

# Mrs Patricia Beaumont

# High Lee Care Home

## Inspection report

High Lee Barn  
Sowerby Lane  
Luddendenfoot  
Halifax  
HX2 6LB

Tel: 01422 882437

Website: [www.highleecarehome.co.uk](http://www.highleecarehome.co.uk)

Date of inspection visit: 2 June 2015

Date of publication: 05/08/2015

### Ratings

#### Overall rating for this service

Requires improvement



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



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 October 2014. We identified a number of breaches of regulation and said improvements were needed in care and welfare of people who use services, requirements relating to workers, management of medicines and supporting workers. We also said improvements had to be made to the assessing and monitoring the quality of service provision by 31 January 2015. This inspection resulted in an overall rating for the service of 'Inadequate'.

The provider sent us an action plan telling us what improvements they were going to make and said these would be in place by 2 March 2015.

We undertook a focused inspection on 2 June 2015 to check improvements had been made. At this inspection we only looked at the regulations that had been breached on our last visit. We found improvements had been made.

# Summary of findings

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'High Lee Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

High Lee Care Home is a 17-bed service and is registered to provide accommodation and personal care for older people. Nursing care is not provided. The accommodation is arranged over two floors linked by a stair lift. All of the bedrooms are singles and there are communal lounges and a dining room for people to use. The home is located in Luddendenfoot, Halifax. At the time of our visit there were 10 people using the service.

There are two registered managers at 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.

When we conduct comprehensive inspections, we report our findings under the five domains: Safe, Effective, Caring, Responsive and Well Led. All our findings from this inspection come within the Safe, Effective, Responsive and Well Led domains.

Staff recruitment practices had been strengthened and we found staff were being checked to make sure they were suitable and safe to work at the service.

We found medicines were managed safely and people received their medication at the right times.

We found staff were receiving appropriate training and were receiving support with their professional development.

We found had a number of audits had been put in place which picked up where improvements needed to be made or responded to people's changing needs. We also found people using the service were being asked about what they wanted from the service and that their requests were being implemented.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were being checked to make sure they were suitable before they started work at the service.

Medicines were being managed safely and people received their medicines at the correct times.

Good



### Is the service effective?

The service is effective.

Staff were being supported and were receiving supervision.

Good



### Is the service caring?

This domain was not inspected as part of this focussed inspection.

Good



### Is the service responsive?

The service is responsive.

Care plans identified staff were responding appropriately to people's changing needs.

Good



### Is the service well-led?

The service was well led.

A range of quality audits were in place and any identified shortfalls in the service were being rectified.

Requires improvement



# High Lee Care Home

## 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.

We carried out an unannounced comprehensive inspection of this service on 1 October 2014. We identified a number of breaches of regulation and said improvements were needed in care and welfare of people who use services, requirements relating to workers, management of medicines and supporting workers. We also said improvements had to be made to the assessing and monitoring the quality of service provision by 31 January 2015. This inspection resulted in an overall rating for the service of 'Inadequate'.

The provider sent us an action plan telling us what improvements they were going to make and said these would be in place by 2 March 2015.

We undertook a focused inspection on 2 June 2015 to check improvements had been made. At this inspection we only looked at the regulations that had been breached on

our last visit. We found improvements had been made. However, as the focused inspection took place more than six months after the comprehensive inspection, our guidance does not allow the location's overall rating to be reviewed.

This inspection took place on 1 June 2015 and was unannounced. The inspection was completed by one inspector. At the time of our visit there were 10 people living at the service.

Before the inspection we reviewed the information we held about the home. This included notifications from the provider, and speaking with the local authority safeguarding and contracting teams.

On the day of our inspection we spoke with two people who lived at High Lee Care Home, the two registered managers, the provider and the care home supervisor.

We spent time observing practices in the home and looking at records. The records we looked at included staff recruitment files, medication records and records relating to the management of the home.

# Is the service safe?

## Our findings

When we visited in October 2014 we were concerned the staff recruitment process was not robust and asked the provider to make improvements. On this visit we found safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service (DBS) check and two written references were obtained before staff started work. We looked at three staff recruitment files and saw all of the necessary checks had been completed. We also saw a record of people's interviews had been made which gave details of their answers at interview. This meant prospective staff were being properly checked to make sure they were suitable and safe to work with older people.

When we visited in October 2014 we were concerned that medicines were not being handled safely and asked the provider to make improvements. On this visit we found improvements had been made.

The care home supervisor explained they could get advice from a pharmacist and had involved them in looking at ways to improve the management of medicines in the home. They also told us the pharmacist was involved in reviews of people's medication to make sure they were receiving the most effective medication regime.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines and found improvements had been made. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We checked the balances of some medications and found these to be accurate. We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions. We observed people being given their medication during our visit and saw staff supporting them with patience and kindness.

# Is the service effective?

## Our findings

Since our last visit in October 2014 a new staff position of care home supervisor had been created. We spoke with this person who has a lead role for supporting staff. We saw since our last visit staff had received supervision and there was a clear plan in place for this to continue every two months. Two care workers we spoke with confirmed they had received supervision and this had given them the opportunity to talk about their role and training needs.

They also told us appraisals had been booked to take place in August 2015. This meant staff are being supported and given the opportunity to discuss their personal development.

We also saw since our visit in October 2014 care workers have completed a number of courses. For example; equality and diversity, infection prevention, dementia care, first aid and moving and handling. This meant care workers training was being kept up to date.

# Is the service caring?

## Our findings

This domain was not inspected as part of this focussed inspection.

# Is the service responsive?

## Our findings

When we visited in October 2014 we were concerned care plans had not been put in place to show how one person's nutritional needs were to be met. On this visit we saw 'snack stations' had been set up in the lounge and dining room. There was fresh fruit, chocolate biscuits and cakes available so people could help themselves whenever they wanted. Two members of staff we spoke with told us these were very popular and we saw one person enjoying some fresh fruit.

We looked at the care plan for one person and saw on their pre admission assessment there were concerns about their dietary intake. We saw staff had been monitoring their food intake and had sought advice from a dietician. Their weight had been monitored and care workers were able to tell us about their dietary preferences. This meant the risk of this individual being nutritionally compromised had been well managed.

We spoke to the visiting community matron who told us staff always follow any instructions they give regarding people's care and treatment. They also said, "The staff really do care and have a lovely relationship with the people living at High Lee."

The community matron also told us one of the people who had lived at the home was receiving palliative care. They had been admitted to hospital but staff had made arrangements for them to return to High Lee Care Home to spend their final days with staff they knew and who knew them. We saw a thank you card from this person's relatives which stated, "You have all been amazing in helping to make their last years happy, settled and contented. We will always remember the kindness and compassion you have shown."

The care home supervisor had spent time with people using the service to find out about their interests and hobbies so appropriate activities could be arranged. For example, one person said they liked dominoes and jigsaws and these have been provided. Another person said they liked dogs so one of the registered managers brings one of their dogs in for them stroke. Activities were also discussed at staff meetings people said they liked the armchair aerobics, bean bag darts and crafts. Singers had also been visiting the service on a monthly basis to provide entertainment, which people enjoyed. This meant people were being provided with a variety of activities to keep them occupied and stimulated.



# Is the service well-led?

## Our findings

When we inspected the service in October 2014 we found there were a lack of systems and process in place to monitor the quality of the service. We issued a warning notice telling the provider and registered manager they must make improvements by 31 January 2015.

Since our visit in October 2015 an additional manager had registered with the Care Quality Commission. They have clear areas of responsibility with one taking the lead for all aspects of the building, maintenance and provisions and the other for the care and administration.

We found a number of audits had been introduced to ensure the service was being well managed. As these were relatively new the provider needs to ensure the development of their quality systems continue so they can be assured the service is being well managed.

We saw care plan audits were being undertaken to make sure the documentation was up to date and reflected each individual's current needs.

We saw environmental audits were picking up any issues about cleanliness, maintenance and refurbishment. Action was then being taken to address any shortfalls. For example any maintenance or refurbishment jobs were written in the maintenance diary and one of the registered managers would then ensure any required works were completed.

We saw medication audits were being completed and any issues picked up could be tracked back to the person who had been responsible for giving medication on any particular shift. For example, we saw one person had not recorded the reason why medication had not been given. This had been picked up during the audit and taken up with the member of staff.

We saw a system had been put in place to monitor accidents and incidents. We also saw appropriate action was being taken to try and reduce any reoccurrence. For example, one person had fallen on more than one occasion and a falls mat had been requested. This is a mat that connects to the emergency call bell system and alerts staff when the individual is getting out of bed or the chair.

We saw residents and relatives meetings were being held every month. At these meeting people were given the opportunity to discuss life at High Lee Care Home. The two members of staff who had facilitated the last meeting told us although they held the meeting as a group during the meeting they had spoken with each individual to get their views. At this meeting people had asked for a curry night. Staff told us they were planning a curry tasting night so they could find out the type of curry people preferred. Staff also identified people using the service could not always remember the names of staff so a 'meet our staff board' had been purchased so photographs of staff and their names could be displayed. This meant people using the service were able to influence the way the service was delivered.

One of the registered managers told us the provider visits two or three times a week and said they always looked around the building, spoke to people using the service and staff. During these visits if there are any issues they take them up with most senior member of staff on duty. Once a month the provider writes a report summarising their visits and details the records they have checked as part of that visit. If any action was needed by the registered managers this would be included in these reports and checked on the next visit.