Dignus Healthcare Limited

Highcroft House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 7 and 8 June 2016. The first day of the inspection visit was unannounced, the second day was announced. At our last inspection on 14 July 2015, the service was found to be requiring improvement. This included managing risk for people, medicine management and quality assurance systems that had not consistently identified where improvements were required to the service. We found there had been improvements made.

Highcroft House is a home providing residential and nursing care for up nine people. At the time of our inspection eight people were living at the home.

There was no registered manager in post at the time of the inspection. 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. However, the current manager had submitted their application to us to be considered as the registered manager. The application was being processed.

At the last inspection it was found systems were in place to monitor, audit and assess the quality and safety of the service but they had not always been effective. There had been an improvement, however there was still further improvement required.

At the last inspection it was found the provider's systems for managing medicine required improvement. There had been an improvement. People were safely supported to take their medicine as prescribed.

People at Highcroft House were kept safe from the risk of harm. Staff understood their responsibility to take action to protect people because the provider had systems in place to minimise the risk of abuse.

There were sufficient numbers of staff available to support people. Suitable staff had been recruited and had received training to enable them to support people with their individual needs.

Staff recognised the care being offered had put some restrictions on people. The provider had taken the appropriate measures to ensure they were meeting the legal requirements to protect people's human rights.

People were given choices what they ate and drank and given the opportunity to join in different activities if they wished.

People were supported to receive care and treatment from a variety of healthcare professionals and received treatment if they were unwell.

Staff demonstrated a positive regard for the people they were supporting. People were supported by staff that was kind and caring. Staff understood how to seek consent from people and how to involve people in their care and support.

There was a complaints process in place and concerns raised were investigated thoroughly. Feedback on the service provided at Highcroft House was sought from people living at the home, their relatives, staff and healthcare professionals.

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.

People were safe living at the home.

People were protected from the risk of abuse because staff were aware of the processes they needed to follow.

Risks to people were assessed and people were supported by adequate numbers of staff on duty so that their needs would be met.

People were supported with their prescribed medicines.

People lived in an environment that was clean and they were protected from infection.

Is the service effective?

Good

The service was effective.

People were supported by skilled staff who knew people's individual care and support needs.

Staff were recruited through effective recruitment practices.

There were arrangements in place to ensure that decisions were made in people's best interest and people's rights had been protected.

People received meals that met their nutritional needs.

People received support from healthcare professionals to meet their care needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Individual staff demonstrated kindness and compassion.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People received care that was delivered in a way that met people's individual needs and preferences.
People were supported and encouraged to participate in activities if they wished.

People and relatives could raise concerns and the service would be responsive to their requests.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The processes in place to monitor, audit and assess the quality of the service being delivered had improved although there was still further improvements to be made.

People were given the opportunity to feedback on the quality of care and support.

There was a management team in place that supported people to receive good quality care.

Highcroft 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 unannounced inspection took place on 7 June 2016 and the inspector returned for a second day which the provider was aware of on 8 June. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of or care for somebody using this type of service.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts that the provider is required to send to us by law. We contacted the local authorities who purchased the care on behalf of people, to ask them for information about the service and reviewed information that they sent us on a regular basis. We had received information about risks to people which also informed our inspection planning.

During our inspection we spoke with two people, seven relatives, four staff members, one healthcare professional, the manager and a director. Because people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived at the home. We used a 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 looked at records in relation to three people's care and four medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files. This was to check staff were suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

During our last inspection, the service had been found to be requiring improvement in managing risks and medicine management. At this inspection we found improvements had been made.

At the last inspection, the management of peoples' medicine required some improvement. At this inspection we found that improvements had been made. Staff spoken with explained how they would know when people living at the home were in pain. One staff member said, "[Person's name] does tell you in their own way, I can tell by the sounds they make and their facial expressions." We saw that medicines were reviewed when people's needs changed and people received medicine as and when required. We found there were protocols in place for staff providing them with guidance when people required pain relief. Relatives we spoke with did not raise any concerns about their family member's medicines. Medicines were locked in a secure cabinet in each person's room. This enabled nursing staff to administer medicines in the privacy of the person's room. Additional medicines were stored in a locked cupboard to keep them secure. We saw that processes were used for ordering and returning unused medicine to the pharmacy.

At the last inspection, how staff managed risks to people, who remained in their wheelchairs for long periods of time, required improvement. At this inspection we found there had been an improvement. We saw people in their moulded wheelchairs where repositioned at different times during the day. This was important to prevent discomfort for the person and reduce the possibility of damage to their skin. We saw care plans and daily record sheets were updated to reflect the repositioning of people. A relative told us, "Staff should reposition [person's name] at least every three hours and in my view this is being done for him." Staff showed they had an understanding of the risks posed to people, their health and care needs. We saw risk assessments had been completed for people and for the use of specialised equipment. For example, we found pressure relieving mattresses and cushions were in use to support people who were at risk of developing skin damage.

We found at our last inspection equipment that had been reported as faulty had not been repaired in a timely way. This had improved and we saw safety checks of the premises had been completed and any repairs to equipment had been progressed through to the maintenance team to be completed. Staff explained what they would do in the event of an emergency, for example if a fire broke out or a person started to become unwell. The provider had safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

People living at the home were unable to tell us if they felt safe. However, we saw that people were relaxed and happy in the company of staff. People responded in an encouraging way when staff addressed them which indicated to us, people were relaxed with the staff supporting them. Relatives we spoke with told us, "[Person's name] is safe at Highcroft, I have no concerns and never had anything reported to me by the staff." Another relative said, "I am reassured because there are nurses on site." Other comments from relatives included, "My brother is safe and in the best possible hands," and "I trust them [staff] to look after [person's name]." A staff member said, "We can tell if somebody is upset by their body language, the sounds they make or the expressions on their face." Another staff member told us, "If a person's mood changes and

they suddenly become withdrawn or flinch you know something is wrong." A healthcare professional explained they felt people were 'quite safe.' We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff knew how to escalate concerns about people's safety to the manager and other external agencies for example, the local authority, police and Care Quality Commission

Relatives spoken with had not raised any concerns about the number of staff working at Highcroft House. Three of the four staff spoken with said there were sufficient numbers of staff available to support people. One staff member explained they did not 'think' there was enough staff and that 'sometimes' staff felt 'pressured' into providing cover for unplanned leave. However, this was not the view of three staff we spoke with. One staff member said, "We have enough staff at the moment but when we are at full capacity and people's needs start to become more complex, the manager and director will need to recruit extra staff." Another staff member told us, "It can get busy when staff phone in sick, [manager's name] will ask us to cover, not everyone can because they have family commitments so it can sometimes look like it's the same staff covering. I don't mind it though. We get paid for the extra hours we do." The manager explained they had appointed new staff but that in the meantime, if staff from Highcroft House were unable to provide cover, they would not employ agency care staff but would ask for staff to come from the provider's other homes. This helped maintain the consistency of care provided to people living at the home. We saw that requests for assistance were answered in a timely way and there was sufficient staff on duty to meet people's needs.

We saw the provider had an effective recruitment process in place to make sure they recruited suitable staff. Staff we spoke with told us before they started to work at Highcroft House all checks had been completed. Three staff files showed the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

We had received a safeguarding alert concerning the cleanliness of Highcroft House and informed the manager we would be opening our key line of enquiry for infection control. We saw the safeguarding investigation had taken place and was closed. In response to the concerns raised, staff had recently completed or were booked to complete training in infection control. The manager had introduced individual cleaning schedules that were audited daily and staff confirmed they followed the schedules. Each person's bedroom had their own cleaning schedule and we saw these were being regularly completed and checked by the manager. The rooms we were invited into presented as clean and fresh. We asked staff who was the home's infection control lead; two of the four staff were unable to tell us. However, all staff explained the cleanliness of the home was a 'shared responsibility.' Staff described how they protected people from infection and maintained a hygienic environment for people living at the home. We did find there was an unpleasant odour from a communal bathroom. The manager reported this issue to the maintenance team and they visited the home on the same day. A blockage in the pipes had been detected and measures were put in place to resolve the problem. We found staff used personal protective clothing when supporting people and anti-septic hand gel was freely available around the home for staff to disinfect their hands. The manager showed us the provider's policy and procedures on infection control and we saw they were in line with national guidance. The home environment was clean and provided a safe place for people to live in.

Good

Is the service effective?

Our findings

We saw that people were being effectively supported by staff. For example, staff explained what expressions they would look for in a person and that would let staff know how best to care for that person. One person indicated to us that they were 'happy' and 'liked' the home. A relative told us, "Staff really get to know everyone here, their likes and dislikes so people can be offered appropriate choices." Another relative said, "If the top mark is exceptional, then that's the only one I could give them [staff]. They [staff] know [person's name] really well and go out of their way to make sure he is comfortable and well looked after." Staff we spoke with felt supported in carrying out their roles. The trainers they use are good." We saw the provider had an ongoing training programme to support staff development. One staff member said, "I enjoy the training, sometimes it's here (at the home) or at the hub (head office). The provider also had a detailed induction programme for new members of staff. One staff member told us, "My induction was very helpful; it prepared me for my work here."

Staff told us prior to the new manager arriving, supervision had been limited. However, this had now improved. One staff member told us, "Supervision is much better now, I have it about every six weeks." Another staff member said, "The communication has improved a lot since the new manager came here, we (staff) are all happy to approach the manager if we need to." We saw records showed staff supervisions had taken place. Staff told us they felt the manager and director were approachable. One staff member said, "[Manager's name] is firm but fair." Another member of staff said, "[Manager's name] is very approachable, I do feel supported by her, she has been very helpful to me, I can't fault her."

The Mental Capacity Act (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. Staff we spoke with told us they asked people's permission before they provided support. A staff member said, "We do ask people first and because we know people so well, we can interpret their responses. But sometimes when decisions are a bit more complicated, we have to make a decision which is in their best interest". We saw throughout the day staff offering people choices and asking their permission before they provided any support.

People can only be deprived of their liberty so that they can 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. Two of the four staff we spoke with were able to explain their understanding of DoLS and explained why people living at the home may be restricted, for example, unable to be left unsupervised. We saw that people were closely supervised and were subjected to some restricted practice, in their best interest, to keep them safe and to prevent injury to themselves or others. Applications to deprive people of their liberty, in their best interests, had been submitted to the 'supervisory body' for authority to do so.

We saw that staff supported people to access snacks and drinks throughout the day which encouraged people to eat and drink enough to keep them hydrated. One person helped themselves to fruit from the kitchen. Staff explained there was a four weekly menu that was planned with people in advance. Staff supported some people with eating and this was conducted at a pace suited to each person and was not rushed. We saw one person had refused to eat their lunch and was offered an alternative, which they started to eat. Some people required food of a soft and mashed consistency. We saw the food was presented in an appetising way and was healthy. Staff explained meals were freshly prepared and cooked every day and we saw peoples' dietary needs were catered for. Where appropriate, we saw people had been supported by dieticians and Speech and Language Therapists (SALT). A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

We saw people living at Highcroft House were regularly visited by healthcare professionals. For example, the GP, dentist, optician, district nurses, dieticians, psychologists and podiatrist. This supported people to maintain their health and wellbeing. One relative told us, "Any problems they [staff] will get the doctor in." Staff spoken with were knowledgeable about people's care needs and how they preferred to be supported. We saw during our inspection one healthcare professional visited people to complete a review of their care. They described how the home had improved since the new manager arrived and that communication was 'much better'. The healthcare professional continued to explain that the care and support provided by the staff for their 'patients' was 'good' and confirmed to us they had 'no concerns.'

Good

Is the service caring?

Our findings

Throughout our inspection we saw kind and caring interactions between staff and the people that lived in the home. One person smiled and said "Happy here." Relatives we spoke with were complimentary about the home and the staff. One relative told us, "This home stood out because of the attitude of the director. The first thing they asked for was information about [person's name] and what they liked doing, what they are good at. Everywhere else we visited started with questions about funding." Another relative said, "I have no concerns, the staff are always polite and helpful [person's name] is very settled." A healthcare professional told us they had never seen staff behave in a way that would cause upset or distress to people and that they had always found staff to be polite and respectful.

Staff explained how they supported people who could not express their wishes. Staff told us that once they got to know people, they could tell by facial expressions and body language whether the person was happy with their support. Alternatively, staff could also identify from a person's reaction when they were not happy. Staff said they would make sure they would deliver care in a way the person was happy with. If the person was not happy, staff told us they would find different ways to support the person. We saw staff understood people's communication needs and demonstrated to us they knew people well. One staff member told us, "We [staff] form a strong bond with the people living here, they become like your family."

We found staff supported people to make, where possible, choices and decisions about their care. Relatives spoken with confirmed they were involved in planning the care and support of their family member. One relative told us, "I am in regular touch with the staff about [person's name]." Staff told us and care plans showed people met with their key worker every week. This was to review people's care and support and record and plan for any health care appointments. We saw picture cards were used so that people could be involved as much as possible when planning their care. A key worker is a member of staff that works with and in agreement with the person and acts on behalf of the person they support. The key worker has a responsibility to ensure that the person they support has as much control as possible over aspects of their life.

People had been supported to maintain relationships with family members. Staff told us people were able to have their relatives and friends visit them at the home. A relative told us, "Due to my schedule my visits are random and often unplanned, but I have always found the staff and provider accommodating." We saw a number of relatives visited throughout the day to see their family members. There were opportunities for relatives to meet in the person's bedroom, the conservatory or, weather permitting, the garden giving people the opportunity to meet in private.

People's privacy and dignity was promoted. We saw staff used 'dignity screens' which provided privacy to people at times when they required care and support. Staff gave us examples of how they would maintain people's privacy, such as drawing curtains, closing doors and discreetly covering people when providing personal care. We saw when people were tended to by staff or visiting professionals, in their bedrooms, staff would put a sign on the door that indicated the room was occupied and the person was not to be disturbed. A relative told us, "I think there is enough privacy for people here, staff are discreet." We heard staff address

people by their name, occasionally there was the use of 'sweetheart' and 'darling' but this was a normal part of the conversation and was not used in any negative way.

Staff gave us examples of how they supported people to maintain some of their independence. One staff member told us, "I try to encourage [person's name] to raise their arm when putting their shirt on, it's important to maintain muscle strength." Another staff member said, "[Person's name] is quite independent, we do continue to encourage this." We saw one staff member had encouraged a person to drink; they spoke with the person in a firm, not aggressive, manner. The staff member then praised the person appropriately when they finished their drink. People's rooms we were invited into were individually and tastefully decorated and furnished to take into account people's likes. There were photographs of people important to the person in their rooms. People were well presented in individual styles that reflected their age and gender. Attention had been paid to people's appearances so that people's wellbeing was promoted.

Good

Is the service responsive?

Our findings

Relatives confirmed that staff supported their family member, in a way that was responsive to their individual needs. One relative told us, "We [relatives] are absolutely amazed at how well [person's name] has settled." Another relative said, "[Person's name] is well looked after and although she can't tell me, I know by her facial expressions she is contented." People's care plans we looked at reflected the care and support people received. We saw there had been an assessment of people's needs and these had been reviewed or due to be reviewed. We asked staff how they ensured people were involved as much as possible when assessing the person's needs. Staff told us they would speak slowly to people, show them pictures and give them time to respond. They continued to explain how they would show people, for example, different clothes offering them a choice. One staff member said, "When you get to know people, you know what they like by their expressions or sounds."

We saw staff supported people to make some choices. Staff knew how people preferred to be supported. We saw one person showed signs of becoming unwell, two staff members responded immediately. One staff member provided comfort and reassurance to the person while the second staff member recorded the person's recovery time in their care plan. This was important because if the person did not recover within a specified timeframe, the emergency services would have to be called. The person responded in a positive way and after a short while, began to smile at the staff. The one staff member remained with the person and continued to provide comfort and reassurance to them.

Staff we spoke with were able to tell us about people's individual needs, their likes and dislikes. One staff member told us, "We discuss the person's likes and dislikes with their relatives and sometimes it is also a bit of trial and error with the person we are supporting but we do try and work to the person's preferences and choices." Another staff member said, "Each person is individually assessed when they first come to the home and we speak with their relatives." We saw that people's changing needs were kept under review. Care plans we looked at showed that when people's care needs changed, it had been updated.

The atmosphere within the home was calm and relaxed. We saw staff ask people if they wanted to sit in the garden to 'enjoy the sunshine'. One person started to walk out to the garden with staff then changed their mind and returned to the lounge. Staff respected the person's decision. Some people went for walks whilst others attended a day centre. Other people were engaged in group activities or their own individual interests. A relative told us, "[Person's name] has done far more in their first week here than they did in 18 months at their last place." Another relative said, "Staff go out of their way to make sure [person's name] is involved in activities as much as they are able to." The manager explained they had recently appointed a member of staff to co-ordinate activities and told us about forthcoming trips that had been organised for people to go to.

Relatives told us they felt able to raise any complaints or concerns with the staff or managers at Highcroft House. We saw information was available in public areas for visitors about the home and how to raise a complaint. A relative told us, "We have raised concerns in the past but there has been a noticeable improvement since the new manager started." Another relative said, "I would have no problems raising any

complaints." We saw that there had been one complaint investigated by the new manager that was resolved to the family's satisfaction. There had also been a small number of complaints made by one person who was living at the home, we saw each complaint had been investigated and the person was supported to raise their complaints by the staff. An analysis of the complaints had been completed and the provider had put in place action plans and protocols to reduce the risk of any re-occurrence.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, Highcroft House had been found requiring improvement in the way the provider used communication aids to encourage feedback from people who lived at the home. Improvement was also required in the provider's audit processes that monitored and measured the quality of the service being delivered. At this inspection we saw that some improvements had been made although some further improvement was required.

We found a number of boxes of medicine had not been promptly returned to the pharmacist to be destroyed. The medicine required staff to follow strict protocols for storage and administration. The medicine had not been opened and was no longer required by the person it had been prescribed for. Although the medicines were safely stored, the stock had not been checked since 24 April. The manager had previously told us this type of medicine was not on site. We brought our findings to their attention, she apologised for the oversight and told us she thought the medicine had been returned to the pharmacist to be destroyed. We conducted an audit of this medicine and found no discrepancies. The manager explained the audit processes for monitoring all medicine was completed by nursing staff, however this would be reviewed in line with national guidance, to enable her to monitor medicine stock more effectively in the future.

The provider had introduced an additional audit process where a manager from another of the provider's homes would undertake a monthly review of Highcroft House. Audits had identified areas for improvement and action plans were developed and implemented. These action plans were then monitored by the manager and provider to ensure that the service continually improved. The provider had a system to address maintenance issues within the home, our observations and the records we looked at showed that the home was well maintained. In addition to the provider's audits, the manager of Highcroft House had introduced an additional 'daily count down' process for medicines that were not in 'blister packs'. A 'blister pack' is a special method of packing medicines, where each dose of medicine is placed in a small plastic bubble and backed by a sheet of foil. We found when auditing four people's medicine records there were no discrepancies between the quantity of medicine found and the quantity calculated from the medicine administration records.

Improvements had been made with the provider involving people in developing and contributing to the running of the service. Pictorial aids and symbols were being used by staff when 'house meetings' were held. Staff explained how they supported people as much as possible to have an input in the meetings. One staff member told us, "[Person's name] will sometimes manage to point to a picture." Another staff member said, "[Person's name] will smile and their eyes will go the picture they like." We saw from minutes of the meetings that not all the people living at the home chose to take part and staff respected their decisions. In addition to the monthly 'house meetings,' the manager explained annual feedback surveys were also sent out to relatives, health care professionals and staff. We saw the provider had reviewed and analysed the information gathered to help put together an annual development plan. The plan highlighted areas for development, action plans were formulated and time limits set for the improvements to be made.

There was no registered manager in place at Highcroft House, although the manager had submitted their application to become the registered manager. Staff told us they felt supported by the manager and that they would be confident to raise any concerns. One staff member told us, "Before [manager's name] came it was a bit hit and miss to be honest, staff were left to just get on with things and that wasn't always very productive. Now, it is much more structured and professional, we have staff meetings and regular supervision, it is so much better." Another staff member said, "I love working here I love the people and I love my job, you couldn't do this job if you felt any other way if I'm honest." All staff members we spoke with told us they enjoyed their role and felt they belonged in a team. They were 'motivated' and committed to providing a caring service to the people living in Highcroft House.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager or director. Whistleblowing is the term used when an employee passes on information concerning wrongdoing. Staff continued to tell us if it became necessary they would also contact Care Quality Commission (CQC), the local authority or the police.

The manager was aware of their legal responsibilities to notify us of any significant incident and accidents relating to the service. We had been notified about the events that the provider was required to in a timely manner. There had been a recent safeguarding at the home that had been reported to us. There had been a full investigation and we saw the provider had worked well with the appropriate authorities to ensure the safeguarding concerns were managed and resolved.