Mr Roger Bruce Thorne

# Highborder Lodge

## Inspection report

Marsh Lane
Leonard Stanley
Gloucestershire
GL10 3NJ

Tel: 01453823203
Website: www.highborderlodge.co.uk

Date of inspection visit:
23 August 2016
24 August 2016

Date of publication:
01 December 2016

## 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? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 23 and 24 August 2016. This was an unannounced inspection. The service was last inspected in February 2014. There were no breaches of regulations at the time.

Highborder Lodge is a residential care home. Nursing care and support is provided by district nurses and local GP's as required. Several people at Highborder Lodge were living with the first stages of dementia. There were 34 people at Highborder Lodge at the time of the inspection.

There was a registered manager in post at Highborder Lodge. 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.'

Our inspection highlighted shortfalls where a number of regulations were not met and improvements were required. People did not always receive a service that was safe. Staffing levels were not always sufficient to ensure the safe care and treatment to support people. Staff also told us they struggled to spend quality time with people due to short staffing levels.

The service was not always responsive. Complaints had been dealt with but people said they were not always satisfied with the outcome of their complaint. Care plans were person centred and provided sufficient detail to provide safe care to people. Care plans were reviewed and updated regularly.

The service was not always well-led. The majority of the staff we spoke with stated the registered manager's approach when speaking with staff was poor and this had resulted in low staff morale across the home. Staff stated the registered manager should be more hands on.

Risk assessments were implemented and these provided a clear framework for managing risk to people. People were protected from abuse and neglect. There were clear guidelines for staff to follow when reporting concerns. People were protected from the spread of infection through safe infection control practices. The administration, storage and recording of medicines was safe.

People were receiving effective care and support. Staff were receiving appropriate training related to their role. Staff received regular supervision or appraisals. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and where people's liberty had been deprived Deprivation of Liberty (DoLS) applications had been made. People's personal living areas were personalised.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained people's dignity. People had end of life care plans which clearly reflected their wishes and preferences.

Quality assurance checks and audits were completed on a regular basis. Where issues had been identified, these had been actioned. People and their families were asked to provide an opinion through surveys.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 safe.

Staffing levels were not always sufficient to ensure the safe care and treatment to support people.

Risk assessments were implemented and these provided a clear framework for managing risk to people.

People were protected from abuse and neglect.

The administration, storage and recording of medicines was safe.

People were protected from the spread of infection through safe infection control practices.

### Is the service effective?

**Good**

The service was effective.

Staff were receiving appropriate training related to their role.

Staff received regular supervision or appraisals.

Staff had a good understanding of the Mental Capacity Act (MCA) and where people's liberty had been deprived Deprivation of Liberty (DoLS) applications had been made.

People's personal living areas were person centred.

### Is the service caring?

**Good**

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect.

People had end of life care plans which clearly reflected their wishes and preferences.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Complaints had been dealt with but people said they were not always satisfied with the outcome of their complaint.

Care plans were person centred and provided sufficient detail to provide safe care to people.

Care plans were reviewed and updated regularly.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led

Staff felt the registered manager could be more hands on and was not always approachable.

Quality assurance checks and audits were completed on a regular basis.

People and their families were asked to provide an opinion through surveys.

# Highborder Lodge

**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.

This was an unannounced inspection which was completed on 23 and 24 August 2016. The inspection was conducted by one adult social care inspector and an Expert by Experience (EXE). The previous inspection took place in February 2014; there were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. Due to a change in legal entity, the provider was unable to return the original PIR and a further one had not been sent out by the time of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at eight people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with eleven people who lived at Highborder Lodge, six visiting relatives, seven members of staff and the registered manager. We made general observations throughout the communal areas and dining rooms. We visited several of the bedrooms with permission from the people living at the home. We observed staff providing care and support throughout the day and how they interacted with the residents and also each other.

Requires Improvement

# Is the service safe?

## Our findings

We could not be satisfied staffing levels were sufficient to meet people's needs. The majority of staff we spoke with informed us there were times when only four members of staff were on shift to support 34 people. As a result of the low staffing numbers, the staff said they were not able to spend quality time with the people they were supporting.

We also observed this during day one of the inspection. During the morning, a number of people were sat in the main lounge and one person was visibly anxious and requested support to go to the dining room. However, as there were no staff were available at the time, the person was not supported. This continued for approximately 30 minutes, before staff arrived to support this person. During this time, this person was reassured by the other people who were using the lounge that day.

On the same day, we were sat in the lounge during the afternoon with some people. However, nobody came in to check on them for over an hour. The day of the inspection was a particularly warm day and one person wanted the window to be opened but no support was available. Due to this person's anxiety over this, we opened the window for them. During this time, nobody came in to offer these people a drink.

One relative was concerned that staff did not check people in the small lounge enough and the residents were often left with just a pull cord in case they needed help. We observed that staff did not seem to check on people in this lounge very often at certain times. For example, in the early afternoon after lunch. There was a red emergency pull cord which had been extended by attaching a scarf to it in the small lounge but this could not be reached by a lady in a wheelchair.

There was no system in place to effectively determine what the staffing level should be in the home in order to support people in a person centred way that was meaningful. The registered manager also agreed staffing levels could be higher to better support people. The registered manager informed us they had a dependency tool to support them to assess the correct level of staffing required but they were discouraged to use this by the owner. The registered manager informed us they felt this was because the dependency tool would show a requirement for more staff on each shift and this would be met with resistance from the provider. The registered manager informed us they felt there should be at least seven or eight members of staff on each shift.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We could not be satisfied that some parts of the environment were safe. The registered manager and staff told us that bathrooms were difficult to access and use safely for those people with restricted mobility. The flooring was not non-slip and staff had been using towels on the floor to help reduce the risk of falling. This was unsafe practice and increased the risks to people and risk assessments had not been written for this.

Safe provision of equipment and a suitable environment for people to receive personal care was not

satisfactory and the provider had failed to take the appropriate action when this had been raised by the registered manager and staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and treatment.

The risk assessments which we read provided sufficient detail to enable staff to support people safely. For example, one person had poor mobility and was at risk of falling. Their risk assessment clearly detailed what support was required from staff when this person was mobilising. There was evidence risk assessments had been updated following accidents and incidents. For example, one person who had dementia and suffered a fall which required support from emergency services and an x-ray. Following this, their risk assessment contained clear guidelines for staff to offer increased levels of monitoring for this person. Where an accident had occurred, there was evidence of risk assessments being reviewed to ensure the risk assessments accurately reflected risk to people.

We asked people at Highborder Lodge whether they felt safe when being helped by staff and were they ever afraid of the staff. All the residents said they felt safe and well looked after. One person said, "Staff are very good". Another person said, "I call them my family".

Medicine policies and procedures were available to ensure they were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines and their competency was updated annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. The registered manager completed a monthly audit followed up by an annual audit from an external pharmacy.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The registered manager informed us how each member of staff had a recruitment checklist in their file to ensure all of the relevant documents had been seen prior to the person commencing their role.

The service had a staff disciplinary procedure in place. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented safeguarding procedures. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire

evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager informed us four housekeepers were employed who covered cleaning duties at the home 7 days per week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Good

# Is the service effective?

## Our findings

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff informed us they had found the shadow shifts a 'good learning experience'.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Training was targeted around people's presenting conditions such as stroke awareness training and dementia training. Staff confirmed their attendance at training sessions. The manager informed us staff had access to e-learning. This is training which staff complete online.
Staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with confirmed they had received supervision from the registered manager, deputy manager or senior carers. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone living at Highborder Lodge had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff in the home demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking with staff regarding the people in the home, we were given detailed accounts of peoples' daily routine as well as their likes and dislikes. The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us they were consulted in relation to the care planning of people using the service.

Care records included information about any special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. Although the menu was displayed in the dining room, not everyone could read the menu or remember what they had ordered. For example, one person had ordered lasagne but did not recognise this when it was placed in front of them. We recommend the service implements a pictorial menu in addition to the written one to better support people when choosing a meal.

We observed positive interactions between people and staff. One person was being assisted with their meal by a staff member who provided this support in a kind and caring way. They took their time and did not rush the person. There was lots of conversation between the staff and people during lunch. All of the people we spoke with at Highborder Lodge agreed the food was good and that there was plenty of choice available.

The registered manager informed us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, where people needed hoisting to support with transfers, there was evidence of involvement from occupational therapists. People had access to a GP, dentist and other health professionals. The outcomes from these appointments were recorded and were also reflected within the people's care files. Health professionals we spoke with provided positive feedback about the service. One GP told us staff listened to advice and were quick to raise any concerns with the surgery.

Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated. For example, one person wanted to bring their own sofa with them when they moved to Highborder Lodge and they were supported to do this.

Good

# Is the service caring?

## Our findings

People who lived at Highborder Lodge told us they were well cared for. Comments included "Staff have been very good to me" and "They try and help you as much as they can". Some relatives spoke highly of the care provided.

Staff treated people with understanding, kindness and understood the importance of respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom.

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. People using the service told us they felt the staff were caring. Relatives we spoke to informed us they felt the staff were caring. People used statements such as "The staff are caring" and "The staff are friendly" to describe the staff at Highborder Lodge.

People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. Staff were observed using touch as a form of communication and also to put people at ease when speaking to them. Staff evidently knew people well and had built positive relationships. Family members we spoke with stated they felt the staff knew their relative's needs well and were able to respond accordingly.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative confirmed there were never any restrictions on visiting times.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. People's end of life care plans reflected where they wanted to spend their final moments, their funeral arrangements and what they wanted to do with their possessions. People had Do Not Attempt Resuscitation (DNAR) orders in place and these were clearly visible in the care files. One relative's mother had recently died. They stated, "When Mum died, the care was wonderful and extraordinary. I can't praise them enough".

Requires Improvement

# Is the service responsive?

## Our findings

There was a complaints policy in place which detailed a robust procedure for managing complaints. Where complaints had been made, there was evidence these had been addressed. However, we did receive mixed feedback on how complaints were managed by the registered manager and people informed us the approach was sometimes defensive. It was evident there was a blame culture within the service. People's relatives informed us they weren't always satisfied with the outcome of complaints but no further action was taken.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints.

The registered manager informed us people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to Highborder Lodge. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We observed the handover process on the day of the inspection. This was detailed and gave a good overview of what had happened in the previous shift. The daily notes contained information such as what activities people had engaged in and their nutritional intake so that staff on the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files.

We observed staff supporting and responding to people's needs throughout the day. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. People we spoke with stated they liked living at the home.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, care staff would use the 'Key information' document in the care file to send to the hospital with the person. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People we spoke with informed us they no longer had 'resident' meetings. The registered manager informed us these had stopped following feedback from people and their relatives in a previous survey. However, following requests in the most recent survey, the registered manager said they were going to reintroduce these as various people had asked for the meetings to be reinstated .

There was a monthly newsletter distributed throughout the home and available to residents and visitors. This contained a full programme of all activities on offer for the following month plus news and fundraising events. People were supported on a regular basis to participate in meaningful activities. Activities included a gardening club, manicures, pub lunches, pets for therapy, word games and also weekly outings using the minibus owned by the home.

Requires Improvement

# Is the service well-led?

## Our findings

The service was not always well-led.

All of the staff we spoke with informed us morale amongst staff was very low. Comments included "I have never seen it this bad" and "The staff are really unhappy". They also felt this had contributed to staff leaving the service. This had resulted in an increased instability within the staff team and the increased use of agency care staff. One relative informed us their parent frequently complained to them how staff faces continually changed.

The majority of staff stated they felt this was due to the approach of the registered manager. Staff felt they were 'spoken down to' and when improvements were required it was 'like being told off'. Relatives also commented on the approach of the registered manager and that it could be improved. Reference was made that the approach was 'rude' and 'like being at school and told off by a teacher'. One relative told us their parent was reluctant to speak with the registered manager about issues they were unhappy with as they were in fear of possible reprisals for raising these issues.

When we discussed these concerns with the registered manager they seemed to have a lack of insight and understanding as to why this approach was concerning and that this practice compromised people's dignity and respect. We could not be satisfied that promoting dignity and respect was fully understood by the registered manager when communicating with people and staff.

The comments received about the approach of the registered manager raises concerns around their skills and understanding on how to communicate with people effectively, in order to insure that they as a registered manager are respected and approachable.

In order to insure the relationship between the registered manager and people who use the service is effective, we would strongly recommend that the provider seeks training from a reputable source on effective communication skills.

During our visit we saw the registered manager spending time with people living in the home offering drinks and giving other offers of support. However, the staff and some relatives informed us this was generally not the case and the registered manager was predominantly in their office on a day to day basis. When we discussed this with the registered manager, they failed to acknowledge their responsibilities to lead by example. We acknowledged their comments with regards to 'how much work they had to do'. However, it was evident from the comments made by staff they would benefit from increased management presence around the home. It did appear that improvements were required around identifying the roles and responsibilities of the provider, the registered manager and deputy. This would help staff appreciate what is expected of them, ensure they are happy in their work, are motivated and have confidence in the way the service is managed. The management structure should be consistent, lead by example and be available to staff for guidance and support.

Staff did not always feel that their views were sought or valued and that there were often obstacles to them being acted on. There was a strong sense that the culture of the service was not always open and transparent. There was clear evidence the registered manager was equally frustrated with the provider's resistance to fulfil requests. This included moving the service forward through further investment. It was evident the registered manager was not empowered to work autonomously in order to make decisions in the best interests of people using the service and staff, to effect change. The inconsistencies of joined up working between the provider and registered manager compromised essential aspects of service provision.

In addition to this, the provider had failed to monitor and improve the quality and safety of people using the service when measures had been identified and brought to their attention on how to reduce or remove risks to people. This included staffing levels and safety in the environment.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Regular audits of the service were taking place by the registered manager. There was evidence that where issues had been identified they had been actioned. For example, one audit had recognised the existing room used for storing medicines would become too hot in the summer months. All medicines were promptly moved to a cooler room. Another audit recognised keyworkers required further training to enable them to write care plans with sufficient levels of detail. This was actioned promptly and the keyworkers received the relevant training. Annual surveys were sent out to people and their relatives and the feedback from these was generally positive.

The manager had a clear contingency plan to manage the home in their absence. Plans in place ensured a continuation of the service with minimal disruption to the care of people.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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<br><br>Safe provision of equipment and a suitable environment for people to receive personal care was not satisfactory and the provider had failed to take the appropriate action when this had been raised by the registered manager and staff. Regulation 12 (2)(e) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>We received mixed feedback on how complaints were managed by the registered manager. People were not always satisfied with the outcome of their complaint. Regulation 16 (1) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to monitor and improve the quality and safety of people using the service when measures had been identified and brought to their attention on how to reduce or remove risks to people. Regulation 17 (2)(b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staffing levels were not always sufficient to ensure the safe care and treatment to support |

people. Regulation 18 (1)