

Family Care Limited

Highgrove Care 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 

Overall summary

This unannounced inspection took place on the 7 and 8 September 2015.

Highgrove Care Home is registered to provide accommodation and personal care for up to 21 people.

The service did not have a registered manager. The post had been vacant since December 2014. The manager had applied to be a registered manager and was waiting for the outcome. 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.

At our last inspection of Highgrove Care Home, in July 2014 we found the provider was in breach of regulations in relation to the care and welfare of people who use the service, management of medicines, staffing, care records and their quality assurance systems. Following the inspection the provider sent us an action plan. They told us they would meet the relevant legal requirements by November 2014.

Summary of findings

During this inspection we found the provider had made improvements. Care records were individualised and gave clear guidance about people's health and support needs. Staff were able to tell us about the care and support they were providing. One healthcare professional told us the staff were "very good" at following recommendations and guidance.

Improvements had been made to staffing and there were no vacant positions within the home. The manager told us they had an open recruitment strategy and were actively advertising for staff. They planned to create a bank of staff to work on an 'as required' basis. There were sufficient staff to meet people's needs.

Improvements had been made to the safe administration of medicines. People received their medicines safely. All staff responsible for administration of medicines had received training and had their competencies assessed by senior staff.

Managers and staff were motivated to improve the service they provided. Improvements had been made to ensure there were systems in place for monitoring the quality and safety of the service and to ensure people were satisfied with the care they received. There was a timetable of checks and audits which were carried out by senior staff.

People, relatives and staff told us they had confidence in the new management structure and felt they were supportive and their views listened to. There was a range of methods used to communicate with people and their families. For example by email, meetings, face to face and a suggestion box.

People were treated kindly and respectfully. Their individual needs, likes, dislikes and preferences were respected by staff and people were offered choice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were safe. They were protected from harm and abuse because there were processes in place for recognising and reporting abuse. Staff received appropriate training and were able to talk with us about their responsibilities.

People received their medicine safely. Medicines were administered and stored safely.

There were sufficient numbers of staff on duty to meet people's needs.

Good



Is the service effective?

People received effective care. Healthcare professionals told us staff had the right knowledge and skills to meet their needs.

Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

Staff worked in partnership with health care professionals to ensure people's needs were met.

People received sufficient food and drink.

Good



Is the service caring?

People received kind and compassionate care. Relatives told us staff were caring and professional. We saw staff communicate with people in a friendly and warm manner.

People were treated with dignity and respect and their privacy was protected.

Good



Is the service responsive?

People received care that was responsive to their individual needs.

People and their families were involved in decisions about their care.

People and their families knew how to raise concerns.

Good



Is the service well-led?

The service was well led. Staff and health and social care professionals had confidence in the manager.

The manager was committed to providing a good quality service and there was a comprehensive timetable of quality checks.

Staff were keen and motivated and knew what was expected of them.

Good



Highgrove Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 8 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we checked what information we had about the home. This included notifications we had received from the provider. A notification is important information the provider needs to send us by law. Before the inspection the provider was asked to complete 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 the improvements they plan to make. The PIR was completed and received by us.

During our inspection we looked around the home and observed how staff interacted with people and each other.

In order to gain more information about the service we spoke with six people, four relatives/close friends, eight staff and one healthcare professional. We looked at four sets of care records and the Medicine Administration Records (MAR).

We reviewed records relating to the running of the service such as quality monitoring audits.

Prior to the inspection we contacted the contracts monitoring team and clinical commissioning group.

Is the service safe?

Our findings

The provider had made improvements since our last inspection on 24 and 28 July 2014. Our previous inspection found that people were not protected against the risks associated with medicines. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection we found improvements had been made. People received their medication safely. The Medication Administration Records (MAR) were dated and signed correctly and medication was administered and stored safely. A senior member of staff did weekly checks. People received their medicines from experienced senior staff who had completed medication training and had a competency assessment; they were monitored during formal supervision. At our last inspection staff were administering insulin to one person who used the service without having completed suitable training. At this inspection a healthcare professional attended the home to administer insulin.

People had their individual risks assessed. There were specific risk assessments for example, nutrition, pressure areas and mobility. When a risk was identified, for example a risk of skin damage, there was a plan to minimise the risk. This included use of pressure relieving equipment, regular repositioning, mobilising and use of medicines such as creams. Risk assessments were reviewed monthly or sooner if there was a change in care needs. For example when a person had an increase in falls there was a review and update of the risk assessment and care plan. Additional measures to reduce peoples risks were carried out daily for example pressure mattress settings were checked each day.

There were no vacant positions in the home. The manager told us they had an open recruitment plan and continued

to advertise for staff even though they did not have vacancies. The manager told us they planned to create a bank of staff to fill shifts on an as required basis. There was minimal use of agency and when used the agency provided the service with a profile of the agency staff including their training and experience. People told us there were enough staff and one person told us they have a call bell and staff always come if they use it. Duty rosters confirmed there were sufficient staff.

People were supported by staff who were recruited safely. The service carried out checks on staff before they started work which included criminal records checks, identity checks and obtaining references in relation to their previous employment. This was confirmed in the staff records.

People were protected from abuse. People told us they felt safe living in the home and one person said "I have lived here for years, staff do all they can to keep us safe and well." Staff told us how they made sure people who lived at the home were safe and protected. All staff spoken with had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within the home. For example one member of staff told us "If I was worried about someone I would make them safe and report it straight away." Another member of staff told us they would talk with senior staff if they were unsure and needed advice. There were arrangements in place to ensure all staff received training in safeguarding adults. Staff knew how to report concerns about poor practice and were aware of whistleblowing procedures. Where there had been concerns about safeguarding, the manager had made appropriate referrals to the safeguarding team, there were no open safeguarding concerns at the time of our inspection.

Is the service effective?

Our findings

The provider had made improvements since our last inspection on 24 and 28 July 2014. Our previous inspection found that the home did not have a plan to ensure the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were fully implemented in the home. The Mental Capacity Act (MCA) 2005 provides the legal framework for acting and making decisions on behalf of individuals who have been assessed as lacking capacity to make specific decisions. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection improvements had been made. Staff had received training in the MCA and DoLS and understood how they applied it to their work. Where people lacked the capacity to make decisions staff were guided by the principles of the MCA to ensure that any decisions were made in their best interests. We saw people's mental capacity had been assessed and was documented in their care records and staff had followed the required assessment process. One care worker told us they assume people have capacity unless they have had an assessment which established they are lacking capacity to make a specific decision.

Staff knew about the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospital being inappropriately deprived of their liberty. DoLS can only be used if there is no other way of supporting the person safely. The manager had made appropriate applications to the local authority responsible for authorising a DoLS. One application had been assessed and a DoLS was in place. There was a system for monitoring the status of any DoLS, this meant the provider had an easily accessible record of people who were waiting for an assessment and review dates.

We found the provider had made improvements since our last inspection on 24 and 28 July 2014. At our last inspection there were concerns that recommendations from the Speech and Language Team (SALT) had not been incorporated in a person's care plan or risk assessment to ensure the person's needs were fully recognised and met. Following the inspection the provider wrote to us and told us they would make improvements. At this inspection

improvements had been made. People with conditions like diabetes had detailed plans and the cook told us they were informed of their specific dietary needs. Decisions about nutritional requirements had been documented in care plans and staff knew what these were. Our observations during meal times showed one person was supported to eat and drink safely and received assistance to manage their meals where appropriate. Staff had adequate guidance to ensure people's nutritional needs were met. For example one person had a stroke and the SALT team made recommendations which had been adhered to by the staff and the person was discharged from SALT.

People received sufficient food and drink. People told us the food was good and there was enough choice. Menus were planned over a four week period and there was a choice of two meals. The daily menu was displayed in the communal area. The cook told us they always talk with people each morning and know their likes and dislikes. They would prepare something that was not on the menu if requested. For example one person told us "I am fussy and the cook will get me anything I want," the cook had prepared the person's own recipes for them. People told us the food was hot and freshly prepared. Some people did not want to eat in the dining room and their choice was respected. People had drinks within easy reach and there were snacks available throughout the day.

People were supported by staff with sufficient experience and training. People told us staff were very good and one family member told us staff have the right skills to do their jobs. There was an on-going staff training programme to cover training which the provider had identified as essential. For example training in infection control and health and safety. Some training required face to face teaching, for example moving and handling and fire safety. Staff told us they were encouraged to complete additional training in health and social care.

People had access to healthcare. The district nursing team attended daily and there was contact with the GP as required. A healthcare professional told us communication with the home is "very good." There was input from a range of healthcare professionals, for example, a dentist, optician, chiropodist and Speech and Language Therapist.

Is the service caring?

Our findings

People were treated with kindness and compassion. People spoke positively about staff; one person told us “staff are very kind.” Some relatives told us staff had built up very close relationships with their loved ones. They told us when some staff go on holiday how much they are missed. One relative described staff as “great, very caring.” One person told us they had lived in two other care homes before moving to Highgrove and they were very happy living there. They told us “the girls (staff) are very good and kind.” They described a particular member of staff as “wonderful, a very caring person.”

One person told us they were in hospital prior to moving into the home, they commented how nice it was to have privacy and to be supported to spend time quietly in their room when they wanted to.

Families felt welcome and were offered drinks or sometimes a meal. One relative told us they have had meals with their loved one and told us the staff were “friendly and look after [person’s name] extremely well.”

Staff were friendly and used appropriate humour with people. They approached people warmly and used their names and ensured they had eye contact gaining people’s attention before offering support. For example when staff asked people if they would like to go to lunch.

People were treated with dignity and respect. All people we spoke with told us care workers were respectful when they were supported with personal care and felt their privacy was maintained. Staff described to us how they ensure they maintain people’s privacy and dignity. For example staff told us they always knock on doors before entering. One member of staff told us if they are planning to clean a person’s room they ask permission, if it is not convenient for the person they would return at another time.

People told us how staff encouraged them to be independent, for example one person told us staff supported them to move independently from the commode into bed. They felt that being encouraged to be independent was more dignified for them and enabled them to maintain some privacy.

Is the service responsive?

Our findings

People's care was planned and delivered in a way that was tailored to their individual needs and preferences. The provider told us they carried out a comprehensive pre assessment before someone moved into the home. This gave them opportunity to find out about the persons individual needs, likes and dislikes as well as assessed if the home was an appropriate environment for them. Once a person moved in, there was a process in place for completing their care plan. This was done over a period of two to four weeks in which information was gathered through talking with the person, their families, and health care professionals and through observations. The person was involved in making decisions about the support they received.

Reviews were conducted six monthly with people and their families. The care records were comprehensive and included a communication passport, which gave important information about the person and their likes and dislikes. There was a daily living plan which included information about preferred daily routines for example one person preferred to eat their meals in their room.

People told us, "if I want anything staff help me." People used their call bells, which we heard frequently during our inspection. Staff responded promptly to requests for help and support. People had confidence in the staff for example one person told us "I've got a bell-staff come when I ring it, I know they will get here."

There was an accident and incident policy and staff were aware of their responsibilities in reporting. There was a process for monitoring accidents and incidents and actions were taken to ensure that learning took place for example; one person had an increase in falls, their care plan was updated and changes were made resulting in the person moving room to ensure their safety.

There was a programme of activities which were offered in the afternoons. Some of these activities were provided by staff, for example carpet skittles, board games and bingo. Some activities were provided by external contributors, for

example, exercise to music, caring canines, the land girls and music sessions. They were mostly group activities although manicures and the hairdresser were also included. The manager told us that some people did not want to join in with group activities and told us staff provided one to one time with people. We saw staff sat with people individually reading and discussing the newspaper or just talking with people. People had an activity log which staff completed each shift, the log showed some people as not joining in any activities. We discussed this with the provider and manager, they were aware staff were not capturing all the activities that were being provided in particular one to one activities. We saw this had been discussed in staff meetings. The provider and manager agreed staff needed more guidance on understanding how to complete the log.

The management team told us they oversaw the activities timetable and were constantly looking for new ideas. They wanted to encourage community involvement for people and had arranged events in the home to raise money for charity. Suggestions were received from relatives, for example the event planned for September came about following a discussion in a residents and families meeting. The home manager told us they are flexible to people's needs, for example one person wanted to go shopping and this was arranged on a one to one basis. Care records provided details of activities people enjoyed doing and one member of staff told us they plan activities according to what people like, for example one person told us they liked board games and this was in the care records. Board games were included in the afternoon activities programme.

There was a complaints policy and how to make a complaint was clearly displayed. However there was not a record of any complaints having been made since 2013. We spoke with the manager who was not aware of any complaints and told us the aim is to respond to any concerns as they arise to avoid them escalating to a complaint. People and relatives told us they did not have any reasons to complain and they knew how to if an issue arose. One person told us they would "I would go and see [managers name] if I wanted to complain."

Is the service well-led?

Our findings

The service was well led. People who lived in the home and their families all spoke positively about the service. One person told us “management are kind and understanding, show empathy.”

At the time of the inspection there was not a registered manager in place. The previous registered manager was deregistered in December 2014. The provider told us they had reviewed the management arrangements and a manager had applied to be the registered manager. The outcome of the application was due in September 2015. A home manager was appointed to support the prospective registered manager. The provider told us they planned to have two registered managers in the home to ensure comprehensive senior management cover and also to provide existing staff with an opportunity for career development.

We found the provider had made improvements since our last inspection on 24 and 28 July 2014. Our previous inspection found that the provider did not have effective systems for monitoring the quality and safety of the service. Following the inspection the provider wrote to us and told us they would make improvements. During this inspection improvements had been made. Checks and audits were carried out by senior staff to ensure standards of care were maintained. There was a timetable of audits which were delegated to senior staff to carry out. The frequency of the audits was clear and they were up to date. Some audits were weekly, for example weekly audits included: medicines, charts, and day and night reports. Actions were picked up from the audits, such as dates were not always recorded on day and night reports, memos were sent to all staff and it was discussed in the team meetings and in staff supervision.

There were senior care workers and team leaders who worked shifts and provided supervision and guidance to care workers. They were clear about their roles. They told us they were responsible for leading the shifts and ensuring the care provided was as planned. They had additional responsibilities for example the seniors were responsible for checking people’s rooms each shift to ensure they were clean and tidy and there was the correct equipment available and in working order. They were also responsible

for specific audits for example hoists and slings. One senior member of staff told us if a sling is faded or not up to standard it is discarded straight away and a replacement is obtained, with no delays.

The management team told us they value the staff and as part of recognising staff contribution they had introduced an award. This was called the ABCD award which was given to one member of staff each month. Staff voted for each other and they received recognition in the newsletter and on the notice board, management gave a gift to offer their appreciation as well.

Staff received regular supervision which was recorded in agreement with them. The manager also carried out group supervision as required. Senior staff supervised care workers in practice, to ensure they were competent, for example when supporting people with personal care. Appraisals had not yet taken place under the new management structure however there was a plan to commence them in September 2015.

The provider told us they maintain close contact with the home. Managers send them weekly reports and there are regular meetings held at a senior level. There were bi monthly staff meetings which were a forum for management to share information and to listen to staff. Items discussed at these meetings included outstanding actions from audits and suggestions for activities. Staff were given positive feedback as part of the meeting format.

There had been meetings held with people and their relatives and the manager told us these were planned quarterly. These meetings were an opportunity for people and their families to feedback and make suggestions. For example relatives said they were unsure who the senior staff were, the manager put a display board up in reception with photos of staff and their name and role. Relatives suggested arranging caring canines and this was implemented.

Relatives had identified communication as an issue and the meetings were part of an overall response to ensuring communication was improved. A dedicated email account was set up. We noted one relative had requested a branch to be cut down. The provider responded to the email and completed the request. There was also a suggestion box and compliments folder. Some compliments were recently

Is the service well-led?

added which included an entry from one person referring to the home as "... A little piece of heaven." There was a newsletter produced to keep people and families and staff updated and informed about the home.

Staff told us management were approachable and supportive; one care worker told us "there is an open door policy." Staff told us when there have been personal or family difficulties that management have been supportive including changing shifts for them at short notice. One care worker told us there had been a lot of changes, such as

improved staffing and better support. They told us they no longer felt stressed coming to work and it was an enjoyable place to be. Another member of staff told us "I love it here, I love my job."

The home employed a maintenance person who attended the home on an "as and when" basis for general works. Staff filled in requests in a maintenance book and this was picked up by a senior member of staff. Other maintenance was carried out by external contractors for example, carpet cleaning, electrical goods and equipment such as hoists.