

Sanctuary Care Limited

Highcroft Hall Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Highcroft Hall Residential Care Home is a care home providing accommodation and personal care to 42 older people, some of whom were living with dementia. The service can support up to 52 people.

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

The management of people's prescribed medicines was not entirely effective to ensure people received their treatment as directed by the prescriber. Not everyone who used the service felt valued or important. The provider's governance was not completely effective to assess, review and monitor the quality of the service provided.

People felt safe living in the home and staff knew how to safeguard them from potential harm. Risk assessments were in place to mitigate any potential risk to people. Systems were in place to reduce the risk of cross infection. Lessons were learned when things went wrong. We received mixed comments whether there were always enough staff on duty.

Staff had access to training and supervision to ensure they had the skills to provide a safe and effective service. People's involvement in their assessment ensured they received a service the way they liked. People were supported by staff to eat and drink enough to promote their health. The provider worked with other agencies to ensure people received a seamless service. The environment was suitable to meet people's needs. People had access to healthcare services when needed.

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.

People were supported by staff who were kind and who delivered care in a way that respected their right to privacy and dignity. People were involved in decisions about their care.

We found that not everyone we spoke with felt there were sufficient opportunities to engage in social activities. People were able to maintain contact with people important to them. Complaints were listened to and acted on. People's wishes with regards to their end of life care was obtained and recorded. The registered manager had been in post six months and understood the duty of candour. People were encouraged to have a say in how the home was run. The provider worked with other agencies to ensure people received appropriate care and support.

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 Requires Improvement (published 22 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Highcroft Hall Residential Care 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, one assistant 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 Residential Care Home is a 'care home'. 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.

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

This inspection was unannounced.

Inspection activity started on 15 October 2019 and ended on 16 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with six people who used the service, seven relatives, four care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included people's care records and multiple medication records. 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 remained the same.

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

- A person told us their relative's prescribed creams were not being applied as prescribed. We observed the person's skin was very dry. The medication administration record (MAR) showed the person had not received their treatment at the prescribed frequency. We looked at MAR relating to another person which, also showed they had not received their treatment as directed by the prescriber. This placed people's health at risk. The registered manager was unable to explain why people had not received their prescribed treatment at the appropriate intervals.
- Medicines were stored as directed by the pharmaceutical manufactures to ensure they were safe to use.
- Staff who administered medicines told us they had received the necessary training.

Staffing and recruitment

- We received mixed comments about staffing levels in the home. People told us staff were not always available to assist them when needed. One person told us, "If I ask for help during the night, staff will often say, not now I'm with someone else."
- Another person said, "I don't think there are enough staff, especially at night."
- However, other people were positive about the staffing levels and said their care needs were met in a timely manner.
- We observed staff were present on each unit to support people when needed.
- The registered manager told us agency staff were used when needed and staff confirmed this.
- The provider's recruitment process ensured safety checks were carried out before people started working in the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse because staff knew how to recognise it and how to safeguard them.
- A relative told us, "(Person's name) is safe here because they like it here. They are always smiling and they like the staff."
- The registered manager demonstrated a good understanding when to share information about abuse with the local authority to protect people from the risk of further harm.

Assessing risk, safety monitoring and management

- The risk to people was assessed with the involvement of the person. Risk assessments were in place to

support staff's understanding about how to care for people safely.

- Records showed equipment was regularly serviced to ensure they were safe to use.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons. The appropriate use of PPE helps to reduce the risk of cross infection.
- Cleaning audits were carried out to assess and monitor hygiene standards within the home and we observed the home was clean and tidy.

Learning lessons when things go wrong

- When things went wrong lessons were learnt to avoid a reoccurrence. For example, it was identified that a person had sustained several falls. The person's prescribed medicines were reviewed by their GP and they were referred to the 'falls' clinic to see what measures could be taken to stop them from falling.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

- Staff told us people and their relatives were involved in their assessment and the people we spoke with confirmed this.
- Information obtained from assessments were used when developing the care plan and risk assessment. This ensured staff had access to accurate information about how to care for people.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they started to work in the home and we saw evidence of this. A staff member told us, "During my induction I was showed around the home and introduced to everyone."
- Staff confirmed they had access to training to ensure they had the up to date skills to meet people's needs.
- Staff told us they were provided with one to one supervision sessions. During these sessions they received comments about their work performance.

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

- We received various comments about the meals provided. For example, some people told us the quality of meals varied day by day. One person told us, "I had an omelette, but they obviously didn't know how to make one." However, we found that other comments were positive. For example, people told us they had a choice of meals and had access to drinks at all times.
- Care plans contained information about suitable meals for the individual with regards to their health or preferences.
- We observed staff were nearby at mealtimes to support people to eat and drink enough to promote their health.
- Where necessary people were supported to access a dietician or speech and language therapist to obtain advise on suitable meals to reduce the risk of choking.

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

- The provider worked with other agencies to ensure people received the appropriate care and support.

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

- Highcroft Hall Residential Care Home is located in a residential area in Wolverhampton. The three-storey building was equipped with essential aids and adaptations to assist and promote people's independence.
- All bedrooms were single occupancy. Bath and shower rooms were located near to communal areas.

- There was a garden situated at the rear of the property.

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

- People told us they had access to healthcare services when needed. The GP visited the home on a weekly basis. One person said, "The district nurse visits me regularly to change my dressings."
- A relative told us, "If the staff have any concerns they dial 999 and they always let us know."
- The registered manager had a good understanding of the National Institute of Clinical Excellence guidance 48 (NG48). This guidance promoted good oral hygiene. We observed that care records contained a detailed oral hygiene care plan.

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.

- Staff had received MCA and DoLS training and were aware of what this meant and the impact this could have on people.
- Staff told us people were supported to make decisions.
- The registered manager told us the majority of people who used the service had a DoLS in place. This was because they lacked the capacity to make a decision or required constant supervision.
- People told us that staff asked for their consent before they did anything for them.

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

- At the beginning of the inspection we were informed some people were not always appreciative of the support provided to them. However, one of these people told us, "I feel like the staff disapprove of me and so they don't help me." We asked the registered manager to address these concerns to ensure the person felt valued and to ensure they received the necessary support.
- We observed staff were kind and attentive to people's needs.
- We saw staff assist a person with their mobility and this was done in a dignified manner. Staff explained to the person what they would be doing and reassured them throughout the process.
- One person told us, "If I need anything staff do it with a smile."
- A different person said, "You can always hear laughter here. It rings around. I can't put into words how this makes me feel."
- The staff we spoke with were aware of people's diverse needs and how to meet them.

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

- People were involved in making decisions about their care and where appropriate their relatives were also involved. This ensured staff had access to accurate up to date information about how to meet a person's needs.
- One person told us they had been involved in their relative's care planning. They said, "There were a lot of discrepancies in the old care plan and it was nice to get it right for (Person's name)."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected by staff.
- A staff member told us, "Before I assist people with their personal care, I ask for their consent first. I ensure they are covered up to maintain their dignity."
- The registered manager told us that staff encouraged and supported people to carry out domestic tasks. For example, doing the washing up. One person enjoyed sorting the laundry and pairing the socks together. This promoted people's independence.

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 now remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager demonstrated a good understanding of AIS. The registered manager told us they would be introducing flash cards to help one person to communicate. Some staff told us they used the translator on their mobile phone to help one person.

End of life care and support

- At the time of our visit no one was receiving end of life care.
- We saw evidence that people's wishes with regards to their end of life care had been obtained and recorded.
- The staff we spoke with told us they had not received end of life training. Further information obtained from the registered manager identified that 29% of the staff team had received end of life training. This meant that not all the staff may have the skills to care and support people at the end of their life. However, this did not have an immediate impact on people because at the time of the inspection no one required end of life care. The registered manager told us arrangements were in place to ensure all staff receive this training.

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

- We received mixed comments about the availability of social activities. However, we observed notices displayed on the wall about forthcoming social activities and entertainments.
- We observed some people engaging in rag rugs making and dog petting.
- Displayed in the home were forthcoming Diwali celebrations. We saw photographs of past activities.
- There was a recognition of the rights of lesbian, gay, bisexual and transsexual (LGBT). We observed staff were kind and respectful to people who used the service and their fellow colleagues. We observed the rainbow symbol outside and within the home. The different colours are often associated with diversity.
- People were able to maintain relationships with people important to them. Relatives told us they were able to visit the home at any time and staff always made them feel welcome.

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

- People told us an assessment of their needs was carried out before they moved into the home and the care

records we looked at confirmed this. This process helped with the admission process to ensure people's support and care needs were met immediately.

Improving care quality in response to complaints or concerns

- Complaints were listened to, taken seriously and addressed. For example, a relative told us they had raised concerns that their relative was not supported to wear their glasses and dentures. They shared concerns with the registered manager and it was addressed.
- Another person told us their relative had raised concerns on their behalf about their bedroom not being cleaned. They told us this was addressed promptly.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question 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

- The provider's governance was not entirely effective to ensure people received their prescribed creams at the frequency directed. The registered manager told us about a new system that had recently been installed. This would alert staff if a person's medicines had not been administered.
- The registered manager had been in post since April 2019. The registered manager demonstrated a very good understanding of the needs of people in their care. A staff member told us, "The registered manager has put a lot of good practices in place."
- One person who used the service told us, "The registered manager has settled in nicely over the past few months. I can always call for them and they come to see me."
- We observed the provider's inspection rating was displayed in the home.

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

- The registered manager described the culture of the home as diverse and celebrating different cultures.
- People and relatives were encouraged to have a say in the running of the home. This included the recently implemented 'resident of the day.' This gave people the opportunity to comment on the service provided to them.
- Meetings were carried out with people who used the service and their relatives. This enabled the provider to tell people about any forthcoming changes to the home. A relative told us, "These meetings are very useful. Any questions that are asked are answered."

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 registered manager had a good understanding of the duty of candour and when things went wrong action was taken to avoid a reoccurrence.

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

- People were supported by staff to maintain links with their local community. This included local schools and places of worship.

Continuous learning and improving care

- The registered manager was able to demonstrate where incidents had occurred, the action taken to resolve them and to mitigate the risk of a reoccurrence.

Working in partnership with others

- The provider had maintained good links with healthcare professionals. This ensured people had access to relevant healthcare services to promote their mental and physical needs.
- There were links with social workers to jointly assess and review the care and support provided to people.