

Mr K and Mrs K Hunter and Mrs I Coughlin

Higher Bank

Inspection report

off Adelaide Terrace
Blackburn
Lancashire
BB2 6EU

Tel: 01254582554
Website: www.blackburncarehomes.com

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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 was an unannounced inspection which took place on 20 April 2016. The service was last inspected in April 2014 when it was found to be meeting all the regulations we reviewed.

Higher Bank provides accommodation 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 located in a residential area close to Blackburn town centre. There were 22 people living at the service at the time of our inspection.

The service had two registered managers in place. The position was shared between two members of the partnership which was also the provider 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.

During this inspection we found a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because not all people who worked in the service had received the training they required to be able to deliver safe and effective care. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe in Higher Bank and that staff were always kind and caring. We found there were sufficient numbers of staff available to meet people's needs. There was a stable staff team in the service with no new staff having been employed since 2012. However we found the recruitment policy needed to be more robust to help ensure people who used the service were protected from the risk of unsuitable staff being appointed in the future.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

All areas of the home were clean and we saw that procedures were in place to prevent and control the spread of infection. Risk assessments were in place for the safety of the premises and systems were in place to deal with any emergency that could affect the provision of care.

We saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and wellbeing of everybody living, working and visiting the home.

The staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence. Interactions between staff and the people who used the service were warm,

friendly and relaxed.

Although there were systems in place to assess whether people had the capacity to consent to their care and treatment in Higher Bank, we found some of the records contained conflicting information. The registered managers told us that in their opinion all the people who used the service had the capacity to consent to their care in the home and there were no restrictions in place. However we found improvements needed to be made to the arrangements to assess whether DoLS applications needed to be made in order to protect the rights of people who used the service.

People's care records contained enough information to guide staff on the care and support required. Care records showed that risks to people's health and well-being had been identified and regularly reviewed.

People told us they enjoyed the meals provided in Higher Bank. Our observations during the inspection showed the food was of high quality and well presented. Systems were in place to help ensure people's nutritional needs were monitored and referrals made to specialist services when any concerns were identified.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. There were systems in place for receiving, handling and responding appropriately to complaints. The registered managers demonstrated a commitment to continuing to drive forward improvements in the service.

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.

Staff had received training in safeguarding adults. They were able to tell us of the correct action to take if they witnessed or suspected abuse.

There were sufficient numbers of staff available to meet people's needs in a timely manner.

People were cared for in a safe and clean environment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

While care staff had received the training and supervision necessary for them to carry out their roles effectively, one of the owners of the service worked regular night shifts and had not completed any relevant training since 2014.

The registered managers had not taken the necessary steps to robustly assess whether DoLS applications needed to be made in order to protect the rights of people who used the service.

The food provided in the service was of a high quality. Appropriate arrangements were in place to ensure people's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and support that people required.

Care records included information about the support people

wished to receive at the end of their life. Staff had completed specialist training to help them provide appropriate end of life care.

Is the service responsive?

Good ●

The service was responsive.

People told us staff always provided the support they needed.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was fully reflective of each individual's needs.

A range of activities were provided to help improve the well-being of people who used the service.

Systems were in place for receiving, handling and responding to complaints. People were encouraged to provide feedback on the care provided in Higher Bank.

Is the service well-led?

Good ●

The service was well-led.

Two members of the partnership which owned the service were registered as managers with CQC. They shared the responsibility for the running of the home.

Staff enjoyed working in the service. They told us they felt able to approach either of the registered managers for support and advice when necessary.

Systems were in place to assess and monitor the quality of the service provided to ensure people received safe and effective care.

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 inspection took place on 20 April 2016 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 care service. The expert had experience of services for older people.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During the inspection we spoke with nine people who used the service and three visitors. We also spoke with the registered managers, two members of care staff, the chef and the person responsible for the maintenance of the premises. In addition we spoke briefly with a visiting health professional.

We carried out observations in the public areas of the service. We looked at the care records for six people who used the service. We also reviewed the medication records for all the people who used the service. In addition we looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they had no concerns about their safety in Higher Bank. People told us they felt safe because, "There's always somebody about looking after you", "We're all together and it's nice to be here", "You have a bell in your bedroom" and "They look after you and they will always help me". One person commented, "I'm not frightened of anything or anybody".

Staff told us they had received training in safeguarding adults; this was confirmed by our review of staff training records. They were able to tell us of the correct action to take should they witness or suspect any abuse. Staff were also aware of their responsibilities to report poor practice and told us they were confident the registered managers would listen to them if they raised any concerns.

Records we reviewed showed that the provider had asked people who used the service to complete a survey regarding their safety in the home. All the responses we saw confirmed that people had no concerns regarding the care they received in Higher Bank.

We looked at the systems in place to ensure staff were safely recruited. We reviewed three staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. We saw that the application form asked applicant to document a full employment history and to explain any gaps in their employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We noted that the provider had carried out risk assessments regarding the suitability of people to work in Higher Bank where the DBS checks had highlighted past offences.

Records we reviewed showed that there was a very stable staff team in the service and no new staff had been recruited since 2012. However, when we reviewed the recruitment policy and procedure for the service we found this to be lacking in detail which meant it did not meet the requirements of current CQC regulations; this was because it did not make it clear that the provider was required to make additional checks where applicants had worked previously with vulnerable adults or children. We discussed this with the registered managers who agreed to ensure the policy and procedure was updated to include the details required by law before any new staff were recruited. This should help to protect people who used the service from unsuitable staff.

All the people we spoke with who used the service told us they did not have to wait for staff to respond to their needs. During the inspection we observed staff responded promptly to all requests for assistance. The records we reviewed showed that the numbers of staff on duty corresponded with the rota for the day.

Care records we reviewed contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. We saw that these records had been regularly reviewed and updated to record any changes in a person's level of risk. Care records also included information for staff about how to manage any identified risks.

We reviewed the systems in place to ensure the safe administration of medicines. All the people who used the service told us they always received their medicines as prescribed. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. The registered managers had undertaken regular medication audits and assessments of the competence of staff to administer medicines safely.

We looked at the medication administration record (MAR) charts for all the people who used the service. We found the MAR charts contained the photograph of each individual and a list of their allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. We noted that all of the MAR charts were fully completed to confirm people had received their medicines as prescribed. Protocols were in place for most of the medicines which people were prescribed on an 'as required basis'. These protocols provided guidance and information for staff to help ensure people always received the medicines they needed.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

People who used the service told us they considered the home was clean. Comments included, "They're always cleaning. If somethings not right, they attend to it", "It's vacuumed every day; I think they have a cleaner" and "Definitely, I'm a fuss pot for being clean."

We saw infection prevention and control policies and procedures were in place, as well as copies of best practice guidance documents. One of the registered managers had taken on the role of infection control lead and developed detailed guidance for staff to follow when providing care to people in order to reduce the risk of cross infection.

We observed that all the equipment in use in the service was labelled with the name of the individual to whom it belonged. People we spoke with told us their equipment was not used for anyone else. Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. A personal evacuation plan (PEEP) had been completed for most of the people who used the service; this documented the support people would need in the event of an emergency at the service. A plan still needed to be completed for three people who had recently been admitted to the service; the registered managers told us these would be completed immediately.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm and fire extinguishers were in good working order. Staff had completed fire training and were involved in regular evacuation drills. This should help ensure they knew what action to take in the event of an emergency.

Is the service effective?

Our findings

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that all care staff employed by the service had received the essential training and supervision necessary to safely care for and support people. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. However, from our review of staff rotas we noted that one of the owners of the service worked regular night shifts. The training records showed that this person had not completed any training since completing an introduction to working with people in adult social care in 2014. We noted that this training did not include moving and handling training, although the person concerned could be expected to be involved in supporting people to mobilise safely during their shifts; this was because we were told two people who used the service required the assistance of two staff to meet their personal care needs.

The lack of regular training for all staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

At the time of this inspection there was no one subject to DoLS. The registered managers told us this was because all the people using the service were able to consent to their care and treatment in Higher Bank. We noted that a capacity assessment had been completed on five of the six care files we reviewed. However, this assessment did not always make it clear how the registered managers had reached the judgement that the individual had the capacity to consent to their care; this was because the two stage test outlined in the MCA had not always been followed. When we spoke with one member of care staff they told us that, in their opinion, not all the people who used the service had the capacity to consent to their care. Two of the care records we reviewed also contained conflicting information about the capacity of the individuals concerned.

We asked the registered managers to show us the policy in place in the service to document the action to be followed should a person need to be deprived of their liberty to ensure they received the care they needed. The registered managers were unable to find this policy but told us that it had not been updated to take into account the change in the law which affected the way a deprivation of liberty is identified. The registered

managers told us they would update the policy to take into account this change in legislation and would review whether any DoLS applications needed to be made to ensure the rights of people who used the service were upheld. During the inspection we noted that there were no restrictions in place on people leaving the premises should they wish to do so.

When we asked people who used the service if staff asked for their consent before they provided any care, comments people made to us included, "Yes they do; they're good carers here" and "Yes, and they give me plenty of time". People also told us that staff always respected their choices. One person commented, "They let me do what I want". Another person told us, "If I don't want to join in they don't mind. They don't make you do anything you don't want to". Staff told us that they had a good understanding of people's wishes and preferences in relation to the care they wanted but would always check that they had consent before they provided any care. Records we reviewed showed all staff were required to sign a daily log to confirm they had sought and gained consent from all the people to whom they had provided care during their shift. One staff member told us that, although one person was unable to communicate verbally, "They will always let us know if they are unhappy with anything we are doing. We have to look at their best interests regarding personal care." Another staff member told us, "It's all about choice. We can advise but people can make their own decisions."

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the chef at the service who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us people were asked about their meal choices on a daily basis and that if they did not want what was on the menu alternatives were always available; this was confirmed by our observations during the inspection. We were also told that food was always available out of hours so that people could have snacks and drinks when they wished

We observed both the lunch and evening meal times. We saw that the tables were set with tablecloths and condiments. A copy of the menu for the day was also placed on each table. During both meals we observed the chef offered people a choice of meal and dessert, all of which were home-made and looked to be of an excellent standard. We saw evidence that the service had achieved a 'Recipe for Health' Gold award from the local authority in July 2015. They had also achieved a five star rating for food hygiene in the most recent inspection in March 2015.

People we spoke with told us they enjoyed the food and felt there was enough. Comments made included, "It's good, you have a choice. We have a menu. You can always say I don't feel like that and they'll make you a sandwich. You don't have to have anything you don't want", "It's very good, I like it, you get a choice", "It's very nice, I'm always full and then they give you a sweet and "It's superb. I always enjoy it".

Care records we looked at showed that people had access to external health and social care professionals such as GP's and district nurses. We noted a log was maintained of all professional visits and of any advice given to staff. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

Is the service caring?

Our findings

People who used the service told us staff were always kind and caring. Comments people made to us included, "The staff all know their job. They're good, they're kind and if they can help you they will", "They're all very nice and kind. If I ask them to do anything they always come and help me" and "They're lovely, very kind. They help me all the time".

All the people we spoke with who used the service told us staff were always respectful and listened to them. During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We also observed that all staff were honest, sensitive and reassuring when responding to the questions from one person who used the service who was anxious about a family member.

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff. Relatives we spoke with confirmed they were able to visit without any restrictions. We also spoke with a visiting health professional. They told us, "This is one of my favourite homes. Everyone is very well looked after and cared for."

Care records we reviewed contained information about people's family history and their likes and dislikes. Our conversations with staff showed they had a good understanding of the needs of people who used the service. Staff demonstrated a commitment to providing high quality compassionate care. One staff member told us, "I would be very happy for a family member to be cared for here. I think we provide excellent care." Staff also told us they recognised the importance of providing person centred care. One staff member told us, "Each person has their own ways and needs so care has to be provided around that person."

People we spoke with who used the service told us staff would always encourage them to be as independent as possible. One person told us, "I get myself washed, dressed and undressed." Care records we reviewed contained information about the goals people wanted to achieve for themselves which often included being as independent as they could be.

One of the registered managers told us they and several staff had completed the Six Steps end of life training. This programme aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death. We saw that care records included details about the care people wanted to receive at the end of their life.

We noted that all care records were stored securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Is the service responsive?

Our findings

We asked the registered managers to tell us how they ensured people received care and treatment that met their individual needs. The registered managers told us that they always completed an assessment of the support people required before they were admitted to the home. This should help to ensure staff were able to meet people's needs.

Care records we reviewed contained information about people's social and personal care needs; this information had been regularly reviewed and updated. All the people we spoke with who used the service told us they always received the care they required. Although not all the people we spoke could recall having seen their care records, most people told us they felt they were consulted about the care they received. One person told us, "One of the managers comes and chats to me". Another person commented, "They [registered managers] come down and talk to everybody".

We saw that, in addition to their main care records, each person had a 'mini care plan' in their bedroom. This included a summary of the person's needs, likes and dislikes as well as information regarding the ethos of the service and the complaints procedure. Staff told us they would always refer to people's care records to help ensure they were responding appropriately to people's needs.

We asked staff about the activities available for people who used the service. They told us that one staff member was responsible for organising craft activities on the days when they worked; this was confirmed by our observations during the inspection when people were supported to do etching. We noted that another staff member also encouraged people to take part in board games after lunch. A visitor from the local church also attended the home to conduct a service with those people who wished to participate. Staff told us they would always try and encourage people to participate in activities, even if it was only to observe and join in conversations as they recognised this could be helpful for people's well-being.

The registered managers told us they would support people to access the local community by arranging visits to local theatres or other places of interest. People who used the service told us they were generally happy with the level of activities available to them. Comments people made to us included, "I watch TV, paint and use the computer", "I'm happy doing nothing; it's not my scene to join in" and "I enjoy watching TV, reading, crosswords and embroidery".

We looked at how the service managed complaints. We saw that the registered managers kept a log of any complaints received, although they told us that they were usually able to resolve matters immediately they arose due to their regular contact with people who used the service and relatives. When we looked at the complaints log we saw that only two minor complaints had been received from people who used the service. We noted that action had been taken to resolve the issues raised.

People we spoke with during the inspection told us they would feel confident to speak with staff or the registered managers if they had any concerns about the care they received, although none had found this to be necessary. Comments people made to us included, "I've never had anything to complain about. It's one

of those places where we all get on" and "I don't need to [complain] because everything's done for me."

We saw there were regular meetings in the home between staff, people who used the service and their relatives. These were used as a forum to allow people the opportunity to provide feedback on the service. We noted that, at the last meeting in March 2016, people who used the service had provided positive feedback about staff and the care they received.

Is the service well-led?

Our findings

The service had two registered managers in place. This was because the role was shared by two members of the partnership who were also the owners of the service.

We asked the registered managers what they considered to be the key achievements in the service since our last inspection. They told us they had introduced the role of 'team leader' in the service in order to improve leadership within the care staff team. We spoke with one staff member who was in the process of completing the training for this role. They told us they had found the training to be helpful and that it had increased their understanding about the importance of effective leadership in the service.

Staff told us they enjoyed working in the service and found the registered managers to be very approachable if they wanted advice or support. One staff member told us, "The managers help us. We can go to them with any problems and they are supportive." Another staff member commented, "I have never worked anywhere where the managers work alongside you and do everything you do. This is definitely the best place I've worked in."

We noted there were policies in place to provide information and guidance for staff to follow. However several of these policies referred to outdated legislation and standards, although this did not affect the care people received. The registered managers told us they had purchased a system to help ensure the service was able to demonstrate they met all the fundamental standards. They told us they would ensure all policies were updated as soon as possible.

We found that not all the people who used the service were able to identify who were the registered managers in the service. However they told us this did not have any impact on the service they received as all the staff were very approachable. We observed that both managers were highly visible during the inspection and provided direction and support to care staff as necessary. Relatives we spoke with confirmed they felt able to approach either of the registered managers if they had any questions or concerns and were always listened to.

Records we reviewed showed staff meetings were held which allowed staff the opportunity to make suggestions about how the service could be improved. The registered managers demonstrated a commitment to encouraging staff to put their views forward in order to continue to drive forward improvements in the service.

Services which are registered are required to notify the Care Quality Commission of any incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the provider for this service had done this appropriately when required.

We asked the registered managers about the systems in place to help monitor and review the quality of the service provided in Higher Bank. They showed us there were a number of audits in place including those relating to the safe management of medicines, care plan records and infection control.

The providers produced a regular newsletter for people who used the service and their relatives. This provided information about events in the home and planned meetings with residents and their families.

We saw that quality assurance surveys had been carried out by the provider in April 2015. Questionnaires had been sent out to people who lived at the home and their relatives regarding the environment and quality of care provided in the service. People who lived at Higher Bank had also completed a survey regarding the quality of the food. We saw that all of the respondents provided positive comments about the care and food provided in Higher Bank. A relative had commented, "We find all the staff very kind and caring in everything they do." Another comment made by a relative was, "Staff understand my relative's likes and dislikes. A homely and caring atmosphere."

We saw that the providers 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 had a commitment to driving forward improvements in the service.

Records we reviewed showed that the local authority had conducted a quality assurance visit to the service in January 2016 and assessed that, "The team at Higher Bank residential home continue to deliver an enhanced quality service for people who require residential nursing/personal care."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have robust arrangements in place to ensure all staff received the training they required to be able to deliver safe and effective care. |