Highcroft Care Blackpool Limited

The Highcroft Care Home

Inspection report

599 Lytham Road
South Shore
Blackpool
Lancashire
FY4 1RG

Tel: 01253402066

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection visit at The Highcroft Care Home took place on 04 October 2017 and was unannounced.

The Highcroft Care Home is situated in a residential area of Blackpool. Accommodation is provided in single rooms. There are two communal lounge, dining room and garden areas to the rear of the premises. Parking facilities are at the front of the home. The service is registered to provide care for people without nursing needs. At the time of the visit, 23 people lived at the home.

The service had a registered manager in place. 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.

At the last inspection on 04 February 2016, we found the provider was meeting the requirements of the regulations that were inspected.

At this inspection, staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. However, there had been occasions when staff had failed to sign medication administration recording forms to indicate medicines had been administered. Protocols related to the management of medicine stock were safe but not consistently followed.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs. However, we observed two occasions when staff did not follow documented instructions on how to support people safely.

We have made a recommendation the service ensure staff knowledge on how to meet people's care and support needs is accurate.

During this inspection, we noted the provider had systems that ensured people who lived at the home were safe. We found staff were knowledgeable about support needs of people in their care. They were aware of what help people needed to manage risks and remain safe.

Records we looked at indicated staff had received safeguarding training related to the identification and prevention of abusive practices. They understood their responsibilities to report any unsafe care or abusive practices related to safeguarding of adults who could be vulnerable.

Staff received further training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. One person who lived at The Highcroft Care Home, "I feel as safe as houses."

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with people who may be vulnerable. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff and records we looked at.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was organised directing staff with their allocated tasks.

Family members told us they were involved in their relatives care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Relatives told us and observations indicated people were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. One person commented, "The food is very good we get a reasonable amount of choice."

Comments we received, and feedback we read, demonstrated relatives were satisfied with the care delivered. The provider and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

We found people had access to healthcare professionals and their healthcare needs were met. There were established relationships with community based health professionals. We saw the management team had responded promptly when people had experienced health problems.

A complaints procedure was available and people and their relatives we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable.

The manager had sought feedback from people, relatives and staff to monitor the quality of the service. These included, staff and resident meetings and relative and friends surveys. The registered provider completed a range of audits to maintain people's quality of life, keep them safe and manage risk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine protocols were safe but not always followed by staff.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were identified and staff were aware of how to reduce potential harm to people. However, we observed two occasions when staff did not follow documented guidelines.

There were enough staff available to meet people's needs safely. Recruitment procedures the service followed were safe.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

We observed people being supported by staff with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People and their relatives were involved in making decisions about their care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider organised activities and events to stimulate and maintain people's social health.

Relatives of people who lived at The Highcroft Care Home told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider lacked a timely auditing system related to the management of medicines.

The provider had clear lines of responsibility and accountability.

The management team had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There was a range of quality audits, policies and procedures.

The Highcroft 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. 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.

The inspection team consisted of one adult social care inspector and one 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- by-experience had experience of supporting older people.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority and Healthwatch Lancashire, to gain their feedback about the care people received. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We observed how staff interacted with people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included eight people who lived at the home, two relatives and one friend who visited during our inspection. We spoke with the registered manager, two members of the management team and seven staff members.

We had a walk round the home to make sure it was a safe and comfortable environment for people who lived there. We checked four care documents and 13 medicines records in relation to people who lived at The Highcroft Care Home. We looked at three staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, training records, team meeting minutes and findings from monthly audits.

Requires Improvement

Is the service safe?

Our findings

During our inspection visit, we shadowed a senior carer and observed the administration of medicines and looked at medicine administration records. We observed consent was gained from each person before having their medicine administered. The staff member spent time with each person ensuring their medicines had been taken. The medicine administration form (MAR) was then signed.

Medicines were stored in a designated medicine room that was locked when not in use. The medicine trolley stored within the room was locked and secured to the wall.

However, we looked at 13 MAR charts and noted missed signatures related to four people who lived at the home. We also checked medicines documentation in relation to stock control. We found the MAR for one person's medicines indicated seven tablets had been administered. We checked to ensure this was correct. We found six tablets had been administered. This indicated the person had not received their medicine as prescribed and medicine records were inaccurate. This could put people at risk as systems to administer medicines were not followed and people may not have had their health needs met.

We looked at how controlled drugs were stored within the home. One medicine had been incorrectly delivered to the home but not recorded in the controlled drug register, or anywhere else as being on site. The medicine belonging to a second person was not recorded in the controlled drug register or anywhere else within the home. This indicated the registered provider did not have a proper and safe system to manage medicines safely.

The above matters were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed safely. This placed people at risk of harm.

We spoke to the registered manager, the owners of the home and a senior carer about the safe management of medicines and the areas of concern we had identified. They told us they recognised this was an area that required improvement. They were in the process of introducing a new electronic system related to the management of medicines. They stated once everyone had been trained with the new system the risks related to the recording and administration of medicines would be reduced.

About the administration and management of medicines, one person said, "I get my medication on time. My epilepsy is managed better. I came here because I was having lots of fits." A second person told us, "I get my medication on time."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Staff we spoke with were knowledgeable about the people they supported and how to manage any unique behaviours people displayed. For example, one person repeatedly asked to go home and became tearful. One staff member patiently spoke with her and discussed what time their family member would be visiting.

We found actions by staff did not always reflect information held within people's care plans. For example, one person's care plan stated they used a standing hoist to guide them when moving from wheelchair to armchair. On two occasions, we observed two staff guide and verbally prompt a person, who was able to stand, to transfer from their wheelchair. This was not what was documented within their care plan. We spoke with the registered manager who told us they had witnessed one of the moving and handling manoeuvres. They had spoken with both staff members and allocated them places on the moving and handling course that was taking place at the home that day. They told us they had done this to refresh the staff member's knowledge. They further commented all care plans were in the process of being reviewed to ensure information reflected people's needs and guided staff to support people safely.

We recommend the service ensure staff are aware of people's care and support needs.

Every person we spoke with told us they felt safe living at The Highcroft Care Home. One person told us, "I feel as safe as houses." A staff member told us, "We work together to make sure people are safe." Two visiting health professionals told us they had no concerns about the care and support offered to people at the home.

We asked about staffing levels during our inspection visit. Visitors and staff felt there was enough staff to meet people's needs safely. We observed staff going about their duties. We noted they were not rushing and had time to respond to people in a safe and timely manner. The registered provider had recently introduced the role of operations manager. The registered manager told us, "This was to make sure things were running smoothly and to allow me [registered manager] to complete other tasks." Staff we spoke with, told us the additional member of staff had ensured people's needs and wishes were met safely. As part of our inspection process, we triggered the call bell twice during the day. These were responded to in a safe and appropriate timescale. One person told us, "When I ring the call bell it is answered very quickly."

When asked about safeguarding people from abuse, staff we spoke with were able to tell us what procedures they would follow to keep people safe. They had a good understanding of safeguarding people from abuse and how to raise an alert. There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. One staff member told us, "They [management team] drum it into us to look for issues and report them." A second staff member told us, "There is zero tolerance here on abuse." This showed the provider had identified risk and shared information to manage the risk safely.

During the inspection, we had a walk around all areas of the home. We found these areas were clean, tidy, and well maintained. On the day of our inspection visit, new carpets were being fitted in the communal areas of the home. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around the home we checked the water temperature and found it was thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We looked at how accidents and incidents were recorded. These were documented appropriately and in detail. Any accidents or incidents were recorded on the day of the incident. The form was reviewed by the registered manager and discussed at staff meetings. The registered manager told us, "I look for trends and if someone has more than one accident or incident I get advice from the community health team." This

showed the registered provider had a system to assess and manage risks to protect people and keep them safe.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with The Highcroft Care Home until they had received their DBS check.

Good

Is the service effective?

Our findings

During this inspection, we looked at how the registered provider ensured staff had the skills and knowledge to carry out their role. There was a structured induction process. When new staff were employed, they completed a comprehensive induction and shadowed staff that were more experienced before they carried out tasks unsupervised. One member of staff told us, "I did a shift where I just walked round watched and asked questions. After that, I did three shadow shifts. I never felt thrown into the job." One relative commented on the staff, "I am going on holiday next week and I know [relative] is well looked after whilst I am away." One person told us, "I am quite happy living here."

New and existing staff completed face to face and electronic computer based training. The registered manager had a training plan to forecast staff training. They told us, "I know what training staff require." They also completed knowledge based assessments on staff after they had attended training. The registered manager also completed all training aimed at carers, stating, "I go through it as well so I know what they have been told."

On the day of our inspection visit training on moving and handling was taking place to refresh staff. One staff member said, "I was trained to use the hoist and slide sheets straight away." A second staff member commented, "You do training often here, I've got one [training course] today." Staff told us they had received training on safeguarding people from abuse, first aid and training about The Mental Capacity Act 2005 (MCA). This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

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 2005. 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 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. They were aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the registered manager confirmed they understood when and how to submit a DoLS application and what processes to follow to update DoLS authorisations.

Throughout our inspection, we observed staff offering people choices and gaining consent to support them with their personal care. For example, we observed staff offering choices around mealtimes. We observed one person say they weren't hungry and after offering alternate options they respected their decision not to have a meal at that time.

We observed how people were supported to have sufficient amounts to eat and drink throughout the day. One person commented, "The food is very good we get a reasonable amount of choice." A second person told us, "The food is pretty good. I get an alternative if I don't like the food." Also another person said, "We get a choice, I don't eat chicken so get something different." We noted people's weights were monitored and recorded. Staff we spoke with were knowledgeable about people's nutritional needs and in particular people's need to have fortified drinks. There was evidence when necessary, fluid charts had been completed to record how much people had drunk in a 24-hour period.

We observed staff supporting people with their meals at lunchtime. Lunchtime had two sittings, with the first sitting identified for people who required support, or who had appointments. We noted the use of plate guards being used to support people to maintain their independence.

We spoke with the chef, who was able to tell us who due to ongoing health conditions or cultural beliefs had specialised diets. They told us, "It's all about the residents here. I don't want them to go hungry. There is nothing worse than being hungry." We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The chef had knowledge of the food standards agency regulations on food labelling. This showed the registered provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies.

The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

We asked staff how if they felt supported by their management team. They told us they received supervision. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us, "I have supervision every 6 months but can arrange to meet with any of the management when I want." This showed there was a framework to support staff to carry out their roles and responsibilities effectively.

We looked at care records that showed people's healthcare needs were carefully monitored as part of the care planning process. Care records confirmed visits from GPs and other healthcare professionals had been recorded. On the day we visited, there were two separate scheduled visits from a local health professionals. They spoke with us and told us they believed the home was organised and the staff had knowledge of the people they supported. The documentation we looked at was informative with the reason for the visit and outcome. One staff member stated if they had concerns, they were supported and encouraged to contact health professionals so people's needs were met effectively.

The registered provider had access to community based health professionals through Skype. Skype allowed people to have a medical consultation over the internet by video using a webcam. The registered manager told us when they used skype it was less disruptive for people and they were able to arrange timely consultations. This showed the registered provider had several established communication links with health professionals to support people to maintain good health.

Good

Is the service caring?

Our findings

We observed staff actively listened to people and responded in an appropriate manner. For example one person told us, "The care is fine on occasion I have been upset but staff have always rallied round me the staff are very good." A second person commented, "The staff are very nice nothing is too much trouble. Friends and family can come any time." This was confirmed by a relative who told us, "The care is good, [relative] has been here since 2016 she is very happy."

We saw examples of the caring approach from staff and management team. For instance, during our inspection visit, we chatted with one person who was living with dementia. Their present and past realties had merged. The registered provider joined our conversation. When the person searched for words, they sensitively offered verbal prompts guiding the familiar story along. The person and registered provider became a 'double act' sharing the telling of the story with a positive outcome for the person. They walked away arm in arm laughing and joking in search of a cup of tea.

When we spoke with staff about people they cared for, we received positive, fond responses and reactions. For example, one staff member told us, "I love it working here. We go to residents and have a laugh. You do get close to them and you give them respect. We are here to help." A second staff member told us, "I feel like I have lots of Nans and Grandads. I love the residents." The atmosphere in each area of the home was calm and comfortable. People who used the service and staff were relaxed in each other's company.

People told us their relatives and friends could visit anytime. Relatives and visitors we spoke with said they were made to feel welcome. One person told us, "The staff are very good. My daughters, granddaughters and friends can visit any time they want to." One visitor said, "I am [name of person]'s friend. I visit once a week her relatives also visit. She has not been in long but she is well cared for she seems content. The staff are always friendly. I am always offered a cup of tea." One staff member told us, "The door is open 24/7 for relatives to visit. It's their second home. We make time for visitors. We go and talk to them." They told us there was no restriction on the number of visitors and they could visit at any time. This showed the provider had developed strong caring relationships with the relatives of people they supported.

One person told us their friend had died and staff were supporting them to the funeral and to the wake afterwards. This showed the registered manager respected people's spiritual needs and catered for their religious requirements.

When we looked in people's bedrooms, we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings

Care files we checked contained records of people's preferred means of address, meal options and how they wished to be supported. For example, One person preferred to be addressed by a middle name. A second person ate breakfast and lunch in the dining room but had their evening meal in their room. A third person had in their care plan they did not like to join in activities but liked watching sport in their room. People supported by the service told us they had been involved in their care planning arrangements. We saw people

had signed consent to care forms which confirmed this. This showed the provider had listened and guided staff to interact with people in a caring manner.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us they knew how to access advocacy services and would support people to access advocacy services should they wish to. The registered manager commented, "I want my residents to have someone." At the time of our inspection, one person had an advocate. There was information on local advocacy services in the hallway of the home.

We noted end of life care was a part of people's care plans. The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' For example, they were conscientious about checking, documenting and assisting people with their spiritual and end of life wishes. For example, we saw evidence conversations had taken place with people who lived at the home and family members about their end of life wishes. The registered manager told us they had completed end of life care training. They commented, "The training is a good oversight. It emphasises every person is different and requires different things, when they are at end of life." This highlighted the registered provider had recognised end of life decisions should be part of a person's care plan.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs of people in their care. Staff had a good understanding of people's individual needs. Staff we spoke with were able to share people's likes and dislikes which showed their ability to be responsive and deliver care that was person centred.

The provider assessed each person's needs before they came to live at The Highcroft Care Home. The registered manager visited the person prior to admission. This ensured the service would meet their needs and minimise disruption from a failed or inappropriate placement.

During our inspection, we looked at four care plans. Each person's plan had sections on 'my life', 'nutrition', 'person hygiene', 'consent to treatment' and risk assessments around falls and pressure care. The registered manager was in the process of updating the care plan format and had consulted with staff and community health professionals on what to include to ensure the information collected guided staff to deliver personalised care.

Where it had been identified people required additional support we saw paperwork indicated care staff had been responsive to their needs. For example, people who required support with drinks, had charts to monitor how much they drank each day. People who required support with their mobility had positional turning charts that recorded when they were repositioned to protect their skin. This showed the registered manager and registered provider had systems to assess people's needs and manage their personalised care responsively.

We asked about activities at The Highcroft Care Home. One person told us, "The activities are very good." A second person said, "We do physio with a balloon fortnightly. We play card games and dominoes; there are usually about 10 of us. We have a manicurist. There is a hairdresser that comes in on a Monday, but I have my own hairdresser." A third person commented, "I don't join in with activities. They don't exclude you from anything. I prefer to sit in my own room."

We spoke with the registered manager about activities, who told us they had an activity co-ordinator who was introducing new activities all the time. They shared that a local children's nursery now visited regularly and they had plans to visit the nursery. They told us the children sing plant flowers and paint with people when they visit. Staff we spoke with told us they felt there were plenty of activities for people. One staff member told us an Ice cream van visited twice a month and people enjoyed going to the door to collect their ice creams. This showed the registered provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

We found there was a complaints procedure, which described the investigation process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints or if they had any concerns or complaints they would approach the registered manager. One relative we met during our inspection visit told us, "The manager is very good I have no complaints." A member of staff told us they had

made a complaint and the registered manager listened and dealt with their concerns. This showed the registered provider had a procedure to manage complaints. At the time of our inspection, the registered provider had received no recent complaints.

We saw a number of comment cards, which were from family members thanking staff for the care and support they had shown to their relative. These included, 'Thanks for all the love and care you have given my [relative] during the last two years.' In addition, we noted, 'To all the lovely people, God bless you all.'

Requires Improvement

Is the service well-led?

Our findings

Everyone we spoke with was very positive about the registered manager and management team at The Highcroft Care Home. The provider demonstrated good management and leadership. For example, one person we spoke with told us, "The management are fine; I see a lot of them." A second person said, "The management are very good." One staff member told us, "It's good working here, they [management team] are quite approachable." A second staff member said, "The registered manager is really helpful. We have a good team here and communication is good."

However, It was noted at the time of our inspection the registered provider did not have a robust quality auditing system. For example, recent audits had not noticed discrepancies in the administration of medicines. We spoke with the registered manager about this who told us corrective action had been taken. Staff had started medicine management training so a new electronic medicine management system can be introduced and reduce the risk of errors occurring.

As part of our inspection, we wanted to know if the management team were visible in the home. We wanted to see if they had knowledge of the day-to-day culture of the home. Everyone we spoke with told us the registered manager and the owners were available and aware of all the issues related to the running of the home. One staff member told us the registered manager completed unannounced visits during the night. They said, "You will look round and she [registered manager] will be there watching, checking we are doing everything right. I am sure she knows where all the creaks in the floor are." The registered manager confirmed she completed night time checks as well as daytime observations on staff. The registered manager told us they had found it difficult to fulfil their role as a registered manager and have oversight of everything that occurred at the home. After discussion with the registered providers they had introduced an operations manager support them in leading the service. This showed the registered provider understood their responsibilities and had used resources to deliver high quality care.

We saw minutes, which indicated regular staff meetings, took place. Topics discussed included, people who lived at The Highcroft Care Home, issues around the home and the safe storing of wheelchairs. We noted wheelchairs were stored safely away from communal areas. Staff told us they had to attend staff meetings and they were given the opportunity to share their views. One staff member told us, "Staff meetings are good. It's good that all the staff are there together and we get to hear information first hand." This showed the provider offered opportunities for staff to contribute and guide the service being offered.

We did see evidence of one recent meeting for people who lived at The Highcroft Care Home. Complaints, menus and social activities were discussed. The menu was being updated based on feedback from people. We saw the registered provider had used surveys as a way of receiving feedback from relatives and friends. Comments received included, 'The home is lovely', 'A calm peaceful atmosphere, clean and always very warm' and '[Relative] is happy and settled in well'. This showed the provider sought people's views to guide their delivery of quality care.

The provider completed a range of audits as part of their quality assurance for monitoring the home. They

completed regular audits of all aspects of the service, such as bedroom checks, legionella, emergency lighting, water temperature and hoist checks. They completed health and safety checks of the building. We saw evidence of ongoing improvements throughout the home to ensure the environment supported the delivery of high quality care.

The services liability insurance was valid and in date. There was a business continuity plan in place. A business continuity plan is a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

It is a statutory requirement registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the rating from the CQC inspection carried out in February 2016 was displayed within the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to manage the storage and recording of medicines safely. 12(1)(2)(g)