

Sunplee Ltd

Highbarrow Residential Home

Inspection report

Toothill Road
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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

Highbarrow Residential Home is residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people in one adapted building. People who use the service may have a physical disability and/or a mental health condition such as dementia.

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

We have made a recommendation about different ways of ensuring information was accessible to meet people's individual needs.

Improvements were needed to ensure the newly implemented care planning system was fully imbedded to ensure records fully reflected people's care. A newly recruited manager had been appointed. However, they had not commenced their employment and therefore had not yet registered with CQC.

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were reviewed to ensure there were enough staff available to meet people's needs. People's medicines were managed safely, and staff followed infection control procedures.

Staff supported people to lower their risks. 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 had access to healthcare professionals and were supported with their nutritional needs. There were systems in place to ensure people received consistent care and support.

People were supported by caring staff who provided dignified care and respected people's privacy. People's independence was promoted by staff.

People were involved in the planning and review of their care and received support in line with their preferences. There was a complaints system in place which people understood. People's end of life wishes were sought.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. Feedback was gained from people and their relatives, which was used to improve the service provided. The management team worked with professionals to ensure their needs were met.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 08 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 not always well-led.

Details are in our well-Led findings below.

Highbarrow Residential 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 was carried out by one inspector.

Service and service type

Highbarrow Residential home is a 'care home'. People in care 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 did not have a manager registered with the Care Quality Commission. However, a manager had been appointed and we were told they would register with us once they have commenced their role. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of the inspection the management of the service was carried out by an interim manager, who was also the regional manager for the provider. They will be referred to as 'the manager' in the report. The senior care assistant also completed a range of management duties at the service to support the interim manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, interim manager, consultant, senior care worker, care workers and a domestic assistant. We also spoke with a visiting professional.

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 were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and improvement plans.

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.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitably deployed staff available to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us there were enough staff available when they needed support. One person said, "I don't have to wait about for staff, there is always someone in the lounge. I have a call bell at night and they come quickly."
- We observed staff supporting people in an unrushed way, call bells were answered quickly and there was always a staff member available in the lounge/dining areas.
- Staff told us staffing levels had improved and they had more time to support people. One staff member said, "I feel there are enough staff and I know the provider is constantly recruiting to make sure there is always enough staff. The morale is better now too."
- The manager regularly reviewed the staffing levels and used a staffing tool to ensure there were enough staff to meet people's changing needs.
- The provider had followed safe recruitment procedures to ensure people were supported by suitable staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff supported them. One person said, "I feel very safe here. The staff help me when I'm walking so I don't fall."
- Staff supported people to move using correct manual handling techniques. For example; we observed a person being supported from their chair with the use of equipment. Staff ensured the person was comfortable, explained how they were supporting them and ensured they felt safe.
- Risk assessments and support plans identified risks to people and gave staff guidance on how to support them safely. We saw the information detailed in plans was followed by staff.
- Accident and incidents were recorded. The management team analysed these monthly to ensure people's support was changed to prevent further occurrences. Action had been taken to ensure staff took learning from accidents and incidents.

Using medicines safely

- People told us staff supported them with their medicines and they received their medicines when needed. One person said, "The staff help me with my medicine and if I am in pain I only have to ask, and they give tablets to help me with my pain."

- PRN protocols were in place to ensure staff had guidance to follow when supporting people with their 'as required' medicines.
- Medicines were administered, recorded and stored safely and staff had received medicine training to ensure they understood the correct procedures when administering medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff knew the various signs of suspected abuse and had a good knowledge of the reporting procedures. One staff member said, "I would report anything suspicious to my manager, but I could do this myself if needed as the numbers to call are on the noticeboard."
- Records showed that incidents of suspected abuse had been reported to the local authority to ensure an investigation was carried out. Care plans and risk assessments had been updated to ensure people were protected from the risk of harm.

Preventing and controlling infection

- People told us the service was always kept clean. One person said, "It's always lovely and clean here."
- Staff understood the importance of using Personal Protective Equipment (PPE) when they supported people. PPE protects people from the risk of cross infection. We saw staff wearing gloves and aprons when they supported people in line with procedures.
- Systems were in place to ensure cross infection was mitigated. For example; domestic staff carried out checks on mattresses and equipment to ensure they were kept clean, which were audited by the management team.

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

- People and relatives told us they had been involved in the assessment of their needs prior to using the service. This ensured people received support in line with their wishes. This information had been used to create care plans and risk assessments to ensure people were supported effectively.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, sexuality, disability and religion.

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

- People told us they enjoyed the food and were offered choices in line with their preferences. One person said, "The food is very good, I really enjoy it. We can always ask for something else if we don't like the choices on offer." Another person said, "I like the food and we have plenty of tea, coffee and juice."
- Staff asked people what they wanted for their lunch and the atmosphere at mealtimes was calm and relaxed. People were encouraged to eat their meals and where people needed help to eat, staff supported them in a patient and caring manner.
- Staff knew how to support people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained. One professional we spoke with said, "The staff are very pro-active in seeking advice to make sure people's needs are met and they are well."
- People's oral health needs were assessed and followed by staff to ensure people's oral health was maintained. Staff provided encouragement and prompting to ensure people remained as independent as possible.
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's changing needs.

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.

- People were encouraged to make decisions about their care and we saw staff gained people's consent before they provided support. One person said, "I can do quite a bit for myself, but staff always ask if I need any help."
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- Referrals had been submitted to the local authority where people were being deprived of their liberty. Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

Staff support: induction, training, skills and experience

- Staff received an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "I completed an induction and I found it helped me before I supported people." Another staff member said, "I have received up to date mandatory training and I have completed other training too such as dementia and diabetes."
- Observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff told us they felt supported in their role and received supervisions where they raised issues or discussed areas of development.

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

- The service was designed and decorated to meet people's needs. People's bedrooms were personalised, and communal areas were homely.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grabrails were in place to ensure people were safe whilst promoting their independence within the service.
- The provider was in the process of making improvements to the environment. This consisted of an extension to the service and plans to update the environment to assist people living with dementia. They had a clear plan to update the service in a way that did not cause disruption to the people who lived there.

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 now 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 the staff were kind and compassionate towards them. One person said, "The staff are lovely, they help me if I need it". Another person said, "The staff are like friends, very caring and kind. This is my home and staff respect that."
- Relatives told us staff were all caring towards their relatives. One relative said, "The staff are very caring and it gives me reassurance that my relative is looked after. I am very happy with the care they receive."
- Staff interacted with people in a caring way and showed patience when they supported people.
- People were supported to maintain relationships with their families and friends. People told us family could visit them whenever they wanted, and they were always made welcome by staff.
- Staff understood the importance of respecting people's diverse needs when they provided support and the care plans reflected what staff had told us.

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

- People told us staff asked them what they needed before they provided support. One person said, "The staff always check what I need, and they listen to what I want. I make lots of choices, like wanting to sit in the quiet lounge because I like it here."
- Staff supported people to make choices in the way they received their care and people's choices were respected. They showed patience and gave people time to answer questions about the support they wanted.
- Staff understood people's individual methods of communicating. Support plans were in place to give staff guidance on the best way to help people make choices in how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff who promoted their privacy and dignity. One person said, "Staff have always been very respectful and make me feel comfortable."
- Staff supported people to protect their dignity. For example, one person was being supported to move using equipment. Staff ensured they were covered with a blanket to maintain their dignity.
- People told us they were supported to be as independent as possible. One person said, "The staff encourage me to be as independent as possible. I can do quite a bit for myself, but know staff are on hand if I need them."
- People had access to equipment to aid their independence such as walking frames, which meant they were able to move around the service when they wished.

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.

- Staff understood people's individual methods of communicating. Staff gave people time to answer questions and used short sentences to help people understand what was being asked.
- Care plans were in place, which gave staff guidance on the most effective way of helping people express their views.
- Complaints procedures and the activity schedules were available to people. These were not available in a pictorial format if people needed help understanding this information. Staff told us they told people about any activities and people told us they understood how to complain. However, ensuring different formats were available would help people to access this information independently.

We recommend the provider seeks guidance on the use of different formats to ensure people can access information in a way that promoted their understanding.

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

- People told us staff knew them well and supported them in line with their preferences. One person said, "The staff know exactly what I need help with and know how I like things done. They are very good."
- People and their relatives were involved in the planning and reviewing of their support. This ensured people were supported in line with their changing needs and wishes.
- Staff knew people well and supported people in line with their preferences. Support plans detailed people's preferences and diverse needs which were followed by staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed taking part in the activities provided. One person said, "I really like the things we do, I do lots of different things. It's fun living here."
- Involvement in activities was people's choice and some people told us they preferred the quieter areas of the home. Staff respected people's choices and understood their preferences.
- Daily activities were planned and displayed on the noticeboard in the service. There was an activities co-ordinator who arranged activities in line with people preferences.

Improving care quality in response to complaints or concerns

- People and relatives understood how to make a complaint if they needed to. People told us they had not needed to complain about the service, but they would talk with a staff member or the manager if needed. One person said, "I trust [staff member's name] they are very good. I can tell them anything and they sort it."
- There had been no complaints at the service since our last inspection. However, there was a complaints policy in place which should ensure any complaints received were investigated and responded to.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- Where people had made a decision not to be resuscitated a DNACPR was in place and this important information was available to staff to ensure they acted in accordance with their wishes.
- People's wishes had been sought to ensure they were supported in line with their preferences at the end of their life.

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 has now remained the same. This meant the service management and leadership was inconsistent and improvements made needed to be fully imbedded and sustained.

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

At our last inspection we asked the provider to ensure there were effective systems in place to monitor and improve the quality of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, some improvements were still being imbedded into the service.

- The management team were still in the process of reviewing and updating the new care planning system to ensure this was imbedded and sustained within the service.
- Although medicines were being administered safely, there were still some issues with the recording of medicines and care records had not always been completed as required. The management team were aware of this and were regularly reviewing and had acted to ensure staff understood the new care planning system.
- There was not a manager registered with us (CQC) at the time of the inspection, which is a condition of the provider's registration. However, the provider had taken steps to recruit a new manager who was due to start at the service shortly. The provider told us this manager will apply to register with us.
- The manager and senior care worker monitored the service to ensure people's risks were mitigated. Audits that had been carried out contained details of the actions taken to ensure improvements were made to the way people received their care.
- The manager understood their responsibilities in relation to duty of candour. They were open and responsive to feedback and alongside the provider were committed to continually improve the service people received.
- The manager had notified us of events that had occurred at the service and the rating of our previous inspection was on display.
- The provider had taken on board feedback and learnt lessons from this to make improvements to people's care. There was an improvement plan in place, which the management team were using as a tool to continually improve.

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

- People and relatives were positive about the manager and senior care worker. One person said, "There is a new manager at the moment, they seem very nice and friendly." A relative said, "I tend to speak with [senior care worker's name]. They are brilliant and always sort anything out if I raise any issues."
- Staff felt supported by the manager and senior care worker. They told us they were able to approach them if they had any concerns and they felt listened to. One staff member said, "I feel more empowered and I know my responsibilities."

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

- People and relatives felt involved in the service. Feedback about people's experience was gained through the completion of surveys and meetings within the service. The feedback was listened to and used to make improvements to the service.
- Staff were encouraged to provide feedback to improve the service during staff meetings and supervisions. Staff told us the meetings were useful and they had open conversations about their role and were asked for their opinions of the service provision.

Continuous learning and improving care

- Staff told us the management team encouraged them to develop their skills and knowledge to help them support people effectively. One staff member said, "I can suggest any training that I feel will help me do my job and the manager always listens. I have just asked for End of Life and I am scheduled to do it."
- Observations were carried out to ensure that staff were supporting people to meet their needs in line the training received.
- The provider had employed a consultant who specialises in Dementia care to ensure they continued to make improvements and update staff practices to meet the needs of the people who lived at the service.

Working in partnership with others

- A visiting professional told us they had a good relationship with the staff at the service and they ensured people's health was maintained. They said, "I get referrals for guidance to ensure people's skin condition is maintained. I feel they are a very pro-active staff group in ensuring appropriate referrals for advice are requested."
- The senior care worker had developed good working relationships with a range of external organisations and professionals. This ensured people received their support in a consistent way and enabled the plans of care to include a holistic view of people's needs.