Bupa Care Homes (GL) Limited

The Highgate Care Home

Inspection report

12 Hornsey Lane
Highgate
London
N6 5LX

Tel: 01133816100

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Highgate Care home is a residential care home providing personal and nursing care to people with complex physical and cognitive support needs at the time of the inspection. The service can support up to 52 people in four separate units with their own communal areas and facilities. At the time of our inspection 41 people were living at the home.

People's experience of using this service and what we found
At our last inspection people with complex physical needs were using a lift situated in a service adjoining the home as the lift at the home could not accommodate stretchers and some specialist wheelchairs. The provider had taken action to address this and work on installing a new lift has now commenced.

People had person centred care plans and risk assessments. These were up to date and included information about their needs and preferences along with detailed guidance for staff on how to provide effective and responsive support. Where people's needs had changed, their care plans and risk assessments had been reviewed and updated immediately.

Improvements had been made to the food provided to people on soft or pureed diets due to choking risks. Staff had received training on modified diets and were required to taste food and check if the texture is suitable before offering it to people. People told us they enjoyed the food and were offered choices.

People's medicines were stored and administered safely. Medicines were administered by nurses and senior care workers. The records of medicines administration had been completed appropriately and guidance was in place for medicines that were provided on an 'as required' basis. Some people who were unable to swallow received medicines via a feeding tube. Their records showed that such medicines were administered following professional guidance. Staff administering medicines via a tube feed had received training.

People were protected from the risk of harm or abuse. Staff members had received safeguarding training and knew what to do if they had concerns about a person's safety. The home's records of safeguarding concerns showed that appropriate actions had been taken to reduce the possibility of similar concerns arising in the future. Safeguarding concerns had been reported to the local authority and the Care Quality Commission (CQC).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely and received the training and support they needed to do their job well and to effectively meet people's needs.

The home's quality monitoring systems showed regular audits had been carried out. These included audits of care plans and risk assessments, medicines, infection control, and safety at the home. Actions had been taken to address any concerns identified by these audits. The provider made unannounced monitoring visits to the home. The registered manager and deputy manager undertook unannounced monitoring visits at night. This ensured the provider and the registered manager were able to maintain safe practice at the home.

Infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

The registered manager was supported by a deputy manager and a team of nurses and senior care workers. Staff, people and their family members told us they were satisfied with the management of the home.

Staff engaged with external health and social care professionals to ensure people's needs were met. They held regular meetings with a multi-disciplinary team of professionals to discuss and address people's immediate and ongoing needs. A local GP visited the home twice weekly.

People and relatives spoke positively about the care and support provided by staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 7 May 2021).

Why we inspected
The inspection was prompted in part by notification of an incident two years ago, following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of death or injury caused by choking. This inspection examined those risks.

This report only covers our findings in relation to the Key Questions Safe, Effective, and Well-led.

The rating from the previous comprehensive inspection for the key questions not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Highgate Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Highgate Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
The Highgate Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Highgate Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who live at the home and one visiting relative about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, four nurses, three care workers, the administration officer, the housekeeper and the chef. We also observed staff engaging with people who live at the home. We spoke with two health and social care professionals who support people living at the home.

We reviewed a range of records. These included five people's care records. We looked at nine staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service including policies and procedures and quality monitoring audits were also reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question was rated good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider was managing risks to people's safety. People's risk assessments were person centred. They included guidance for staff on managing risks associated with mobility, moving and handling, personal care, behaviour and nutrition.
- People's risk assessments had been reviewed and updated in relation to eating and drinking. People requiring special or modified diets due to choking risks had up to date risk management plans which reflected guidance provided by speech and language therapists (SALTs). During our inspection the home was reviewed by a team of health professionals, including SALTs. They found that risks to people requiring modified diets in relation to choking were being safely managed.
- Staff had reviewed people's risk assessments on a regular basis and updated these when there were any changes in needs. Staff members understood individual risks to people and how to manage them.
- Risks associated with the environment of the home were audited on a regular basis. Actions had been taken to address concerns arising from these audits.
- Regular monitoring of fire alarms and equipment, hot water temperatures and emergency call alarms had taken place. Servicing of fire systems, gas and electricity systems and testing of individual electrical items were carried out within appropriate timescales.
- People had individual personal emergency evacuation plans (PEEPs). These described the support that people required should there be a need to evacuate the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure that people were safeguarded from the risk of abuse or other harm.
- We looked at the home's safeguarding records. Safeguarding concerns had been managed appropriately. There was a clear record of actions taken by the home and of their engagement with the local authority safeguarding team. Safeguarding concerns had been reported appropriately.
- Staff had received training in safeguarding adults. Staff we spoke with understood their responsibilities in ensuring that people were protected from the risk of abuse or harm. They knew how to report any suspicions or concerns.
- Some people were unable to manage their monies independently. Systems were in place to ensure that people's individual finances were managed appropriately in order to reduce the risk of financial abuse.

Staffing and recruitment

- Staff were recruited safely. Checks had been carried out to ensure that they were suitable for their roles. These included references and Disclosure and Barring Service (DBS) checks. DBS checks provide

information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staffing levels were determined by people's assessed dependency needs. Staff told us that there were enough staff at the home to meet people's needs. People we spoke with told us staff responded promptly when they required support.
● The staffing we observed at inspection reflected the home's rotas. We observed people's call bells were responded to in a timely manner. There was evidence that regular checks had been carried out on people who couldn't leave their rooms, nor use the call bell system.
● Nurses working at the home had up to date registration with the Nursing and Midwifery Council.
● The senior staff team had arranged their hours to ensure there was a manager on site from early morning until late evening. Unannounced monitoring of the activities of night staff had taken place. This ensured night staff received the supervision and support they required.

Using medicines safely
● People's medicines were safely stored and administered in accordance with their prescriptions. Their care records included person centred medicines care plans and risk assessments.
● People's medicines administration records (MARs) were completed appropriately with no gaps.
● We observed that nurses administering medicines explained to people what the medicines were for and offered drinks to support people to swallow tablets. People's MARs were completed immediately after they had taken their medicines.
● Some people were unable to take medicines by mouth and these were administered via a PEG (percutaneous endoscopic gastrostomy) PEGs are used to support nutrition and medicines for people who are unable to swallow due to complex physical or medical needs. People's records showed where medicines were administered in this way.
● People's medicines were administered by nurses and senior support workers who had received training in safe administration of medicines.
● Some people had been prescribed PRN (as required) medicines, for example to provide pain relief or to reduce anxiety. Person centred PRN protocols were in place. These provided guidance for staff on when and how to administer as required medicines.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

The provider followed current government guidance in relation to care home visiting. People received visits from family members and friends during our inspection. All visitors to the home were required to have their temperature taken and complete a COVID-19 declaration at entry to the home. Masks and handwashing facilities were provided for visitors. Anti-bacterial hand gel dispensers were provided at the entrance to each individual unit of the home.

Learning lessons when things go wrong

● The provider and registered manager had taken action to address failures following a death due to choking. Training on soft and pureed diets had been provided to all staff including kitchen staff. A process for staff to check all soft and pureed foods for taste and texture had been put in place. Nursing and senior staff had received refresher training in emergency life support. The registered manager told us this would be refreshed annually.

● The registered manager held a daily meeting for nurses and senior staff at the home. We attended a meeting and noted this was used to discuss incidents and concerns and plans and solutions to address these.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

● At our last inspection we made a recommendation in relation to the installation of a lift that could accommodate people using larger specialist wheelchairs and stretchers. Although there was an arrangement with an adjoining service to use their accessible lift in case of emergency, the provider had not yet followed through on their plans to install a lift at the home.

● At this inspection we found work was planned to commence on the installation of a lift in September 2022. Work had been delayed due the length of time taken to obtain planning permission. At the time of this report, work had commenced on installing the lift. The registered manager showed us the plans and told us the new lift would be constructed on the outside of the building, with access points to the home created at the end stage of the work. This meant there would be minimal disruption to people during the building works.

● People's bedrooms had en-suite facilities and there were communal bathrooms for people who required specialist baths. The home's corridors were wide, and handrails were installed for people who required them.

● We observed that some of the home's decoration required updating. We were shown bedrooms and a communal room which had recently been redecorated. The registered manager told us the provider would be redecorating other areas of the home following the installation of the new lift. She told us people would be offered a selection of colour choices for their rooms.

● The home was clean and tidy. Housekeeping staff were seen cleaning communal areas throughout our inspection. People's rooms were deep cleaned on a regular basis.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat and drink enough to maintain a balanced diet. People were offered a choice of food at each mealtime. Where they requested an alternative, we saw that this was provided. Vegetarian and cultural meals were offered to people. Gluten and dairy free alternatives were also available to people who required these. We observed people being offered drinks and snacks throughout the day. Two people told us they enjoyed the food at the home.

● Several people who experienced difficulties swallowing were provided with soft or pureed diets. The home had made improvements to the soft and pureed foods offered to people. Kitchen staff had received training in the production of such foods and were able to offer a wider range to people. Each of the home's units had a mealtime experience lead rostered on to each shift. They checked soft and pureed foods for taste and texture before they were offered to people.

● Several people living at the home were supported to receive nutrition, fluids and medicines through a

PEG. At our last inspection we found a person's most recent PEG guidance had not led to an update of their care plan. At this inspection we found that people's care plans had been updated to include current guidance. Records of nutrition, fluids and medicines delivered through people's PEGs were appropriately recorded.

● The home sought guidance from speech and language therapists and dieticians for people on specialist diets and PEGs. Individual specialist guidance was included in people's care plans and available in an easily accessible folder on each unit. The deputy manager had sought advice and information from a specialist organisation to support the development of an improved menu offering for people requiring soft or pureed foods.

● The majority of people at the home took their meals in their rooms. A number of people were unable to leave their rooms due to the profound nature of their disabilities. For other people this was a choice. The deputy manager told us that people sometimes ate communally and he was exploring ways of encouraging this, such as mealtime music. There were enough staff to support people who required support with eating and drinking. We observed a staff member sitting with a person who required support to eat. The staff member chatted with the person and ensured they had enough time to swallow their food before being offered more.

● Some people who were unable to take adequate nutrition had been prescribed fluid thickeners or nutritional drinks in order to provide additional calories through their fluid intake. We saw that these were safely stored, given to the people they were prescribed for and records were maintained of their use.

● People's weights were regularly monitored. Staff made referrals to relevant health professionals where there were significant fluctuations in peoples' weights.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's assessments and care plans contained information about their personal histories and likes and dislikes. Information about religious, cultural and communication needs and preferences was also recorded in people's plans. However, we found inconsistencies in the care plans of two people who did not communicate verbally. Although there was reference in people's care plans to non-verbal communications such as body language and facial expression, some staff had recorded the same people could not communicate. We discussed this with the registered manager who told us they would raise this with the staff members completing people's care plans.

● People's care records showed that assessments of their needs had been carried out. People's care assessments had been regularly reviewed and updated where there were changes in their needs. People's needs were assessed before they moved to the home to ensure they could be appropriately supported.

● People were involved in their assessments and care planning. A person said, "They asked me lots of questions about myself and checked I was happy about what they were writing." Where people did not have the capacity or ability to contribute to reviews of their care, their family members or other professionals had been involved where appropriate.

● People's care plans were person centred. They included detailed guidance for staff on how care should be delivered in accordance with people's needs and preferences.

Staff support: induction, training, skills and experience

● Staff had completed a range of training courses relevant to their job roles. Core training was 'refreshed' regularly. New staff members received an induction prior to commencing their roles. This included information about the home, its policies and procedures and the people who they would be supporting. Induction training followed the standards covered by the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

● Additional training was provided to meet people's specialist needs, for example training on safely managing people's PEGs, and supporting people with tracheostomies. A tracheostomy is an opening created at the front of the neck so a tube can be inserted to help people breathe. An ongoing programme of training and support was in place in relation to supporting people requiring soft or pureed diets.
● Staff members had received regular supervision and appraisal. Regular team meetings took place. The daily meetings for senior and clinical staff provided opportunities to share information about changes in people's needs. New information, for example, in relation to changes in people's needs or local authority commissioning requirements was shared at the daily meetings so that it could be cascaded to team members.
● The records of staff supervision and team meetings showed opportunities were provided to enable discussion of current practice issues and staff development.
● People spoke positively about the support they received from staff. A person said, "They are ever so helpful. They know what they are doing."

Staff working with other agencies to provide consistent, effective, timely care
● People's care records showed that staff had worked closely with other health and social care professionals to ensure that people's needs were met in a timely way.
● People's care records showed that appropriate health and social care professionals had been immediately consulted where there were concerns about their needs.
● We received positive feedback from professionals about the home and the improvements that had been made.

Supporting people to live healthier lives, access healthcare services and support
● People had been supported to attend important healthcare appointments and their healthcare needs were monitored closely. The local GP visited the home twice weekly. Records confirmed that chiropodists, physiotherapists, opticians and dentists had visited people who required their support. Some people had regular support from a visiting physiotherapist.
● The registered manager told us that she worked closely with the local multi-disciplinary health area team (MDT).
● People had personalised oral healthcare plans. Staff had received training on oral health. Records showed that dentistry and oral hygiene services had been accessed when people required this.
● People had been referred to opticians and audiology services where required.
● The majority of people living at the home were unable to go out due to their complex physical and health impairments. During the inspection we saw that people who were able to do so moved freely within the home and had been provided with mobility aids such as walking frames when needed. We observed staff supporting people to do seated exercise. Some people were using the garden, including a group of people having an art class. A person said, "Its such a lovely garden. I come out here a lot when the weather is good." The registered manager told us the home was currently seeking to recruit a new activities co-ordinator to improve the range of activities offered to people both inside and outside the home.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's care records showed that assessments of capacity to make decisions had been undertaken. For example, capacity assessments had been carried out in relation to consent or refusal of medical treatment.
- DoLS applications had been made for people assessed as lacking capacity to make significant decisions about their care and welfare.
- Best interest assessments had been carried out in relation to any decisions for people where they did not have capacity to understand or consent. For example, we saw best interest decisions had been made in relation to the use of bedrails. These had involved other professionals or family members where appropriate.
- Where people had capacity to make decisions but had refused treatment or support, such as in relation to COVID-19 testing, staff worked with them to ensure they fully understood the decision they were making for themselves.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out. These included audits of care records, medicines, infection control and safety at the home.
- The provider and management team carried out regular unannounced monitoring of care practice at the home. This included night-time monitoring by the registered manager and deputy manager.
- Where issues or concerns were identified through the provider's quality monitoring processes, actions had been taken to address these. For example, maintenance issues were identified and followed up.
- The registered manager and senior staff members were clear about their roles and responsibilities and had the skills, experience and qualifications to provide the leadership required.
- Staff were familiar with the aims and objectives of the service, which promoted personalised care, dignity, privacy and anti-discriminatory practice. They understood their roles and responsibilities in achieving these outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager described the importance of ensuring that people, family members and other key professionals were always informed when there were any issues or concerns.
- The home's records showed that issues or concerns were immediately reported to the local authority or other key professionals.
- The registered manager had provided the CQC with statutory notifications regarding incidents at the home as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff members understood the needs of the people they supported and spoke positively about their roles in delivering quality person-centred care. We were told, "It's wonderful to see little positive changes that happen over time and to think I am part of that."
- Regular meetings took place to ensure that staff members had the information they required to provide effective care and support to people. A staff member said, "I can always speak to [registered manager] or [deputy manager] at any time if I need support or information."
- People and relatives told us that they felt involved and informed about changes at the home. A relative

said, "I'm here quite often and they do keep me up to date about [relative] and any changes here."
● Meetings had taken place for people who were willing and able to get involved where they were consulted about issues relating to the home. Meetings for relatives had also taken place.
● People and staff spoke positively about the manager and deputy manager. A staff member said, "I've been here for a long time and we've had some changes in managers. I can honestly say it's the best it's ever been."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● During our inspection the home was carrying out a satisfaction survey. Two care staff had taken on this role, which included speaking with people who were able to give their views and contacting relatives of those who weren't. One of the staff carrying out the survey said, "I'm really enjoying this role. I feel I'm helping to make a difference and it's getting me to think about what I do as a carer."
● The registered manager told us there would be a further satisfaction survey with staff and visiting professionals.
● We observed staff engaging with people and saw that they communicated with them in ways that were respectful and appropriate to their individual communication needs. A staff member said, "The best bit about my job is working with people. For some people we have to try different things before we get it right, but we can try to make that positive and we learn from it."

Continuous learning and improving care
● The registered manager told us that all incidents and complaints are taken seriously and used as a learning experience for management and staff at the home. We saw evidence that incidents and complaints had led to follow up action, including formal and informal learning for staff.

Working in partnership with others
● The registered manager worked with the host local authority and health service multi-disciplinary team to ensure people's health and care needs were met and they were provided with a good quality service.
● Staff told us they had a good relationship with the local GP who visited the home twice weekly.
● People's care records showed that other professionals had been involved in meeting their needs where required.