Mr Diwan Suresh Chand

Highcroft Care Home

Inspection report

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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 22 people living with dementia. The service can support up to 23 people in one building across two floors.

People's experience of using this service
People were protected from the risks of harm and abuse. Staff were knowledgeable about the actions to take if they suspected somebody was being harmed or abused. People had risk assessments to minimise the risks of harm or abuse they may face. Staff were recruited safely and there were sufficient staff on duty to meet people's needs. People were protected from the risks associated with the spread of infection. Medicines were managed safely.

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.

People's care needs were assessed before they began to use the service. Staff were supported to carry out their role with training and supervision. People were supported with their nutrition, hydration, health and oral hygiene. Staff understood their responsibilities under the Mental Capacity Act (2005).

People and relatives thought staff and the management were caring. Staff knew people well and understood how to deliver a fair and equal service. People and relatives were included in the decision making around the care provided to them. Staff understood how to promote people's privacy, dignity and independence.

Staff knew how to provide a personalised care service. Care plans were detailed and personalised. People's communication needs were met. People were encouraged to participate in activities and maintain family contact. People were supported to follow their religious beliefs and practices. Complaints were dealt with appropriately. People who were at the end of their life had their last wishes documented.

People, relatives and staff spoke positively about the leadership in the service. The provider held regular meetings for staff. The registered manager had a system of checking the quality of the service provided to identify areas for improvement. The provider worked in partnership with other agencies to improve outcomes for people.

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 19 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care assistant, a

care assistant and the activities co-ordinator.

We reviewed range of records. This included two people's care records including risk assessments. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed.

After the inspection
The registered manager sent us documentation we requested including training data.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risks of being harmed or abused.
• People and relatives also told us they felt the service was safe. One relative told us, "My [relative] has been here [over] two years. It is very safe." Another relative said, "I do feel that personal property is respected and kept very safe, very much so."
• Staff knew what actions to take if they suspected somebody was being harmed or abused. One staff member told us, "We go straight to the manager. [Whistleblowing] is reporting any concerns to the manager first, the owner, social services and you can always inform CQC."
• Staff received training in safeguarding and whistleblowing.

Assessing risk, safety monitoring and management
• People had risk assessments to reduce the risks of harm they may face.
• Risks assessed included trips and falls, hoarding behaviour, erratic behaviour, medicines, safeguarding from other people, skin breakdown and nutrition.
• Records confirmed risk assessments were reviewed regularly.
• Building safety checks such as portable appliance testing and gas safety checks were carried out as required.
• Fire safety equipment was regularly serviced and staff were required to complete a fire workbook to ensure they were aware of emergency procedures.
• The service had an up to date fire risk assessment and people had an individual emergency evacuation plan kept by the front door for easy access for emergency services.

Staffing and recruitment
• People told us there were usually enough staff. One person said, "There is enough staff to look after me."
• Relatives told us overall there were enough staff on duty. One relative said, "I come in quite often, everyone [staff] is around." Another relative said, "Yes, I do think there are enough staff."
• Staff confirmed there were enough staff on duty to meet people's needs.
• The registered manager told us they currently had three staff vacancies and were using regular agency staff to cover this. Records confirmed this was the case.
• The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included criminal record checks of new staff and regular updates to confirm continued suitability of staff.

Using medicines safely
• People confirmed their medicines were managed safely. Relatives confirmed medicines were given on

time.
• Staff who administered medicines received training and had their competency assessed to ensure medicines were given safely to people. The registered manager told us they trained staff in medicines administration and a pharmacy carried out annual training of all staff.
• People's medicine records were fully and accurately completed with no gaps in administration.
• Medicines that were controlled under the Misuse of Drugs Regulations 2001 were stored appropriately and fully accounted for.
• We checked the number of tablets in stock tallied with the total amount recorded and found these to be correct.
• Medicines that required refrigeration were stored appropriately and at the recommended temperature.

Preventing and controlling infection
• The home had a clean and fresh odour throughout the inspection visit. There were handwashing facilities and antibacterial gel available for staff, people using the service and visitors to use.
• We observed staff put on personal protective equipment such as gloves and aprons before delivering care. Staff confirmed they were provided with sufficient amounts of personal protective equipment.
• The provider had an infection control policy which gave clear guidance to staff about how to prevent the spread of infection.

Learning lessons when things go wrong
• The provider had a system of recording accidents and incidents electronically. These included details about what happened, whether there was any injury and action taken.
• The registered manager told us accidents and incidents recorded were shared with the staff team so they could learn from them and prevent their reoccurrence.
• The registered manager told us how they had previously learnt lessons from a visitor who had problems with addiction. The system in place was that any visitors who arrived under the influence of drugs or alcohol were not allowed to continue with their visit at that time. This ensured the safety of staff and all people using the service.

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. 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 an assessment of their needs before they began to use the service. This meant the provider could ensure they would be able to meet the person's care needs.
• The assessment process included capturing information about people's needs around personal care, physical wellbeing, mobility, personal safety, diet, weight, food and mealtimes, medicine, daily living and social activities.

Staff support: induction, training, skills and experience
• Staff told us they had regular training opportunities and confirmed they had an induction when they first began employment.
• The registered manager told us staff received training once a month in a key care topic. Training records showed these topics included food hygiene, diet and nutrition, ageing, pressure care and stroke.
• Staff were required to complete the Care Certificate within four months if they did not already have it when they began employment. The Care Certificate is training in a set of care standards which care staff are recommended to receive.
• Records showed staff received an induction when they first began employment and had to complete an induction checklist while shadowing experienced staff which was then signed off by the registered manager.
• The registered manager told us and records showed staff received supervision every two months.
• Staff confirmed they received regular supervision. One staff member told us, "I have had supervision. It was fine. We were discussing any concerns."

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were met. One person told us, "Food is not bad. I enjoy my salads." A relative said, "The food is always good. [People's] dietary requirements are met, food is mashed up for them and staff feed as required."
• Staff understood and described people's dietary requirements. One staff member told us, "[People] are given choices. Not all of them are able to make choices anymore. We have a good cook. I prompt and encourage [people] to eat."
• We observed lunch being served and saw people were not rushed. People were offered drinks and condiments to accompany their meal. We saw people were offered drinks and snacks in between meals which included cake made by the cook.
• Care records contained information about people's allergies and preferences for food and drink. One care record stated, "My appetite is good and I like to sit in a social setting at the dining tables. I have no preference of any particular foods."

• Records showed people's weight was monitored monthly and where there were concerns about a person's weight this was increased to weekly and advice sought from the dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met. People and relatives confirmed they had access to healthcare professionals as needed.
• Staff told us how they supported people with their health. One staff member said, "As a senior staff I am responsible for administering medication. I make sure they have good hygiene and good oral hygiene."
• The supported housing manager confirmed staff supported people with oral hygiene and people had access to dental care. Records confirmed that information about oral hygiene was included in care plans.
• Care records contained details of appointments people had with healthcare professionals including the GP, optician, chiropodist and blood tests.
• People had oral care plans. One person's care record stated, "I have my own teeth and do not wear dentures. I will require prompting to brush my teeth as due to my dementia I sometimes forget and will need reminding."
• Care plans contained guidance for staff, where appropriate, for people with specific health conditions including eating guidelines provided by the speech and language therapist.

Adapting service, design, decoration to meet people's needs
• The service was laid out across two floors. People with mobility difficulties occupied bedrooms on the ground floor.
• People had access to communal areas such as an open plan lounge and dining area, conservatory and garden.
• People's bedrooms were personalised with pictures and photographs of their choosing.

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.

• At the time of inspection 11 people had a legally authorised DoLS and nine people were awaiting the outcome of their DoLS application because they required a level of supervision that may amount to their liberty being deprived.
• Staff knew about MCA. One staff member told us, "For mental capacity they all need to be assessed. You can't just assume they haven't got mental capacity. If they don't have capacity, they need to have a person who can act in their best interests."
• Staff understood DoLS. One staff member said, "With DoLS, the assessor comes to make sure what we are doing [restricting liberty] is necessary. The main restriction is [people] not to leave this place [without staff] to make sure they are safe."

• Records showed people had signed consent to care documentation. Where people lacked capacity this was noted on the consent form.
• We asked staff when they would need to seek consent from a person using the service. One staff member said, "I ask consent for every little thing. Even if they have dementia you still need to ask."

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 the last inspection this key question was rated good. At this inspection this key question has remained the same. 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
• People told us staff were caring. Responses included, "They are caring" and "There is a nice feeling in the home." We observed there was a calm, relaxed and friendly atmosphere in the home.
• Relatives confirmed staff were caring. One relatives said, "[Staff] are very caring, very welcoming and if I have a 'wobble' they reassure me." Another relative told us, "The staff treat my relative beautifully. They are caring."
• Staff knew people and their support needs well. One staff member told us, "You have to read [people's] care plans to know their names, which room and what support they need. They get interested in you and you get interested in them."
• The Equality Act 2010 legally protects from discrimination people in protected characteristic groups such as age, race, disability and sexual orientation. The registered manager told us, "We have an equal opportunities policy and I will not have any discrimination."
• Staff knew how to provide a fair and equal service. One staff member told us, "I treat [people using the service] the way I would want to be treated or the way I would want my parents to be treated."
• We asked staff how they would support people who identified as lesbian, gay, bisexual or transgender. One staff member said, "It would not make a difference. They all need to be treated equally."

Supporting people to express their views and be involved in making decisions about their care
• Two relatives told us they were involved in decision making about their relative's care. Another relative said, "The manager keeps me up to date with everything."
• Staff confirmed people were involved in making decisions about their care. One staff member said, "You notice what [people using the service] like and what they don't like when you are working with them."
• Staff explained how relatives were involved in making decisions about the care their relative received. One staff member said, "Usually families are contacted if there is a change to the care plan. We inform [relatives] if we are taking the [person] to the doctor and ask if they want to go with them."
• The registered manager told us, "We will sit with the families when we go to do the assessments and ask what they [the family and person using the service] like and what they don't like."

Respecting and promoting people's privacy, dignity and independence
• People using the service told us their privacy and dignity were promoted. One person said, "The staff respect my privacy. They knock and say, 'Good morning'." Another person told us, "[Staff] are polite. They knock on my door."
• We observed staff knocked on people's doors before entering.

• Relatives confirmed staff promoted people's dignity. One relative told us, "[Staff] talk to [relative] to explain what they are doing. They never talk down to [relative]." Another relative said, "Staff support dignity. If my [relative] needs changing, I am asked to leave the room."
• Staff confirmed they promoted people's privacy and dignity. One staff member said, "Windows are shut, doors are shut, curtains are shut and you cover [person] for personal care."
• Staff explained how they encouraged people to maintain their independence. One staff member said, "I encourage [person using the service] to do something by themselves. I can give [person] choices to try to do something herself or himself."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Relatives told us they were happy with the care provided. One relative said, "I have seen the care plan and it is good. It covers everything. The staff know my [relative] well, in fact, better than I do now."
• Staff understood how to deliver a personalised care service. One staff member told us, "We take into consideration [people's] likes, dislikes, how they would like to be treated, what kind of shampoo they like, where they would like to sit and how they would like to be washed and dressed."
• Care plans were pictorial, in large print, detailed and personalised. They included people's brief life history, how many staff were needed for each support task, what tasks the person could complete independently and their likes and dislikes.
• Records showed care plans were reviewed regularly.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
• The registered manager told us how they supported people with a sight impairment to have access to written information. They said, "Care plans are in large print and pictorial. I would get [information] in braille."
• The registered manager told us how they supported people with a hearing impairment to have access to spoken information. They said, "Speak to [person] face to face - it's no good going behind them to speak to them. Check their hearing aids, use sign language, flash cards, write [information] down.
• Staff were knowledgeable about how to meet people's communication needs. One staff member explained for people with a hearing impairment, they faced the person when speaking with them and talked loudly.
• Care plans gave details about people's communication needs including sight and hearing needs. For example, one person's care plan stated, "I have no issues with verbal communication. I can communicate verbally and fully understand when others speak with me."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• Care records gave information about people's family members. Relatives confirmed they could visit their

relative when they wished.
• People told us they were encouraged to take part in activities. One person told us, "Staff encourage me to join in activities. I play darts. I like that and skittles." Another person said, "I am encouraged to do activity things like bingo."
• Relatives gave positive feedback about activities. A relative said, "The activities are good. In December, children sang carols." Another relative said, "My [relative] likes to keep the balloon during activities. They rarely participate but always included."
• Care records indicated people's preferred activities. For example, one person's care record stated, "I enjoy a wide variety of activities and social interaction. I participate in one to one board games and word puzzles."
• Care records also gave details about people's spiritual needs. For example, one care plan stated, "If requested [person] can attend church with a staff member or activities organiser."

Improving care quality in response to complaints or concerns
• Relatives told us they knew how to make a complaint and were confident they would be handled appropriately. Two relatives told us, "I have never made a complaint." Another relative said, "I would actually raise my concerns, not [make] a complaint.
• Staff understood what action to take if somebody wished to complain. One staff member said, "We would advise them to discuss it with the manager. [Somebody wanting to complain] can do it verbally or in a written form."
• The provider had a complaints policy which gave clear guidance to staff about the actions to take should somebody wish to make a complaint.
• We reviewed the record of complaints made during 2019 of which there were two. Both complaints were dealt with appropriately.

End of life care and support
• The provider had an end of life policy which gave clear guidance to staff about how to support a person and their family sensitively at the end of their life.
• The registered manager explained a nurse from the local health centre visited when a person was at the end stage of their life and put together an end of life care plan with the family and medical professionals.
• We reviewed an example of the electronic end of life care plan put together by the health centre nurse. This enabled the wishes of the person receiving this care and the family to be documented and included if they wished to be resuscitated and where they wished to spend their last days.
• Staff had received training in advanced care planning for people who were receiving end of life care.
• At the time of this inspection there was nobody receiving 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 the last inspection this key question was rated good. remained the same. 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 using the service spoke positively about the leadership in the service. One person told us, "I know who the [registered] manager is. [They] are all right in their own way. I trust the [registered] manager."
• Relatives also spoke positively about the leadership. One relative told us, "The [registered] manager is wonderful, so helpful. We speak every day." Another relative said, "The [registered] manager is very competent."
• Staff gave positive feedback about the leadership. One staff member told us, "I can just go to the [registered] manager and they support me always."
• The registered manager told us they ensured staff had their voice heard through staff meetings, one to one meetings. They said, "My office is always open. If they want they can talk to me in private or they can go to [the home owner]."
• The registered manager told us they were proud of, "Looking after the [people using the service. I think they get good care." A staff member told us the best thing about their work was, "I like when you make [people using the service] smile."

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 understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.
• The registered manager told us, "[Duty of candour] is about being open and honest. Just be upfront and show what you've done about it. I always would say sorry."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider held regular staff meetings. We reviewed the minutes for the meetings held in May 2019 and January 2020. Topics discussed included, new staff induction, medicines, record keeping, bedlinen and night time snacks.
• Staff told us the staff meetings were useful. One staff member told us, "Yes, they are useful. We get the chance to say what we would like to change."
• Staff received a handover when they came on shift so they could be updated on the wellbeing of people using the service. Staff completed a daily report for people which included the support needs which were

met and details about professional appointments they had.
• The manager confirmed the staff team worked well together. They said, "I tell [staff] to leave their differences outside and not bring them into work. Sometimes when there is conflict I put [staff] on opposite shifts. Prevention is better than cure."
• Staff confirmed they were treated equally. One staff member said, "I don't see any discrimination here."

Continuous learning and improving care
• The provider documented compliments made by professionals and relatives. For example, during a placement review, it was documented, "Social worker and [person's] family were happy with care given and the input from staff and management."
• The registered manager carried out regular checks on the quality of the service being delivered. We reviewed the audit carried out by the registered manager in January 2020.
• The registered manager's checks included staff training, supervision and recruitment, medicines, care plans, risk assessments, safeguarding, accidents and incidents, social services reviews, commissioning visits and inspections.
• Actions identified by the registered manager's checks were documented and updated when complete. For example, we saw that in the checks carried out in January 2020, risk assessments were reviewed in response to two accidents.

Working in partnership with others
• Records confirmed the provider worked in partnership with other agencies to improve outcomes for people.
• The registered manager told us they worked jointly with social services and the local health centre to achieve good outcomes for people. They also said to get around the difficulty in getting through to GPs on the telephone they emailed them.