Mr Allan Wayne Law and Mrs Julie Law

Highpoint Lodge

Inspection report

69 Molesworth Street
Wadebridge
Cornwall
PL27 7DS

Tel: 01208814525

Date of inspection visit:
21 May 2018

Date of publication:
10 July 2018

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

This unannounced comprehensive inspection took place on 21 May 2018. The last inspection took place on 18 May 2016 when the service were meeting the legal requirements. The service was rated as Good at that time. Following this inspection the service remains Good. .

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

Highpoint Lodge is situated close to the centre of Wadebridge. It is a large detached property over two floors. The first floor being accessed by a stair lift. There are eleven rooms one of those being a double room. Of these six had en suite facilities. There is a large entrance hall, lounge and dining room on the ground floor. Bathrooms with adapted baths for people with poor mobility are in place on both floors. An additional toilet is situated on the ground floor. There is a sun lounge off the dining room. To the rear of the house is a garden area with parking to the side.

There were enough bathrooms including assisted baths on all floors. There were a range of aids and adaptations available to support people with limited mobility when required.

The atmosphere in the service on the day of the inspection was relaxing, friendly and calm. Staff responded promptly when people asked for help and support was provided at a relaxed pace. Throughout our inspection we observed staff providing support with respect and kindness. People told us they felt safe and comfortable living at Highpoint Lodge. Comments included, "I love it here. It's very calm and relaxing"; "Staff are there at the push of a button. So kind and caring" and "Moving here has improved my quality of life. Yes it makes me feel a lot safer than when I was at home alone."

People's risks were being managed effectively to ensure they were safe. Records showed where changes in people's level of risk were. Care plans had been updated so staff knew how to manage those risks.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely.

Care plans contained information about the person and what their individual needs were and how they would be met. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff responsible for peoples care.

People were treated with kindness, compassion and respect by staff who were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed. However some staff had worked at the service for a number of years and had not had a more up to date DBS check. We discussed this with the registered manager who agreed to act on this by gaining annual declarations from those staff members

in order to demonstrate they remained safe to work with people who may be vulnerable. There were systems in place to provide new staff with appropriate induction training. Existing staff received regular training, supervision and annual performance appraisals.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

People received care and support that was responsive to their needs because staff had the information to support them. Staff supported people to access healthcare services. These included, Social Workers, Psychiatrists, General Practitioners (GP) and speech and language therapists (SALT).

People's bedrooms were personalised to reflect their individual tastes and the service was well maintained.

The premises were regularly checked and maintained by the provider. Equipment and services used at Highpoint Lodge were regularly checked by competent people to ensure they were safe to use. It was clean and hygienic and a safe place for people to live.

Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedure in place to manage infection control risks

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, an annual survey, staff meetings and daily meetings with people living at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Highpoint Lodge

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 21 May 2018. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service; this included five people who lived at Highpoint Lodge, two staff members and the registered manager. Following the inspection we had responses from one other professional involved with the service.

We looked at care records of three people who lived at the service and training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition, we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

We asked people who lived at Highpoint Lodge if they felt safe living and receiving care there. Comments included, "I feel very safe living here. [The registered manager's name] and staff make sure I am safe," "It gives me comfort knowing there is someone there if you need them" and "I never have to wait and they [staff] are so kind and patient." Observations made throughout the inspection confirmed people's requests for support were answered quickly and efficiently.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise hazards and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person to move safely. Staff were able to tell us about people's individual risks and how they were being managed.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions had been taken following these audits to help reduce risk in the future. For example the needs of a person had increased to a level where the registered manager had agreed with professionals the placement was no longer safe. The registered provider worked with the person and family as well as professionals to seek a more suitable placement.

Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised. The service was holding medicines that required stricter controls. The controlled drug records were accurately maintained. When checking one person's record the balance of this type of medicine was accurate. Records showed the administration of controlled medicines were always checked by two appropriately trained staff.

We observed the service was being staffed in numbers which met people's individual needs. Call bells were responded to quickly. One person told us, "When I call the staff are here quickly." The level of support that each person required was assessed and used to determine staffing levels. There were no additional night staff other than the registered manager who lived on the premises and where the call system was connected at night. People we spoke with told us they had used the call system occasionally in the night and it had always been responded to by the registered manager. The low dependency of people living at the service meant this level of support was satisfactory to meet people's current needs. The registered manager told us where people were ill and required support at night this had been arranged with staff as necessary.

There were two staff on each shift with the registered manager available if required as they lived on site. A staff member told us, "[Registered manager] is always around. We don't have a problem with staffing." In addition to care staff there was a housekeeper to support domestic arrangements. A staff member told us,

"It's a good team because most of us have worked here for a long time and we know the routines well." This helped ensure consistency of care.

All the eleven people living at the service preferred to stay in their rooms for most of the time. Staff were observed to frequently check on people's welfare in their own rooms. Staff were attentive to people's needs and when they required assistance. People we spoke with confirmed they had everything they needed in their rooms and chose to remain in their rooms during the day.

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. However some staff had worked at the service for a number of years and had not had a more up to date DBS check. We discussed this with the registered manager who agreed to act on this by gaining annual declarations from those staff members in order to demonstrate they remained safe to work with people who may be vulnerable.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff understood what abuse meant and what action they should take if they suspected it. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns. Contact details were visible on the service's notice board so people could refer to the safeguarding team independently.

There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Staff had received infection control training.

Each person had information held on their care plan which identified the action to be taken for them in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Equipment had been serviced and maintained as required. Records were available confirming gas, electric and fire systems were being maintained and were safe to use. Equipment including moving and handling equipment (hoist and slings) were safe for use and were being regularly serviced. We observed they were clean and stored appropriately so people were safe when moving around the premises.

Good

Is the service effective?

Our findings

People who lived at Highpoint Lodge told us they were confident with the skills of the staff team and felt the care provided for them was very good. Comments were positive and included, "It's very calm living here and I have all the care I need" and "They [staff] are very patient and there for you if you need them. They know what they are doing."

Staff were knowledgeable about the people living at the service and had the skills to meet people's individual needs. People using the service told us they were confident that staff knew them well and understood how to meet their needs. One person told us, "I have my own routines and the staff respect that."

People's needs and choices were assessed prior to moving to Highpoint Lodge. The registered manager told us, "Where possible people come for a short respite stay and it gives us chance for a better assessment as well as the resident finding out if it's suitable for them." One person was coming to the end of a respite stay and had, in conjunction with the registered manager and family decided they were not ready for residential care and therefore returning home. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. People told us the registered manager and staff frequently asked about their wellbeing and when they reported they did not feel well staff contacted a relevant health professional. On the day of the inspection the registered manager had requested a GP visit for two people. They told us, "I just think they needed checking over. It's important we keep on top of things."

Care records showed visits from health professionals including General Practitioners (GP's) and district nurses were taking place as required. Other professionals had been involved with people when necessary, including physiotherapists and occupational therapists.

Training records showed staff were provided with mandatory training and regular updates in subjects such as moving and handling, infection control, equality and diversity, medicines management and first aid. Additional training was put in place if required to support people's individual needs. For example nutrition where there was a risk of choking.

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with policies and procedures. The induction programme covered orientation to the premises and included fire procedures, staff handbook, safeguarding, infection prevention and control, moving and handling, practical skills, medicines and record keeping. A revised equality and diversity training plan had been introduced to staff which focused on current Equality Act legislation and ensured staff understood what discrimination meant and how to protect people from any type of discrimination.

The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

Staff told us training helped them to provide the necessary support and care to people. Staff received regular supervision and advice from the manager. One staff member told us, "We are all required to do the training but it keeps us up to date with any changes." Staff had regular access to the registered manager if they needed additional support in a less formal way. A staff member said, "The manager is always around and very supportive to us all."

The registered manager was aware of assistive technology and how it might be used in the best interests of people using the service. For example pressure mats to alert staff when people were moving around. However the current needs of people living at Highpoint Lodge meant they were not required. Some people had computers and there had been interest in some people using this for communicating with families outside the country. The registered manager told us they were in the process of setting this system up.

Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. Nobody said they felt they had been subject to any discriminatory practice. For example, on the grounds of their gender, race, sexuality, disability or age. One person preferred only male care staff to provide their personal care. This was clearly recorded and respected. This showed the service was helping to ensure that people who lived at the service were protected from the risk of discrimination

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. The application procedures for this in care homes and hospitals are 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 were being met. There were no restrictions in place at the service and people were able to come and go as they pleased. There were no current DoLS authorisations in place at the time of the inspection.

Care records contained evidence that people who were able had signed to consent to all aspects of their care. This covered, for example, personal care needs and medicines. The manager and staff were aware of the importance for people who lived at Highpoint Lodge who may not have mental capacity for them or their legal representative to give consent to receive care and support.

People had a choice of three main courses at lunchtime. They told us the choices everyday met their needs and that meals were 'tasty and well cooked'. Most people chose to take their meals in the privacy of their own rooms and this was respected. However three people often ate together in the dining room. Snacks and drinks were available. Where people's dietary needs had changed due to health reasons there was evidence the registered manager referred them for professional support. For example, where a person had problems swallowing food and drinks they had received an assessment and the service was following clinical guidance to support them.

The service was well maintained, with a good standard of décor and carpeting. The registered manager told us they wanted the service to be as homely as possible and felt they had reached that goal. People told us they liked to personalise their rooms and there was evidence of this. Some people had individual pieces of furniture which they had brought with them. All rooms had family photos and personal items. One person told us it brought them a lot of comfort having those personal items close by.

Good

Is the service caring?

Our findings

People who lived at Highpoint Lodge told us they were happy and felt the care provided for them was very good. Comments were positive and included, "The staff are always popping in to ask if I'm ok or if I need anything" and "I find all the staff are very caring. They are there when you need them."

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Highpoint Lodge were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them. Where there were restrictions in the way people chose to communicate, staff respected this and responded only when they felt it was appropriate. This demonstrated the staff understood the best way to effectively communicate with people.

People told us their privacy and dignity was always respected and this was observed during the inspection. We observed staff members knocking on bedroom doors and waiting to be invited in before they entered even when people chose to have their doors open. People told us staff treated them with dignity and their privacy was respected and their independence promoted. People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

Staff had time to sit and chat with people. We observed many positive exchanges between staff and people living at Highpoint Lodge. It was clear the staff member understood how to support people's wellbeing in a caring and meaningful way.

People said they were involved in their care and decisions about their care and support. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Good

Is the service responsive?

Our findings

People using the service told us they were pleased with the care and support they or their relative experienced. People told us, "I like to get on with doing what I want in the day and the staff respect that" and "They [staff] always ask If I need anything and sometimes there are things I need and they sort it out for me."

Each person had a care plan, which was personalised to them. They recorded details about the person's specific needs and how they would like to be supported. It was person centred demonstrating the person was at the heart of identifying what was important to them. It detailed people's choice of daily routines. For example, people's sleep routines and what they were interested in. This supported staff in how they responded to people's needs. Where possible care plans included details of the person's background, life story, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy.

Care plans had been regularly reviewed to ensure they were up to date. Any sudden changes were shared with senior staff at each shift handover and cascaded to care staff so they could respond to those changes in people's needs.

There was a staff handover meeting at each shift change. Handover information was recorded at the beginning of each shift. This was then added to throughout the shift to pass information on to the next group of staff coming on duty. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

The registered manager told us people currently living at the service did not have any interest in communal activities. We spoke with five people about this. All told us they had no interest in doing activities. Although two people told us the registered manager and staff had worked hard to celebrate a royal wedding the previous weekend. Three people had visited the lounge to enjoy the celebrations but others had chosen not to or watched the event in their own room. There was evidence of games and activities which could be used. Staff told us they were in and out of peoples rooms and often had meaningful conversations with them while reflecting on past life events. They told us people enjoyed this reflection and so they encouraged it where they knew people responded to this.

Some people were unable to easily access written information due to their healthcare or sensory needs. Staff supported people to access information needed for them to be involved in decisions. For example, menu choices were discussed each day for the next day's meals. Staff visited people each and described the menu option available to help people to make a choice.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were made welcome although there were visiting time restrictions in place which were displayed at the front entrance. We spoke with the registered manager about these restrictions. They

informed us these restrictions were due to previous concerns when people were coming to the service at inappropriate times. Following discussion about this the registered manager agreed it was too restrictive and removed the signage. One person had visited at lunchtime and this was not seen as an issue for the registered manager and staff.

The service took account of individual communication and support needs of people with a disability, impairment or sensory loss. People's specific communication needs were identified as part of the service's assessment procedures and care plans included guidance for staff on how to share information with people effectively. Where devices, for example hearing aids were used to support people's communication needs, staff were provided with information on how these devices operated. In addition the service had good links to local suppliers and had arranged for people devices to be regularly serviced to ensure they operated correctly.

There were opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us the registered manager was always accessible to them and they would raise any matters they may have with the registered manager and were confident it would be dealt with efficiently. Comments included, "I've no complaints but if I feel I need to say anything I will."

People were supported at the end of their lives. The registered manager told us it was important people who had lived at the service for some time had the opportunity to end their life around people they knew. The service worked closely with the family and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives

Good

Is the service well-led?

Our findings

The 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. 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. The service had a registered manager in post. People told us the manager was approachable and very supportive. They told us the registered manager was visible in the service on a daily basis and staff told us they felt supported.

People who lived at Highpoint Lodge told us they were happy with the way in which the service was run. One person said, "I've been here some time and can't imagine living anywhere else."

There were clear lines of responsibility and accountability. The registered manager was also one of the providers who worked closely together. The registered manager had many years' experience of managing the care home. They were knowledgeable and familiar with the needs of the people they supported. It was clear staff understood their individual roles and responsibilities and provided a consistent team which reflected the way the service was operated. They said, "[Managers name] is always available if we need to speak with her" and "This is a well-run home and its run for the residents."

The registered manager worked in the service every day supporting staff; this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communications between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

People's views were taken into account through annual surveys. The most recent survey showed people were satisfied with the care and support they received. The information was analysed to identify any themes or trends and act on them. However there were no specific issues found during the most recent survey.

There were no residents meeting taking place, where people's views and experiences were sought. People we spoke with told us they did not feel the need to 'get together for a discussion' as they shared their views with the registered manager and staff on a daily basis. The registered manager told us they had previously held meetings but it had become increasingly difficult to get people together. They stated, "I do try but I have to respect peoples choices and wishes. We get information every day and pass on information every day." There was no evidence that people were disadvantaged by not having formal meetings as this was addressed through daily communication.

There was constant daily communication between the registered manager and staff. Staff meetings occurred but not on a regular basis due to the small static staff team. Staff told us information was shared with them on each shift and any operational changes were also shared with them. Staff told us the communication was good and that they had an opportunity to voice their opinions or concerns regarding

any changes.

Audits had taken place and were on-going to review current policies and procedures and ensure they met with current good practice guidance. Audits included reviewing the service's medication procedures, care plans, infection control, environment, staffing levels and ensuring people's birthdays and anniversaries were celebrated.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.