

Unity Homes Limited

Highgrove House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 18 and 19 September 2017. We last inspected Highgrove House in September 2016 when the service was compliant with all regulations.

Highgrove House is registered to provide accommodation for up to 43 people who require personal care. The home is over two floors with specific units on the ground and first floors of the home. Some of the people living at the home were living with dementia and they lived on the first floor. This upper floor is accessible by stairs or lift. Each unit has access to a kitchen area, lounge and dining room and bathrooms and toilets. Accommodation is provided in single rooms, four of which are en-suite. There were 41 people who lived at the service at the time of our inspection.

The service had a registered manager in post. 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 spoke to people and their relatives and received positive feedback about the care provided at Highgrove House. During this inspection we found the service met all regulations.

There were policies and procedures on how the service protected people against bullying, harassment, avoidable harm and abuse. Staff had received training in safeguarding adults.

Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken. Plans to minimise or remove risks had been drawn up and reviewed in line with the organisation's policy. These were robust and covered specific risks around people's care and specific activities they undertook.

Concerns regarding people's care needs had been addressed and lessons were learnt from safeguarding enquiries. Robust action had been taken to address any shortfalls identified by safeguarding professionals.

People were protected against the risk of fire. Building fire risk assessments were in place and fire fighting equipment had been maintained.

There was a medicines policy in place and staff who administered medicines had been trained to safely support people with their medicines.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely for the protection and wellbeing of people who used the service. Records we saw and conversations with staff showed the service had adequate care staff to ensure that people's needs were sufficiently met.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. People who used the service gave positive feedback on the quality of the service. Some people were unable to give us feedback due to their complex needs. We spoke to their relatives. Feedback from relatives about care standards was positive. Choices were generally promoted however we found two people felt they had not been fully supported to exercise their choice in relation to accessing the community independently.

People using the service had access to healthcare professionals as required to meet their needs. Staff had received training deemed necessary for their role. Staff competences had been checked in medicine management. Staff had also been provided with annual appraisals. We found improvements were required to ensure all care staff were up to date with their training.

We found that people's care needs were discussed with care commissioners before they started using the service to ensure the service was able to meet their assessed needs. Care plans showed how people and their relatives were involved in discussion around their care. People were encouraged to share their opinions on the quality of care and service being provided. People's nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed. There were a variety of activities provided to keep people occupied.

The environment had been adapted to suit the needs of people who lived at Highgrove House however further improvements were required to make the environment dementia friendly.

We received positive feedback from people, relatives and staff regarding management of the service. There were established management systems at the service. The registered manager had provided oversight of duties they delegated to other staff.

Quality assurance systems were in place and various areas of people's care been audited regularly to identify areas that needed improvement. We found audits had been undertaken of medicines records, care plans, and infection control. There was a business contingency plan to demonstrate how the provider had planned for unexpected eventualities which may have an impact on the delivery of care and treatment.

Feedback from people and their relatives showed they felt they received a good service and they spoke highly of the staff. Relatives told us the staff were kind, caring and respectful and were considerate in their approach to dealing with some challenging situations. Professionals we spoke to confirmed this.

We found the service had a policy on how people could raise complaints about their care and treatment. People and their relatives told us they could raise concerns and felt listened to.

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 ●

This service was safe.

People and their relatives told us they felt safe. Feedback was positive.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place.

People's medicines had been safely managed. Staff had been trained and competence tested for the safe administration of medicines.

Recruitment checks had been undertaken to ensure the safe recruitment of staff.

The premises had been maintained to reduce risks to people.

Is the service effective?

Requires Improvement ●

This service was not consistently effective.

The rights of people who did not have capacity to consent to their care were protected in line with the MCA principles. Improvements were required in relation to promoting choice and independence.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely. Improvements were required in this area to ensure all staff renewed their training when it was due.

People were adequately supported with their nutritional needs and record keeping had improved.

People's health needs were met and specialist professionals were involved appropriately.

Is the service caring?

Good ●

The service was caring.

Relatives spoke highly of care staff and felt their family members were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of the people they supported.

Is the service responsive?

Good ●

The service was responsive.

People had well written plans of care which included essential details about their needs and outcomes they wanted to achieve.

The provider had gained the views of people who used the service and their representatives. Care was reviewed regularly. People had been supported with their independence.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their family member's care and treatment.

Is the service well-led?

Good ●

The service was well led.

People felt the service was well managed and staff felt supported by management to do their role.

There were adequate governance systems within the service. Management oversight had been provided to care staff and the overall running of the service.

Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service were implemented to improve the care and treatment people received.

Highgrove House

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 18 and 19 September 2017, and was unannounced. The inspection team consisted of one adult social care inspector 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 service. The expert involved in this inspection had expertise in the care of older people and people living with dementia.

Before the inspection, we had asked the provider 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 improvements they plan to make. We took this into account when we inspected the service and when we made the judgements in this report.

Before the inspection we gained feedback from health and social care professionals who worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We reviewed records of care and management systems used by the service for care delivery. We observed the environment and staff supporting people. We spoke to 13 people who were able to share with us their experiences of living at Highgrove House. We also spoke with four professionals. We also spoke with the operations director of the service, the registered manager, four care staff and two domestic staff.

We looked at the care records of five people of which three records were pathway tracked. Pathway tracking is where we look in detail at how people's needs are assessed and care planned whilst they use the service.

We also looked at a variety of records relating to management of the service. This included staff duty rosters, four recruitment files, the accident and incident records, policies and procedures, service certificates, minutes of staff meetings, reports from safeguarding professionals and also quality assurance reports, audits, and medicine records.

Is the service safe?

Our findings

We asked people who used the service whether they felt safe receiving care from the service. All people we spoke with told us they felt safe. Examples of comments included, "I feel absolutely safe, being with other people" and "There's always somebody here and you're not neglected in any way.", "We have our own rooms and the front door's locked" and, "It's good here." A relative we spoke with told us, "[my relative] is safe because there are people here if she does fall."

Feedback from professionals was equally positive. Comments included, [Registered manager] and the team at Highgrove House work hard to ensure people are safe."

During our last inspection in September 2016 we found there was an inconsistent approach to managing risks. During this inspection in September 2017, we found improvements had been made in this respect. There were clear written protocols for staff to follow in the event of accident and incidents. Records we checked demonstrated that these were being followed.

A number of safeguarding concerns had been raised before this inspection. These related to the management of people's nutrition and fluid intake. We discussed and reviewed these safeguarding concerns and actions taken with the registered manager. Shortfalls had been identified by the safeguarding professionals in the recording of people's daily dietary and fluid intake. We found appropriate action had been taken to ensure that staff were supporting people and accurately recording their nutrition and fluid intake. Records that we reviewed showed a significant improvement in the recording and we saw people being appropriately supported. All staff had received training in respect of record keeping and managing risks in relation to nutrition. We were assured that lessons had been learnt from the safeguarding concerns.

We also received concerns regarding the lack of communication with people's relatives in the event of incidents, falls or hospital admissions. We reviewed the actions taken to resolve this and identified that adequate action had been taken by the provider once these concerns had been brought to their attention. The provider worked with their staff and other agencies involved to ensure that people's relatives were informed of any incidents and injuries in a timely manner. We found no further concerns had been raised in relation to this. This meant that the provider had taken appropriate action to address people's concerns.

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff confirmed they had received training and guidance on safeguarding and protecting adults.

There were policies and procedures to support an appropriate approach to safeguarding and protecting people. Information on safeguarding adults at risk, including guidance from the local authority was on display in the service. Staff told us they were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks were considered as part of the care planning process. The risk assessments included: skin integrity, malnutrition, choking, risks to safety due to behaviours that can challenge others and risk of falls. Strategies had been drawn up in care records to guide staff on how to monitor and respond to identified risks. The assessments were kept under review monthly or earlier if there was a change in the level of risk. Referrals were made to relevant health and social care agencies as appropriate. There were separate risk assessments to support independence, including people accessing the community. This meant that the service had identified people's risks and put measures in place to minimise them.

We looked at the risk assessments in place concerning fire safety and how people would be supported in the event of an emergency. We saw the service had contingency plans in place and a building evacuation plan. We noted that the service had been inspected by the local fire safety authority. Recommendations made had been followed and remedial work suggested following that inspection had been completed. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. Records showed that staff had been involved in fire safety practice drills.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing had been undertaken. Maintenance checks had been done regularly and records had been kept. Faults and repairs had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well maintained environment.

We found there were plans in place to respond to any emergencies that might arise and these were understood by staff. The provider had devised a continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power, accommodation or severe weather.

We looked at the arrangements in place for managing people's medicines. People and their relatives were satisfied with the way medicines were managed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. Records were kept for medicines that were waiting awaiting disposal and medicines for disposal were kept securely. Arrangements had been put in place to ensure unwanted medicines were disposed of on a monthly basis. Staff had monitored the temperatures in the medicines storage rooms and fridges and kept records of these checks. This would ensure that temperatures were kept at the recommended levels to prevent medicines from being compromised.

Since our last inspection there had been an improvement in medicine records and the recommendation we made about medicines records and checking temperatures had been followed. We observed that the medicines administration records were well presented and organised. Handwritten medicines administration records had been checked and verified by two people to ensure the information had been copied correctly from the prescription. This meant that actions had been taken to prevent prescription errors. Medicines audits (checks) were in place and we saw daily and monthly checks carried out by the senior staff and management. Concerns and errors had been identified during the audits and actions had been taken to ensure people continued to receive their medicines safely. Where errors have been found,

staff had been provided with support to improve their practice.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard or secure safe, access to them was restricted and the keys held securely. There was no one receiving controlled drugs at the time of our inspection. There were protocols for giving 'as required' (PRN) medicines and when these medicines had been given, it had been clearly recorded. This helped to make sure that people received the medicines they needed appropriately.

We found there were suitable arrangements for the management of creams such as topical creams. Cream charts and body maps had been introduced which guided care staff on where to apply the creams. Staff had recorded and signed when they had applied the creams. We looked at the use of thickening powders used for supporting people with swallowing difficulties. We found these had been signed when given however in some instances senior staff had signed when the thickener had been given by other staff. We discussed this with the registered manager and the senior staff. They informed us they would ensure only staff who provided the thickeners would sign the records.

We looked at how the provider managed staffing levels and the deployment of staff. On the day of the inspection there was adequate staff to meet people's needs. We requested a month's staffing rotas including the week of the inspection. We found the rotas indicated there were sufficient staff available for the people who lived at the home. The registered manager informed us that they had experienced some staff shortage challenges in the past however they had access to agency care staff who had provided cover when required. They had also introduced a staff dependency tool which they used to determine the number of staff required to meet people's needs. We noted that staff numbers had been kept at the same level even at the time when the number of people living in the home had reduced. The registered manager told us that the staffing levels were kept under review and were flexible in response to the needs and requirements of the people who lived at the home. This monitoring of staffing against dependency would be essential when people's needs changed and more staff were needed to meet people's individual needs.

We looked at the records of four staff members employed at the service. We saw that all the checks and information required by law had been obtained before staff had been offered employment in the home. Staff files were well organised, which made information easy to find. All the files we looked at contained evidence that application forms had been completed by people and interviews had taken place before an offer of employment was made. At least two forms of identification, one of which was photographic, had also been retained on people's files. Staff members we spoke with confirmed they had been checked as being fit to work with vulnerable people through the Disclosure and Barring Service (DBS). This meant the provider had taken appropriate steps to ensure only suitable staff were employed to work in the home.

At our last inspection in September 2016 we made a recommendation in relation to risks of infection associated with the chairs at the service. At that time the chairs had rips in the upholstery which made them difficult to disinfect. During this inspection we found the provider had purchased new chairs for the whole service. We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. The building was clean with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. There were two domestic staff who were responsible for cleaning the premises. We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People and their relatives told us they felt the staff were appropriately trained and had the necessary skills and abilities to meet their needs. Comments included; 'Yes, they're very good.', "I always wake up early, so I get up, wash and dress.", "If you're asleep they leave you and don't make you get up." We received mixed feedback from two people regarding their ability to go out and about in the community. They felt they had not been fully supported to access the community as they felt they were capable of doing so. We discussed their concerns with the owners and the registered manager who took immediate action to undertake risk assessments and arranged ways to promote the two people's choices.

We received positive feedback from two visiting professionals. They told us, "The staff are very good and try to encourage independence" and "They work well with professionals and take recommendations on board." At our last inspection we made a recommendation in respect of the provision of dementia awareness training. During this inspection in September 2017 we found staff had received training except new staff who had been recently recruited. We looked at how the provider trained and supported their staff.

We reviewed the training records for the whole service and found a number of training courses had been provided to care staff. Staff had been supported to obtain further qualifications such as national vocational qualifications. Some had attained NVQ levels two and three. There was an induction policy for new employees and staff we spoke with informed us they had completed an induction programme. However we found some shortfalls in staff training in some areas such as first aid training, food and hygiene dementia awareness among other courses. The training records we saw showed that training was provided however in a number of areas it had been overdue and staff had not completed refresher training in these areas.

We spoke to the owner and the registered manager who informed us that they were aware of the shortfall and had arrangements in place to ensure staff attended training. They advised that they had arranged the training however their staff had struggled to attend the booked training. However it is the provider's responsibility to ensure that care staff attend training in line with the organisation's policy. This would ensure that people can be assured that staff supporting them have the right skills and knowledge to deliver safe care and treatment.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's records showed that the provider had applied to relevant supervisory authorities for deprivation of liberty authorisations for people.

These authorisations had been requested when it had been necessary to restrict people for their own safety and these were as least restrictive as possible. Follow ups had been done to check the progress of the applications that had been submitted to the local authority. We found one person had a DoLS authorisation in place and the service was working with local authority professionals to support the person to ensure the conditions of the DoLS were met and that they were supported in the least restrictive manner.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. We looked at people's care records and found that mental capacity assessments had been completed to identify whether people could make their own decisions regarding their care and treatment. Best interests processes had been followed. We found consent records had been completed to demonstrate whether people could consent to having their medicines managed by staff and to having their photographs taken.

We noted that the provider had ensured people's liberties were promoted as much as possible while minimising the risks to staff and people. However two people we spoke with told us they had not been allowed to go out as they wish to access their local community using motorised mobility aids as staff felt they would expose themselves to risk. Our conversations with the two people demonstrated they had mental capacity to make the decision themselves. We spoke to the registered manager and the owner regarding this and they admitted that they had restricted the two people for their own safety however they agreed that they had mental capacity to understand the decisions regarding safety in the community. They informed us that they would undertake risk assessments in relation to this and seek support from the local authority if required. We also reviewed whether there was a significant impact on these two people's independence. However we found they were supported on a regular basis to access the community with care staff accompanying them and one accessed the community independently using public transport.

Following the inspection we received confirmation from the registered manager that the two people had been assessed as able to safely access the community using motorised mobility aids and will do so whenever they wish to.

We saw records which demonstrated that staff had received supervision and appraisals. Staff spoken with confirmed they had received supervision and found it useful. They informed us that during the supervisions they discussed any concerns they had about their role or the people they supported.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be shared with staff. However records seen confirmed that although meetings had taken place, a significant number of care staff had not attended. The registered manager and the provider advised that this was due to the fact that staff struggled with their work and family commitments. Staff meetings provide an opportunity for staff to share best practice, guidance, changes to practice or raise issues that concern them.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. Where people required their diet to be monitored, staff had completed monitoring records consistently showing whether the minimum targets were met each day. People's records showed people's preferences and risks associated with poor nutrition had been identified and specialist professionals had been involved where appropriate.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were not rushed with their meals. All people appeared to have enjoyed their meal and had eaten very well.

Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Comments about the food were good. The comments included, "It's good, it's what I like anyway, it's what I call a meal" and "Mainly it's been really good, if you don't like something they replace it. The cooking has been really good, I like cups of tea and I get quite a lot."

We found information in the service had been written in different formats to ensure people in the service were able to read and understand it. This meant that information had been made accessible to people.

During our last inspection we recommended the provider to consider adapting the environment to suit the needs of people who lived at Highgrove and make it a dementia friendly environment. We looked around the premises and noted that some improvements had been made to the environment. For example signage on people's doors and some toilet doors had been painted red to provide contrast. However we noted that this was still work in progress and further improvements were required to make the environment dementia friendly.

We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. One person showed us their bedroom and told us, "I have the best room around here, they clean it for me." We were also shown the improvements to the garden; ramps had been provided and pathways were kept clear to help with access.

People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed of physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. Regular health checks visits were carried out by mental health professionals. This helped identify any signs of deterioration in people's health. There were links with the local primary health services and professionals such as local doctors; district nurses teams and the local Clinical Commissioning Group. This meant that staff had access to professional help and advice if they ever needed it.

Is the service caring?

Our findings

We received positive comments about the care staff and the service delivered to people. Comments from people included, "The staff are nice and kind and they seem to know what I need.", "They're very nice, they're kind. If there's anything you want you can talk to anyone", "They treat me like a human being, they're kind and I get on with them", "They can sit and talk to you however they're too busy, but if I want to talk to them about something, they will do" and "You have a chat if they come to you, they'll ask if you're OK." One relative added that, "The staff are lovely with my [relative] they treat her very well."

Staff spoken with and the registered manager had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. Comments from staff included, "We care for people like they are our family really" and "I like to treat people the same way I would like to be treated by them."

Staff had a good understanding of protecting and respecting people's human rights. In their PIR the registered provider had written, "Our ethos is one of empowerment, inclusion and person centred care. Key to this is that everybody understands the principles of equality, diversity and human rights and is able to put these into practice." Some of the care staff had received training which included guidance in dignity and respect. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was an extremely sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We considered how people's dignity was maintained and promoted. We noted people's daily records and care plans had been written in a way that took consideration of their choices and preferences. People had been asked about their likes and dislikes and this had been included in their daily support. Staff we spoke with talked about people in a respectful, confidential and friendly way.

People's privacy was respected. One person chose to spend time alone in their room and this choice was respected by the staff. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were being supported with personal care.

There was information available about advocacy. One person who lived at the service had access to an advocate who were supporting them regularly. Advocates support people to access information and make informed choices about various areas in their lives. Due to their communication needs people could not remember whether they had been involved in their care plans. The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

Is the service responsive?

Our findings

People and their relatives made positive comments about the way staff responded to people's needs and preferences. People we spoke with who used the service told us they thought their care was tailored to their needs. Comments included, "I go into the garden as much as I can. I hate television, so I sit at the back of the room. I don't get bored, I keep looking out of the window", "I go for walks and knock about, I like reading", "I do knitting, playing cards and watching telly, I never get bored" and, "It depends if there's anything on TV, but usually not a lot. I think they're doing reminiscence this afternoon. I don't get bored" and "I have made loads of friends, everyone is quite friendly."

Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff are very good and will respond to any concerns that we raise."

Similarly we received positive comments from professionals. One professional commented, "I find the care home very cooperative in my work with [name removed]. They [staff] seem to have a good understanding of their needs, their personality and behaviour."

We reviewed how the service aimed to provide personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. We saw examples of the assessments carried out before people moved into the service. The assessment involved gathering information from the person and others, such as their families, social workers and health care professionals. Where possible people were encouraged to visit, to see the facilities available and meet with other people and staff. This would help people to become familiar with the service before making a decision to move in. The registered manager had carried out pre-admission assessments. This would help them determine if the service and the care staff would be able to meet the person's needs.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at five people's care files. They were organised, detailed and clearly written. They also included people's personal preferences, life histories, and objectives and achievements. Care staff had full access to this information. People's care plans were supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read.

The care plans contained a range of strategies which not only focussed on the individual's needs, but also included ways to ensure the people had access to things that were important to them. Additional assessments were also evident in some of the files we looked at, for example assessments completed by the Local Authority. This helped to provide a more detailed and holistic assessment of people's needs.

We noted procedures were in place for the monitoring and review of care plans. Care plan reviews were carried out regularly. We noted that reviews in two of the care files we checked were not comprehensive and detailed. However this had not impacted on the care provided to the two people. We discussed with the registered manager who advised us this would be addressed immediately in staff supervisions.

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted records were completed as necessary for people who required any aspect of their care monitoring, for example, weight, falls, fluids and behaviour. This was a significant improvement since our last inspection.

During our visit we observed people were routinely encouraged to make choices and that staff responded to their requests. Resident's surveys had been issued to people; this provided the opportunity for people to be consulted and make shared decisions. The outcome of the surveys showed people were satisfied with their care. The registered manager informed us that they had plans to introduce a newsletter to keep people updated on various developments in the home.

People had access to various activities to occupy their time. People indicated they were mostly satisfied with the range of activities provided at the service. We noted a schedule of activities had been set for people including arts and craft, walks and drives. However the activities coordinator had recently left their post. The provider informed us they were in the process of recruiting for another person to do this role. During the inspection we observed staff supporting people with various activities of their choice. One person told us, "At Christmas the church people come in occasionally and sing in the lounge in an afternoon." Furthermore we were informed the local vicar visited to give communion and pray with people.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments guidance was provided to people when they joined the service and was easily accessible. Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approach them with a complaint. There were six number complaints that had been received at the time of our inspection. Some of the complaints were ongoing and had not been concluded. We noted that the provider had acknowledged when they received a complaint and up dated people of the outcome of the complaint once they had completed their investigations.

Two of the relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. They told us they were confident should they have any issues that these would be dealt with appropriately.

Is the service well-led?

Our findings

We received positive feedback about the management and leadership at Highgrove Care Home. People told us, "The manager, [name removed] is very approachable", "The manager has been very good to me, "The manager keeps walking past, and if you wanted to ask her anything she'd talk to you." Throughout the inspection we observed people who used the service and staff frequently approached the registered manager who responded to them in a professional and courteous manner. All the staff spoken with described the registered manager as approachable. One relative told us, "The atmosphere is good; it just feels like coming in to a large house really."

A professional told us, "I contacted the registered manager to raise a concern and they acted. They took advice and recommendations on board."

At the last comprehensive inspection in September 2016, we made some recommendations in respect of infection control practices, dementia awareness training and safe management of medicines. At this inspection, we identified that the registered manager and the provider had made a significant effort to make improvements, to follow the recommendations and seek best practice. We found improvements had been made to the quality of the service. However further improvement would be required in relation to staff training and the environmental adaptations.

The service was led by a manager who is registered with the Care Quality Commission. They had responsibility for the day to day operation of the service. There was a clear leadership structure in place within the organisation. All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any emergency or concern. There were up to date policies and procedures relating to the running of the service. Staff were made aware of the policies at the time of their induction and when any changes came into place.

We spoke with the registered manager about the daily operation of the service. It was clear they understood their roles and responsibilities and had an understanding of the operation of the service. This included what was working well, areas for improvement and plans for the future. They had an action plan in place to record things that they needed to work on to improve the service.

The registered manager was supported in their role by senior care staff, an administrator, domestic staff, care staff and the owner. In their PIR the registered provider said, "We have invested to recruit the right leaders from the registered manager to the team leaders in charge of all aspects of our service delivery. Managers understand the need to be consistent, lead by example and be available to staff for guidance and support. This provides staff with constructive feedback and clear lines of accountability. As such managers are accountable for the actions of their staff team." Our observations during the inspection confirmed this to be the case.

The operations director who was the provider was actively involved in ensuring the service was compliant with regulations and delivering good quality care. We found evidence to demonstrate that there was

management oversight from the registered manager. For example, staff with delegated tasks had been supervised by the registered manager and discussions had been undertaken on what was expected of the staff and how progress was going to be monitored. The registered manager was in turn supervised and monitored by the owner. Staff had been made aware who they were accountable to. The registered manager completed a weekly compliance report which they submitted to the provider for monitoring. This meant that the service had arrangements in place to ensure staff had clear guidance and lines of accountability.

The operations director told us that they had achieved the Investors in People (IPP) recognition. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.

The registered manager used various ways to monitor the quality of the service. There were audits of the systems to manage medicines, health and safety, care files and fire safety equipment. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. We saw completed audits during the inspection and noted action plans were drawn up to address any shortfalls. We found an action plan was completed following our last inspection in September 2016. We found the plan had been followed and monitored for progress and some of the actions had been successfully completed while some were in progress such as adaptation of the environment.

There were quality assurance consultation systems and tools in place. We saw there were policies on undertaking surveys to seek people and their relative's views and opinions about the care they received. People and their relatives we spoke with informed us that they could share their views anytime.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found handover meetings, were used to keep staff informed of people's daily needs and any changes to people's care. For example information relating to changes in people's needs. Staff had been invited to contribute to the meetings however they had not always attended. The registered manager informed us they would work with staff to increase attendance. However, information was clearly written in people's daily records showing what care was provided and anything that needed to be done.

Following concerns regarding the recording of people's dietary and fluid intake, the service had responded robustly. They had provided all staff with training in this area and introducing new procedures for monitoring fluid intake.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. We found the registered provider had fulfilled their regulatory responsibilities and statutory notifications were being submitted to the Care Quality Commission. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning group, pharmacies, and local GPs. Challenges associated with working with other agencies had been identified and the service had engaged other services effectively to ensure safe and effective provision of care service.