

Mr K and Mrs K Hunter and Mrs I Coughlin Higher Bank

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Higher Bank is a residential care home for up to 22 older people who require support with personal care. Accommodation is provided in 18 single bedrooms and two double rooms on two floors. The home is in a residential area close to Blackburn town centre. There were 19 people living at the service at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

People told us they felt safe in Higher Bank and that there were always enough staff available to meet their needs. Staff had been safely recruited and understood how to protect people from the risk of abuse.

People were cared for in a safe and clean environment. The provider had made a number of improvements to the home since the last inspection. We have made a recommendation in relation to creating a 'dementia friendly' environment when further improvements are considered. Arrangements were in place to deal with any emergencies which might occur in the home.

People had their medicines as prescribed and these were managed safely. The provider had systems in place to learn when things went wrong.

Staff received the induction, training and support necessary to enable them to provide effective care. Staff had a good understanding of the care and support that people required. Interactions between staff and the people who used the service were warm, friendly and relaxed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were provided with high quality meals of their choice and had their health needs met.

Care plans and risk assessments were person centred and provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly. People were encouraged to remain as independent as possible and were supported to participate in a variety of activities. People were also offered the opportunity to attend events in the local community.

The registered managers provided strong, supportive leadership to the staff team. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care; these

included seeking and responding to feedback from people in relation to the standard of care. We noted all the responses in the annual satisfaction survey completed in April 2018 were positive about the way the home was run.

Further information is in the detailed findings below.

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 has improved 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 ●

Higher Bank

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 comprehensive inspection took place on 10 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an 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. The Expert had experience of residential care services.

In preparation for the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local safeguarding and quality assurance teams and the local Healthwatch team to gather their views about the service.

In planning the inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with seven people who lived in the home, one relative and a visiting health professional. We also spoke with a total of seven staff employed in the service. The staff we spoke with were the registered manager, three members of care staff, the chef, the domestic and the maintenance person.

We carried out observations in the public areas of the service. We looked at the care records for three people and medication records for 12 people who used the service. In addition, we looked at a range of records relating to how the service was managed; these included six staff personnel files, staff training records, staff supervision and appraisal records, minutes from meetings, incident and accident reports, complaints and compliments records as well as quality assurance audits.

Is the service safe?

Our findings

At our last inspection in April 2016, this key question was rated as good. At this inspection, the rating remains good.

People told us they felt safe in Higher Bank. Comments made to us included, "They [staff] take good care of you, we don't have any worries", "I just feel safe", "The carers are very good really" and "I feel safe because of the security and the people around."

The service had effective safeguarding systems, policies and procedures. Staff had completed training in safeguarding adults. They were aware of the correct action to take if they witnessed or suspected any abusive practice. Staff told us they were confident the registered managers would listen and respond appropriately if they raised any concerns about the care people received.

Risks to people were effectively assessed and managed. Each person had individual risk assessments, which were relevant and specific to their needs. Management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition and skin integrity. We saw the registered managers had developed a robust falls management tool; this included the assessment of a number of key areas which might impact on a person's risk of falls, including their prescribed medicines and the footwear they used. We saw the risk assessments were personalised and were updated at monthly intervals or in line with people's changing needs.

There were arrangements in place to deal with foreseeable emergencies. The registered managers had completed detailed personal emergency evacuation plans (PEEPs) which gave details about how each person should be assisted in the case of an emergency. We also noted the registered managers had used a coloured star system to cross reference the PEEPs with the equipment people used to mobilise within the home such as walking frames and wheelchairs. Staff said they knew what to do in the event of a fire and we saw records confirming that regular fire drills were carried out at the home. The home had a fire safety audit conducted by Lancashire Fire and Rescue Service in April 2017. Although no significant issues were found, recommendations had been made around four areas of fire safety. We noted that these had all been attended to at the time of this inspection.

We looked at the home's maintenance records, these confirmed that equipment such as wheelchairs, call bells, laundry equipment and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including legionella, water temperature and electrical and gas installation safety.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of four members of staff that worked at the home; these members of staff had been employed at the home since the last inspection. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their

employment history. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained for staff to ensure their suitability for their roles.

Sufficient numbers of staff were on duty to meet people's needs. We observed staff had time to sit with people and engage them in conversation during the inspection. We also noted staff responded quickly whenever call bells were activated.

Medicines were safely managed. Staff responsible for the administration of medicines had received training for this task and had their competence regularly assessed. We reviewed the medicines administration records for 12 people and found they were fully completed. We saw there were specific protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines. The protocols we reviewed included appropriate information. For example, we were told one person would always ask for their pain relief medicine and another person would grind their teeth when in pain. This information was included in the protocol. This ensured that staff were aware of the individual circumstances when this type of medicine needed to be administered or offered.

People told us they had no concerns regarding the cleanliness of the environment. During our tour of the premises, we noted there was a strong malodour in one of the bedrooms. The registered manager told us there were already plans in place to replace the flooring in this room. We also noted one bathroom was being used to store hairdryers which could have presented a risk to anyone using the room; the registered manager took immediate action to ensure the bathroom was locked until more appropriate arrangements could be made.

Records we reviewed showed there had been very few incidents or accidents which had occurred in the home since the last inspection. However, we noted the registered managers had taken action to place reminder notices in people's bedrooms regarding using the call bell should they require assistance and advising people not to use their washbasins for anything other than hand washing following an incident in which one person had injured themselves as a result of trying to use the basin in their room to wash their feet; this demonstrated their commitment to learning from events and ensuring the safety of people who used the service.

Is the service effective?

Our findings

At our last inspection in April 2016, this key question was rated as requires improvement. This was because one of the owners of the service worked regular night shifts and had not completed any relevant training since 2014. In addition, the registered managers had not taken the necessary steps to robustly assess whether Deprivation of Liberty Safeguards (DoLS) applications needed to be made in order to protect the rights of people who used the service. At this inspection, we found the required improvements had been made and this key question is therefore rated as good.

Records we reviewed showed all staff had received the induction and training required to enable them to deliver effective care. Training staff had completed included moving and handling, infection control, safeguarding, emergency first aid and end of life care. Staff spoke positively about the training they had received and how they would put it into practice when caring for people in Higher Bank. Although we saw that all staff had received regular supervision during which they were able to discuss their training needs and the responsibilities of their role, we noted the notes from these meetings were very brief and did not include any record that policies, procedures or safeguarding matters had been discussed. The registered manager told us they would consider introducing a proforma for use in supervision to ensure consistency of documentation.

The Mental Capacity Act (MCA) 2005 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 DoLS.

We checked whether the registered persons were working within the principles of the MCA by obtaining consent in the right way and by applying for authorisations to deprive a person of their liberty when necessary.

People spoken with told us staff always asked for their consent before they provided any care or support; this was confirmed by our observations during the inspection when we heard staff prompting people to make decisions and choices about their daily lives.

The registered manager told us they had assessed that everyone who lived in Higher Bank was able to consent to their care arrangements in the home and it had therefore not been necessary to apply for any DoLS authorisations. Although we had found it difficult to engage some people in conversation about their care, the registered manager was able to tell us how people consented to their care arrangements with staff who knew them well. There were no restrictions in place for anyone who lived in the home. The registered

manager told us they would ensure capacity assessments were reviewed as people's needs changed to ensure their rights were protected.

We saw that people had an assessment of their needs before they entered Higher Bank; this helped to ensure staff were able to deliver the expected outcomes. Individualised care plans were put in place and regularly reviewed and updated when people's needs changed.

The food provided in Higher Bank was of excellent quality. The chef told us they took pride in ensuring people were provided with a range of nutritious and well-presented meals. During the inspection, we noted people were asked for their choice of food at each meal and any requests for alternatives to what was on the menu. A snack menu was also available for people 24 hours per day. We saw people were also provided with support they needed to eat their meal. Comments people made about the food included, "It's really good, if you don't like it they make you something else" and "It's very good."

The service worked with other professionals and organisations to deliver effective care and support. Records showed people had access to local healthcare professionals including GPs, dieticians, district nurses and speech and language therapists when necessary. The registered manager told us a member of staff would always accompany people to hospital if they required admission; this helped to ensure important information about the person was passed on to health professionals. The home also participated in the 'Red bag' scheme which aims to provide a better experience for people by improving communication between care homes and hospitals.

People told us they were very satisfied with the facilities and environment in Higher Bank. Comments people made to us included, "It has a homely atmosphere", "It's like home form home" and "It was one of the things that swayed us to come here. The décor is the same or similar as [name of relative] had at home and she can go to her bedroom if she wants privacy". We noted the provider had made a number of improvements to the décor and furniture in the home since the last inspection. Although the home did not specialise in providing care for people living with dementia, we noted a number of people had some level of confusion. We therefore recommend the provider takes into account best practice guidance in creating a 'dementia friendly' environment when making further changes in the home.

Is the service caring?

Our findings

At our last inspection in April 2016, this key question was rated as good. At this inspection, the rating remains good.

People told us staff were kind, caring and took the time to listen to them. Comments people made included, "They're very nice, very kind. You tell them what you want and they get it for you" and "I think they're brilliant." One person told us they did not like being referred to as 'sweetheart' by staff. We discussed this with the registered manager who told us they had previously spoken with staff about not using terms of endearment with people unless they knew it was acceptable to each individual. They told us they would reiterate this with all staff.

We observed the home had a friendly and welcoming atmosphere and we observed all staff were kind when interacting with people. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them.

Staff spoken with understood their role in providing people with compassionate care and support. Staff knew people well and understood their needs. They were able to tell us about each person's routine, preferences and the support they required.

People's privacy and dignity was consistently maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. We noted appropriate arrangements had been made to respect people's individual privacy in shared bedrooms.

People told us staff always promoted their independence. One person commented, "They [staff] like you to do what you can." Care records included information about people's strengths as well as their needs.

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' and relatives' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed including activities and the menus.

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families; these included, "Staff are kind and professional" and "The care is perfect."

Care records were stored safely and securely to keep people's information safe and maintain their privacy. Daily care records showed staff promoted people's dignity by providing support in line with each person's individual preferences and wishes.

Is the service responsive?

Our findings

At our last inspection in April 2016, this key question was rated as good. At this inspection, the rating remains good.

People told us they were happy with the care they received and knew who to speak with if they had any concerns or complaints. People also told us they considered staff took the time to get to know each person's individual needs and preferences. In addition, a visiting health professional told us, "People get excellent care and staff are really good with residents."

Arrangements were in place to ensure people received care that had been appropriately planned and reviewed to ensure it met their needs. We reviewed the care records for three people and noted each person had an individual care plan, which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need and were written in a person-centred way, enabling staff to respond effectively to each person's individual needs and preferences. We saw records to demonstrate the care plans were reviewed on a monthly basis and were updated as necessary.

Care staff understood the importance of promoting equality and diversity and respecting individual differences. The registered manager recognised the importance of supporting people on an individual basis and with reference to their gender, ethnicity and sexuality. Staff had completed equality and diversity training and had reference to appropriate policies and procedures. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

The provider had arrangements in place to ensure they responded promptly to people's changing needs. For example, staff had a handover meeting at the start and end of each shift. We were told that during the meeting, staff discussed people's well-being and any concerns they had. This approach ensured staff were kept well informed about the care of people living in the home.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were written in respectful terms. We also saw that charts were completed, as necessary, for people who required any aspect of their care monitoring, for example nutrition and hydration.

People were encouraged to participate in a range of activities, both in the home and in the local community. When asked about how they spent their time people told us, "There are plenty of things going on. We do exercises and we go on trips to the pantomime", "I enjoy the activities", "I like to play dominoes" and "I sit and watch what's going on. I join in the exercises." The provider had a minibus which was used to enable people to visit places in the community such as the local theatre. A digital photo frame was placed in the reception area of the home to display all the activities in which people had been involved.

We checked if the provider was meeting the requirements of the Accessible Information Standard (AIS); this standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social

care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The provider had a policy in place in relation to this standard and we noted all care records included information about people's communication needs.

We saw that the service was using a range of technology to improve the care and support people received; this included equipment such as the call bell system and sensor mats to help ensure staff were able to respond promptly and provide people with the support they required.

People were supported to have a comfortable, dignified and pain free death. There was no one in receipt of end of life care at the time of the inspection. However, we noted care records contained information about the care people wanted to receive at the end of their life. Staff had also received training in end of life care to help ensure they were able to provide compassionate care at this important time.

The service had policies and procedures in place for the management of complaints. Records we reviewed showed only one minor concern had been raised regarding laundry since the last inspection and the registered managers had taken appropriate action to try and rectify the situation. People spoken with during the inspection told us they had no complaints about the care they received.

Is the service well-led?

Our findings

At our last inspection in April 2016, this key question was rated as good. At this inspection, the rating remains good.

The service had two registered managers in place, one of whom was present during the inspection. This was because the role was shared by two members of the partnership who were also the owners of the service. 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.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they had increased the numbers of staff 'champions' in the service. Champions are staff who have undertaken additional training in specific areas such as stroke care, diabetes and safeguarding and are a point of reference for other staff. The registered manager told us they attended local forums and meetings to help improve partnership working and to share best practice with other care home providers.

We observed the registered manager was highly visible during the inspection and was able to provide support and direction to staff. The registered manager told us they considered a strength of the service was that, due to the owners living on site, there was a management presence 24 hours a day, seven days a week. This enabled them to deal quickly and effectively with any matters which required their attention.

Staff told us they enjoyed working in Higher Bank and found the registered managers to be supportive and approachable. One staff member told us, "The managers are always available to support if we come across a situation that is unusual." Records we reviewed showed regular meetings were held which allowed staff the opportunity to make suggestions about how the service could be improved. The registered manager demonstrated a commitment to encouraging staff to put their views forward in order to continue to make improvements in the service.

People who lived in the home, their relatives and visiting professionals were asked to provide feedback on the service provided through an annual satisfaction survey. We looked at the responses to the most recent survey carried out in April 2018 and found all the feedback to be extremely positive, including comments about how the home was run. Comments people had written included, "In general, I feel this home runs very well", "We are very pleased and confident in the service provided" and "I would certainly recommend this home to anyone looking for a residential home for their loved ones."

There were systems in place to monitor and review the quality of the service provided in Higher Bank; these included audits relating to the safe management of medicines, care plan records and infection control. There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams.

We saw the provider had a business plan in place for the next 12 months. The plan covered on-going maintenance to the premises and the development of staff. This demonstrated the provider was committed to the process of continuous improvement in the service.

We noted the provider was meeting the legal requirement to display the rating from the most recent inspection in the home and on their website; this is so that people, visitors and those seeking information about the service can be informed of our judgements. However, we asked the registered manager to ensure the rating on display in the home was moved to a more prominent area so that it was easily visible to people entering the premises.