Richan Care Limited

Highcroft Care Home

Inspection report

13-15
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service

Highcroft Care Home is a residential care home providing personal care to older people living with dementia. The service can support up to 23 people in one building across two floors. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found
We saw positive engagements between staff and people. People and their relatives told us staff looked after them well.

Medicines were overall managed well. Staff had training in the administration of medicines, there were policies and procedures in place. The Medicine Administration Records (MARs) we looked at had no unexplained gaps.

People were protected from abuse by staff who understood how to identify and report any concerns. Risk to people's health and wellbeing had been assessed. Risk assessments in place gave staff guidance on how to minimise risks to people.

Recruitment checks had been carried out. There was enough staff on duty to meet people's needs.

The premises were clean and tidy. Steps had been taken to protect people from the risk of infection. Appropriate fire safety arrangements were in place. Records showed maintenance had been carried out within the home.

Staff received appropriate training and they had the knowledge, skills and experience to support people. Staff had regular one to one meetings with their line managers. Staff said they enjoyed working at the home and the manager was very supportive and approachable.

Staff supported people to have a healthy and nutritious diet which was in line with their care plans and preferences.

There was a complaints procedure in place, we noted the service had not received any formal complaints within the last six months.

The home was managed effectively. Management monitored the quality and safety of the service to ensure it remained safe for people. Quality assurance systems were in place to enable management to monitor and improve the quality of the care being delivered.

Staff understood their responsibilities regarding the Mental Capacity Act 2005 (MCA). 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.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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 the service under the previous provider was good (published 21 April 2020).

Why we inspected
This inspection was carried out as there is a new provider at this location.
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 COVID-19 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? The service was safe	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was well-led	**Good**

Highcroft 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.

The inspection team
The inspection was carried out by three inspectors 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.

Service and Service type
Highcroft 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. Highcroft Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 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 used the service and eight relatives about their experiences of the care provided. We spoke with six members of staff including the registered manager, the deputy manager, two care assistants, the cook and the activity co-ordinator. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records including six peoples care records and their risk assessments. We looked at three staff files in relation to recruitment and supervision.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives and people felt the service was safe. One person told us, "Yes the staff are nice they look after my stuff". One relative told us, "I have never witnessed anything that causes concern. When they take residents outside, they accompany them till they are safely seated."
- Staff understood how to report safeguarding concerns. They demonstrated a good understanding of abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures. Staff told us, "I would report my concerns to the manager, and we would try to find out information and we would investigate. I may go straight to police, inform GP, call district nurses, raise a safeguarding, notification to CQC, inform social services."
- Policies and procedures were in place to safeguard people from abuse and avoidable harm.
- The registered manager was aware of the need to report any safeguarding concerns to the local authority and the CQC.
- There were systems in place to manage the risks of harm people may face. Care records showed that risks were identified, and measures were in place to mitigate them. Where people may become distressed or anxious there were clear strategies in place to help people and staff remain safe.

Assessing risk, safety monitoring and management

- The provider assessed and minimised risk to people's safety.
- Health and safety and maintenance checks of the building were carried out regularly. Risks associated with the premises were assessed and relevant checks on gas and electrical installations were documented and up to date.
- The registered manager carried out regular premises audit to ensure the home was safe and any potential risks to people's health and safety were identified and addressed.
- Systems were in place to deal with emergencies. Staff had completed fire safety training. Personal emergency and evacuation plans (PEEPS) were in place in case of an emergency. These were specific to each person and included details of how the person should be supported in the event of an evacuation.

Staffing and recruitment

- The provider employed enough, appropriately skilled staff. They had a system in place to assess the number of staff needed on shift, according to people's needs.
- Recruitment and selection procedures were in place to ensure new employees were suitable and did not pose a risk to people in the home.
- Records showed appropriate checks had been completed, these included checking potential employee's criminal background using a Disclosure and Barring Service (DBS) check. These provide information about

convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other checks included obtaining references from previous employers and a full employment history.
●The registered manager told us they had completed a dependency assessment for each resident. A dependency assessment considers individual needs and how much support is required; it allows time to be allocated to each area of support or assistance needed so staff can be arranged in a way which meets those needs.
●We observed that staff were able to assist people in a timely manner.
●Service rota records showed there was enough staff on duty to meet people's needs. We observed people were not waiting for support and staff were not rushed when supporting people.
●Relatives told us, "They (staff) have enough time to sit and chat with the residents."

Using medicines safely
●The provider had a safe system for the management of medicines.
●The service had a policy in place which gave clear guidance to staff about how to manage medicines safely.
●We reviewed five people's MARs and found these had been completed accurately and were up to date.
●Medicines were stored in a locked cabinet in the home. The temperature of the medicine cabinet was recorded daily. The temperatures were within a safe range.
●Controlled drugs were stored and recorded appropriately. Controlled drugs are medicines which are managed and used in a variety of settings by health and social care practitioners. Controlled drugs are closely regulated because they are susceptible to being misused and can cause harm.
●People's care records included a list of their prescribed medicines, details of why they had been prescribed and potential side effects.
●There were detailed protocols for the administration of medicines given on a 'when needed' basis, for example Paracetamol, which can be used for pain relief.
●Stock checks were completed regularly and recorded on the MARs charts; medicines counted tallied with the records in the file.

Preventing and controlling infection
●The home was clean and free from any malodours. The home employed two domestic staff. We observed cleaning tasks being regularly carried out during the inspection.
●We were assured that the provider was preventing visitors from catching and spreading infections.
●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 accessing testing for people using the service and staff.
●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.

Visiting in care homes
The registered manager told us there were no restrictions to visiting in the home. however, to ensure there were not too many people in the home at once, visitors were requested to phone in advance and book a time slot. Visitors were also asked to show evidence of a negative COVID-19 test, have their temperature checked upon entry and to wear a face mask.

Learning lessons when things go wrong

●The provider had systems in place for recording accidents and incidents. Records showed that accidents and incidents had been documented along with actions that had been taken. Team meeting minutes showed that these were discussed, and lessons learned were recorded.

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 good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law
- People had detailed assessments of their care needs before they began to use the service which included their preferences.
- People and their relatives or representatives were included in the pre-admission assessment.
- Assessments included the person's history, physical, emotional and health needs.
- Care records contained details on people's nutrition and hydration needs. Guidance for staff was clear around managing medical conditions such as diabetes. Food and fluid charts were completed where risks had been identified to ensure people had enough to eat and drink.

Staff support: induction, training, skills and experience
- People were supported by skilled and competent staff who had completed a range of relevant training for their job roles. Training included safeguarding, infection control, fire safety, first aid, moving and handling, food hygiene, medication and diabetes awareness. Staff also received training in specialist area's such as end of life care, pressure area care and dementia awareness.
- There was a training matrix in place which showed completed staff training, and when they were due a refresher. This ensured the registered manager could monitor this and ensure staff were up to date with their training.
- Staff files showed staff had received an induction and had completed the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Staff told us "yes my line manager does not take it lightly. Some of the training have been very comprehensive and insightful."
- Staff had regular supervision and team meetings, this gave them the opportunity to share best practice and discuss any concerns or performance.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to eat and drink enough.
- People told us "Yes, the food is nice here."
- One relative told us, "Because it is a small place, they know her as an individual and treat her as one. They know what she likes, and they watch what she eats. She was very thin before admission and she's put some weight on, she needs coaching. Portion size is important, and they give her a small amount, so she is not put

off."
●People's nutritional needs were assessed and monitored. Guidance from relevant health care professionals had been obtained when needed.
●On the day of the inspection we observed people having their lunch in a calm and relaxed manner. Staff sat with people and helped when needed. The dining tables were nicely set up with condiments and place settings. Staff engaged with people and encouraged them to eat and take regular drinks.

Staff working with other agencies to provide consistent, effective, timely care
●The provider had built up good relationships with other agencies which meant people received their care and treatment in a timely manner.
●A relative told us, "My mum developed swollen feet and as soon as they spotted it, they contacted the GP and got the district nurse. She had bloods done and a change in medication and they quickly went down."
●All residents had a hospital passport in their care records. This provided medical staff with basic information about the person should they be admitted to hospital. Information included how the person communicated, food and nutrition needs, likes and dislikes and important contacts including family and professionals.
●There was evidence of referrals to dentistry, optician and chiropody in care records.
●People's care records included their medical history and clear written protocols were in place for staff to manage medical conditions.
Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare professionals and specialists when required, and to live healthy lives.
●Staff were knowledgeable about people's health care needs, they told us, "We have a regular chiropodist every three months, the GP has weekly phone consultations and visits the service once or twice each month. We make referrals to the dentist, opticians and once a year the speech and language therapist, hearing test, dietitian. Hairdresser comes every three months."
●Healthcare records were maintained. All the contact people had with health care professionals and the outcome was recorded.
●People had an oral care plan in their records which detailed when they cleaned their teeth or dentures and how much support they needed. Records showed people had access to a dentist for routine examinations and for emergency treatment.

Adapting service, design, decoration to meet people's needs
●The home was comfortable, well-furnished and suitable for people's needs.
●The communal areas were homely. There were sensory items on the wall and a water feature in the small lounge next to the dining area.
●The garden area was inviting to people to sit down and included a table and benches, a smaller table and chairs and a garden swing. People were encouraged to take part in planting potted plants.
●The home was arranged across two floors. Some bedrooms on the upper floor were arranged across a split level accessible by stairs. Whilst the stairs did not pose a problem for current residents they could pose a concern if someone had limited mobility. The home had one lift for people to access their bedrooms on the upper level of the first floor.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care was obtained in line with legislation and guidance, consent forms were in care plans and had been signed by people using the service.
- The registered manager had a DoLS matrix in place which showed how many people had a DoLS authorisation in place and how many people were waiting for the outcome of an application. The provider was meeting the conditions of authorisations that were in place.
- Staff understood how to obtain consent from people, they told us, "Just asking them and informing them of what we are planning to do. Most can say yes or no. Or they may push us away or shout at us or show gestures. As long as we talk to them and seeing their reaction, we understand if they want us to do it or not."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
●On the day of the inspection we observed staff being polite, friendly, calm and patient when supporting people.
●A person told us, "Yes, they are always here for me and others."
●A relative told us that for his (relative's) birthday they arranged for Ian Duncan Smith to call (relative) as his relative was in the RAF so they had a connection.
●Staff had a good understanding of valuing people's differences. They told us "We have Christian people and the priest comes, we have Muslim people and there is the Quran here. We join and celebrate together."
●Care records contained an equality and diversity plan detailing people's backgrounds including their cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care
●We observed staff involving people in their care and supporting people to make decisions.
●Staff explained that they hold monthly resident's meetings which gives people the opportunity to discuss any concerns or make suggestions about how the home is run.
●Records showed evidence of people choosing gardening activities and asking to be involved in household chores, explaining how these activities would keep people active.
● A relative said, "The staff are always smiling and chatty, every time I see her, she is happy."

Respecting and promoting people's privacy, dignity and independence
●People's right to privacy was respected and promoted.
●Staff acknowledged people's private space. We observed staff knocking on bathroom doors when entering to provide personal care.
●Staff were respectful when interacting with people, they spoke about people with warmth and affection.
●Staff supported people in a way which promoted independence. A member of staff said, "Encouraging them to do things themselves. We have a lady who likes to sweep up the floor or set the table."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

●Care was planned around people's individual needs and choices. Care plans identified outcomes for people. People's needs and care plans were reviewed on a monthly basis.

●People were able to make choices about their care for example what activities to do, what to eat and what to wear. Staff spoke about how they supported people to make decisions, for example offering two choices of activities and people could choose.

● We observed different activities going on throughout the day. This included tabletop activities, listening to music, watching Little House on the Prairie on the cinema screen and a 'Doll' therapy activity.

●The registered manager supported one person to take part in a local radio interview about their life. A video of this interview was produced, which was very important to the person. In addition, the registered manager accompanied one person to fly with the RAF as this had been a big part of their life prior to coming to live in the home. This showed the home took peoples wishes and aspirations into account when planning activities which were important to each person.

●Alongside people's care plans, staff kept daily files. These included information about people's care and well-being. These provided staff with up to date information about people's current needs which meant they were able to provide appropriate support according to their specific needs.

●Care records contained detailed and personalised information including likes and dislikes. Records also contained information about the person's background and their life before moving into the service.

●Staff knew people well; care plans were written in a personalised way and providing good detail. For example, one plan stated "I do like to retire to bed around 9pm. I like to be assisted with personal care prior to my bedtime such as washing hands, face and feet. I like a duvet and two pillows in my bed and change into my pyjamas before going to bed. I want staff to leave a fresh glass of water next to my bed and check regularly during the night and offer me drinks if I am awake."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

●People's communication needs were being met.

●People's communication and individual sensory needs, such as sight and hearing needs were detailed in care plans. This information helped staff to communicate with people in a way they wanted and needed.

●A person's communication plan stated, "I would like the staff to be patient with me. I like to speak at a slow

pace with a low voice and would like staff to pay attention to me when I am talking to build a clear two way conversation with me."

●The registered manager understood the Accessible Information Standard, she told us that "Some can use sign language, some can read your face." If (Visual impairments) "We would read it out to them." If (Hearing impairment) "Write it down, making sure the writing is quite bold. Using hand gestures."

●Staff told us they understood people's gestures and facial expressions so they could interpret what they were asking for or needed if they had communication difficulties.

Improving care quality in response to complaints or concerns

●The provider had systems in place for reporting and recording complaints.

●People and their families told us they felt comfortable to raise any concerns or complaints and these would be acted on by the registered manager in a timely manner.

●There were policies and procedures to support people to make a complaint. Staff had a clear understanding of how to handle a complaint.

●There had been no complaints since the new provider took over the service.

End of Life care and support

●The provider worked alongside other health professionals to ensure people received compassionate, pain free, end of life care.

●At the time of the inspection there were two people in receipt of end of life care. Care records for both contained their wishes including pain relief, spiritual support and who they wanted present in their final days. The end of life care plans were written in detail, they were respectful and compassionate.

●Staff received this feedback from one healthcare professional, "The care home and staff have given great care to the patients at this difficult time .The majority of residents preferred place of care/death is the care home as this is a place where they know the staff and feel cared for."

●Care records also included a funeral plan and advanced care plan.

●Staff had received training in end of life care.

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

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

- People were supported to achieve good outcomes. A family member told us, "My (relative) has put on weight and is engaging more with people, my (relative) has now made friends and is really enjoying living here."
- There was a culture in the home that emphasised the importance of person-centred care. The registered manager had an open-door policy which encouraged feedback from people, staff and families.
- Staff spoke positively about working at the home. They told us they were able to talk openly with the management team. One staff member told us (the manager), "Yes she is approachable, and she listens."

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

- The registered manager was aware of regulatory requirements and submitting information to CQC about events which occurred in the service.
- They explained the need to be open and honest when things went wrong, to ensure that lessons were learned, and the management team took full responsibility for their actions.
- The registered manager had a clear oversight of the running of the home, and there were systems in place to assess, monitor and mitigate risk and improve the service.
- Regular audits were carried out by the registered manager and an external agency. Audits covered areas such as health and safety, care plans and the environment. This enabled the quality of care to be regularly monitored and areas of improvements were identified and actioned. This had a positive impact on people receiving the service.
- Staff were aware of their responsibilities through regular supervisions and team meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; Continuous learning and improving care

- The provider sought feedback about the service from people and relatives. Staff also gave their views through team meetings and supervisions.
- The provider had considered people's protected characteristics when assessing their care needs for example ensuring people were offered to be supported by a male or female carer depending on their preference.
- Stakeholders were engaged in how the service was run. Records indicated the home worked with other

health care professionals such as the GP, social workers, district nurse, speech and language therapist and the palliative care team to maintain people's well-being.

●We viewed feedback from relatives and professionals, this was very positive. One relative wrote "My mum has settled in really well and is very happy. She is clean and well looked after. Mum also enjoys the interaction with the staff, the activities and loves the food. I have found the care home staff very pleasant and they treat my mum gently and with care as she is very fragile."

●Another relative wrote "My Dad has only been at the home since January 2022. Since he has been there, he is noticeably happier and seemingly better in himself. He looks forward to waking up each day."

● The registered manager and staff kept up to date with their learning. Staff were confident in their roles and understood that if things went wrong, they would be supported, and learning would take place.