in different forms and relevant to their needs.

Care plans detailed people's needs and provided guidance for staff about how to meet the needs of people. People told us they were supported by competent staff and the staff received training relevant to their roles. People spoke positively about the food, and those requiring a specialist diet were provided with food to meet their needs. People had access to drinks throughout the day and told us staff supported them to have enough to drink. People's needs were met by the design and decoration of the home. Staff worked in partnership with healthcare professionals to achieve good outcomes for people.

At our last inspection we identified shortfalls in relation to the administration of medicines, we also found people's personal emergency evacuation plans (PEEPS) did not include detail to guide staff about the support people required in an emergency. At this inspection we found the provider had acted and

implemented changes in response to our findings. People told us they felt safe and received care in a safe way. Staff spoke confidently about actions they would take if abuse was witnessed or suspected. Risks were identified, and assessments guided staff about how they could lower the risk to people. Staff were recruited safely, and people told us there was enough suitably qualified staff to meet their needs. The provider acted to prevent the spread of infection, the premises were exceptionally clean. When things went wrong, actions were taken to prevent a recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection Good (Published January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Highcroft 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience. 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

Highcroft Nursing Home is a 'nursing home'. People in nursing 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.

The service had a manager registered with the Care Quality Commission. 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the home and four relatives about their experience of the care

provided. We spoke with eleven members of staff including the provider, registered manager, nurse, domestic staff and care workers. 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 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found medicines were not always managed safely, this included Medication Administration Records (MARs) being signed before a person took their medicines and the medicine trolley being left unlocked and out of sight of the nurse. At this inspection the medicines trolley was managed safely, and medicines were not signed for before being taken by the person.
- People told us their medicines were managed safely. Comments from people included, "I get pain relief whenever I want it. I can tell the nurse if something is wrong and they will always offer me pain killers."

Assessing risk, safety monitoring and management

- During the last inspection we identified PEEPs did not include detailed information and there was no 'grab bag' containing items, such as a torch, that would be used in an emergency. At this inspection we found people did have PEEPs in place, detailing the support needed to leave the home in an emergency. The provider had also introduced a 'grab bag' containing items including water, a torch and important information about people, such as medicines they were taking.
- Risks were assessed and there was guidance available to staff about how they could lower the potential risk to people. For example, one person was unsteady on their feet and used a walking frame to move around the home. The risk assessment guided staff to, "Encourage [them] to walk short distances" and required staff to remind the person to use their walking frame as the person may not always remember to take it with them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments from people included, "Nursing care second to none. I have never felt safer anywhere else in my life. If there are not enough staff, they will get agency staff to work. If I ring the bell, staff always come quickly."
- Staff spoke confidently about how they would identify potential abuse, and what they would do if abuse was suspected. Comments from staff included, "If I saw anything [abuse] I would go straight to the registered manager, if the registered manager didn't do anything, I would whistle blow". One member of staff who had recently completed safeguarding training said potential signs of abuse included, "Bruising, withdrawal, a change in personality and lack of appetite." And told us they would speak to the registered manager or nurse in charge if abuse was suspected.
- Staff received safeguarding training.

Staffing and recruitment

- People and relatives told us there were sufficient numbers of appropriately trained staff to meet people's needs. One relative said, "Staff [are] constantly in and out, mum doesn't feel alone." Comments from people included, "I feel very safe and there are plenty of staff, but I do not need much help as I am very independent."

- Staff were recruited safely. Appropriate checks, such as those with previous employers and the Disclosure and Barring Service (DBS) were undertaken. DBS checks are important as they help prevent the service employing people who may be unsuitable to work in care.

Preventing and controlling infection

- The environment was exceptionally clean and free from odours. One GP who visited the home said the environment was, "Scrupulously clean." Two domestic staff were cleaning during our inspection and showed great attention to detail. For example, cleaning the metal strips between doorways with a duster. One member of domestic staff we spoke with said, "We get lots of comments about the home, that it doesn't smell and it's clean, I always thank my team for that."

Learning lessons when things go wrong

- The registered manager identified staff had not been recording the temperature of the medicine's fridge in line with published guidance about best practice. A different recording system was introduced, and the registered manager was in the process of updating the medicines policy to reflect this.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, guidance was available for staff about how to meet those needs and care plans reflected the person's choices. For example, one person has trouble communicating verbally with staff. Their care plan guided staff to, "Give [person's name] time to communicate their wishes and choices. Take time to listen to what [person's name] has to say."
- When it was appropriate the provider consulted and worked in line with published information about best practice. Including the prevention and management of pressure ulcers.

Staff support: induction, training, skills and experience

- People told us they were supported by well-trained staff. One person said, "I feel when staff are hoisting me they are well trained and know what they are doing."
- Staff received training relevant to their roles and the people living in the home. For example, staff received training about diabetes because some people living in the home had diabetes.
- The provider ensured people who were new to care completed the Care Certificate. The Care Certificate is a set of standards including information that all staff new to care should know.

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

- People spoke positively about the food they ate. Comments from people included, "I enjoy the food it is well cooked, and I like the stews they make" And, "The food is very pleasant and there is always lots of veg." People told us they were supported to drink enough, there were jugs of squash and water available for people to access and one person said, "Staff always make sure that I drink a lot during the day."
- People with special dietary requirements were provided with food to meet their needs and involved with planning the food they ate. For example, one person said "As I am on a special diet the staff ask me every morning what I would like to eat. The staff make sure I never go hungry as there is always plenty of food."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with healthcare professionals to achieve good outcomes for people. For example, a referral made by the provider had resulted with one person having access to a plate guard and specialised spoon, so the person could continue to eat independently.

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

- The environment was designed and adapted to meet the needs of people. There was a lift available for

people to access all floors and specialist equipment, such as an adapted bath, to meet people's needs.

- The registered manager told us they took pride in designing and decorating the home. One relative described the environment as, "Like a hotel."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate healthcare support, for example the GP. The registered manager said, "We have a very good rapport with the GP."
- Staff were guided to support people to access relevant services. For example, one person's care plan said, "Assist [person's name] to attend [their] six-monthly check with [their] own dentist if [they] choose, report any bleeding from gums, pain or broken dentures."

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.

- At the time of our inspection there were three people at the home subject to Deprivation of Liberty Safeguards authorisations. The provider worked to ensure the conditions within the DoLS were met.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received support from caring staff. Comments from people included, "Staff here are very caring we have a lot of banter they are always happy and up for a laugh. If I am not feeling well the staff are very concerned and will do what they can to help me." And, "Staff here are very good they know their job very well and are very professional and caring. I am quite a private person who enjoys their own company. I spend a lot of time in my room, but staff are in and out all day checking if I am OK." One relative said, "The calibre of the staff is very good, they are not just here to do a job they genuinely care."
- The registered manager ensured people did not feel discriminated against, monitoring people's experiences of the service with a 'Anti-discrimination' form that encouraged people to disclose relevant information about protected characteristics. It is against the law to discriminate against a person because of a protected characteristic.
- Relatives continued to visit the home after their loved ones had passed away. The registered manager told us relatives would visit throughout the year with home grown fruit, to do the gardening and at special times of the year, like Christmas.
- Staff told us the registered manager ensured staff who worked in the home were caring. One staff member said, "People get consistent care." Adding, "[Registered manager's name] does not tolerate staff who are not caring."

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to retain their independence. Comments from people included, "Staff always spend time with me and we have a good natter together." Adding, "The staff here encourage me to remain independent and to come downstairs regularly."
- People who chose to share bedrooms had access to a 'dignity screen' used by staff to prevent people observing people receive personal care.
- Staff knocked on people's bedroom doors before entering and ensured people received support to use the toilet with the door closed.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about the care they received, both they and their relatives were involved with care planning and reviews.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same

This meant people's needs were met through good organisation and delivery.

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

- People told us the service was responsive to their needs and relatives confirmed this. Comments from people included, "I come down to the lounge most mornings and the staff always have my newspaper ready for me to read with a cup of tea." This person also said, "They know I enjoy reading the newspaper every day and keeping up with what is happening." Adding "I always have a laugh with the staff."
- Care plans were carefully produced and designed to meet the needs of individuals. For example, one person experienced involuntary movements meaning their hand clenched and fingers 'dug in' to their palm. Guidance for staff included to, "Keep fingernails short." Further guidance was available about a splint provided by the GP to help prevent the involuntary movements. The registered manager said, "Our aim is to improve a person's quality of life in some way. It may not even be mammoth".
- People's needs were met through the delivery of care. For example, one person wished to continue having their hair washed but was unable to leave their bed. The care-plan guided staff to access the inflatable sink that could be used to wash the person's hair while they were in bed. One staff member said, "The care is brilliant, if they [people] need it they have it. You don't have to fish around for anything or beg for anything."
- People were supported by staff to retain maximum control of their lives, this featured consistently throughout care plans we viewed. One relative said, "Mum takes forever to eat so they [staff] make sure she has her food first and they don't take it away, it's very flexible."
- People were provided with alcoholic beverages to suit their tastes, this included whiskey, port and wine. One person was unable to consume alcohol, the provider purchased non-alcoholic equivalents so the person, "Didn't feel left out".

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

- The provider encouraged relatives and loved ones to visit at any time. One relative said, "I'm here every day. The same relative had been invited to stay for Christmas dinner and this meant the person could spend Christmas with their relative."
- People were supported to access activities that were meaningful and important to them. This included weekly aromatherapy sessions. Local wildlife centres had visited with various animals including an owl and a hedgehog. They also had entertainers, including live singers. Comments from people included, "I like word searches and spend a lot of my time doing them in my room." Adding, "I go the lounge for the activities every day which I enjoy."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable to make complaints and voice any concerns, but they had not needed to. One relative said, "I've never had cause for complaints, if there is a suggestion they act on it or explain why it is done."
- The provider had not received any recent complaints but was concerned about this as they wanted people to feel able to voice their concerns. The registered manager designed a form called 'Issues Requiring Action' that people and their relatives could use to raise concerns.
- The provider laminated retained copies of compliments. Compliments received by the provider included, "My grateful thanks to all at Highcroft [Nursing Home] for wonderful care." And, "Many thanks for all the help and care you gave to my relative during the two years they stayed at Highcroft [Nursing Home]."

End of life care and support

- When a person was receiving end of life care, relatives and loved ones were offered the opportunity to stay at the home to be near the person. One end of life care plan said, "Allow family to stay overnight if they wish and show them washing and food and drink facilities."
- The registered manager said, "End of life care to me is comfort and pain free. If that's all you can do, then do it properly. It must be a priority. You can only do it once for somebody."
- End of life care plans included detailed information about how a person could be supported to remain comfortable and pain-free towards the end of their life. Guidance encouraged staff to answer questions from the person and their relatives and to guide them through the dying process and after death procedures."

Meeting people's communication needs

- The provider worked to ensure people could access information. For example, the registered manager told us they had created 'picture' cards for a person who lost their speech and referred people to relevant professionals, such as services for those with a visual impairment, when the need occurred.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the home was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke extremely positively about the registered manager. Comments from staff included, "[Registered manager] cares so much they have invested their life into care" And, "[Registered manager] wears their heart on their sleeve. They're a good Boss."
- Relatives and people spoke positively about their experiences. One relative said, "It gives you a warm feeling when you leave, I have put mum in the best place I can." Comments from people included, "I would recommend this home as a good place to live without reservation" And, "It is beautiful here and I have nothing to complain about everything is at is should be."

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

- There was a clear staffing structure and staff were supported in their roles, this included duties being allocated daily by the registered manager. Comments from staff included, "We have got a good team and we all know what we are doing." And, "We know exactly what we are doing which is great."
- Staff received regular supervisions and appraisals. The provider did not operate a 'formal staff rewards' system. However, the registered manager told us pay was increased in line with good performance, staff were provided with a complimentary meal during long working days and the provider hosted a complimentary party each year at Christmas.
- Provider checks, and audits were used effectively to identify errors and omissions. Accidents, incidents and falls were reviewed to identify themes and trends as a way of preventing a recurrence.

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

- People and their relatives were offered the opportunity to complete questionnaires about their experiences of living in the home. These included questions about the quality of food, if they had been provided with sufficient information about care they received and if staff promoted people's independence.
- The registered manager told us they no longer had 'whole home meetings' instead the registered manager spoke with people individually.

Working in partnership with others

- The provider had links with two local religious organisations and one local school. The registered manager told us children from the school visited during the festive season to sing songs.

Continuous learning and improving care

- The registered manager attended relevant meetings and forums as a way of accessing up-to-date information relevant to care provision.

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

- When things went wrong, the registered manager responded in an open and honest way