

Strong Life Care Limited

Highstone Mews Care Home

Inspection report

Highstone Road
Barnsley
South Yorkshire
S70 4DX

Tel: 01266733966

Website: www.stronglifecare.co.uk

Date of inspection visit:

24 April 2017

28 April 2017

Date of publication:

31 July 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

Highstone Mews is a care home registered to provide accommodation and residential or nursing care for up to 60 older people, some of who are living with dementia. The ground floor of the home is configured to provide personal care for up to 30 people. The first floor provides nursing care for up to 30 people. The first floor has been separated into two units since our last inspection; one unit offered nursing care and the other unit specialist care for people living with dementia.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

The home was warm and welcoming and there was clear leadership evident throughout the home. Staff were knowledgeable and knew people well, there were positive caring relationships between staff and the people they supported and these positive relationships were extended to relatives we spoke with.

The home offered person centred support which was clearly recorded in people's care plans. There were life histories of people to give staff insight into the lives people had led and what was important to them; this was particularly relevant where people were living with dementia.

The home was well-presented and had been adapted for people who were living with dementia, and offered an interesting array of tactile areas and a sensory room in addition to the clear signs and coloured doors, which helped people identify their own rooms and communal areas.

The home had introduced new practices since our last inspection which were benefitting people who used the service for instance the 'react to red' programme (which is an awareness tool to remind staff to react to red areas on people's skin, or to red items in the home), the home was also extending support to the families of people who lived at the home and those who no longer had relatives at Highstone Mews but may have needed some continued support following a death of a loved one by offering the opportunity to continue visiting the home in a social capacity for as long as they wished.

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

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Requires Improvement, as we need to evidence the improvements to the home can be sustained.	Requires Improvement ●

Highstone Mews Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by information of concern which was received in relation to the standards of care in the home, we did not find any evidence the allegations which had been made were accurate or substantiated.

This inspection took place on 24 and 28 April 2017 and was unannounced. On both days the inspection team consisted of two adult social care inspectors.

Prior to the inspection we reviewed the information which had been gathered since our last inspection in January 2017, which included positive feedback from the commissioning authority and the local authority safeguarding team. We also reviewed notifications of incidents and other notifiable changes which had taken place.

During our inspection we spoke with the registered manager, deputy manager, managing director, human resources director, the administrator, the residential unit lead, two nurses, five members of care staff and one member of domestic staff.

We spoke with nine people who used the service and eight relatives who visited during the time we were at the home. We reviewed records relating to all aspects of the home including the care plans and risk assessments for eight people, medication and medication administration records for nine people, an assortment of daily care records, four staff recruitment files, policies and procedures, safety certificates, staff rotas, audits and quality assurance documentation.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home, relatives were equally positive about the safety in the home. Their comments included, "I feel very safe, I like the staff, you can tell it is good when you get the manager coming to sit with you and have a laugh each day, he does it with all of us", "I feel happy and safe" and "The staff are very good and helpful, I have only to call them and they come straight away." A relative told us, "When [relative] first came here I kept asking them questions about their care, they told me everything was great every time I asked. I don't ask now as I know they are safe and well looked after."

Staff we spoke with were able to demonstrate their understanding of their role and responsibilities in relation to safeguarding people from harm. Staff told us they had undertaken training in relation to keeping people safe and records confirmed this was the case. Care plans and risk assessments were in place which accurately reflected the needs of the people who were being supported. Care plans explained how people wished staff to support them to maintain their independence and exercise choice wherever possible.

A robust recruitment and selection process was in place that ensured staff were suitable to work with vulnerable people and were of good character. The home had introduced a 'recruit with a resident' initiative which allowed people who used the service to give feedback on new members of staff. We observed care and interactions throughout the two days we spent at the home and found there were good staffing levels at the home, which allowed staff to spend time chatting to people as they supported them. We observed there were plenty of staff visible throughout the home and if anyone called for help or used their call button they were attended to immediately. Staff rota's confirmed there was consistently enough staff on duty to meet people's needs and promote their well-being.

We found medicines were managed safely. We saw staff supported people to take their medicines appropriately and explained to them what medicine they were taking and why. Monthly medicine audits were completed by senior staff; we did suggest some minor amendments to the format of the audits to make them more robust. The medication administration records were in good order and clearly recorded the medicines which people had received. Medicines were kept in treatment rooms on each floor, which were all, kept safely locked and were very well organised.

Where accidents or incidents had occurred, detailed information had been recorded, this was summarised and reviewed by the registered manager to identify any trends or patterns and ensure appropriate action had been taken.

The home was very clean and tastefully decorated throughout. We saw domestic staff were working throughout the days of the inspection.

Is the service effective?

Our findings

Staff had undertaken appropriate training. We found staff were knowledgeable and able to demonstrate their understanding of both their role and responsibilities and the training which they had received. Staff received supervision sessions with senior members of staff and there was a programme of appraisals in place to ensure all staff received their annual appraisal.

Since our last inspection the home had appointed meal time champions, the function of which was to review the mealtime experience for each person every day, including the opportunity for people to exercise choice, whether portion sizes were appropriate, the presentation of meals was appetising and to gain feedback from people to improve their meal time experiences. This had led to some changes to the ways in which soft and pureed diets were to be presented.

The home had adopted a scheme called 'react to red'. This was initially in relation to staff reacting to any red areas on people's skin to ensure they received timely medical interventions to prevent skin damage from pressure. However, the home had taken the idea and expanded it to include red jugs, for people who required increased support to maintain their hydration. This meant there were reminders to staff to ensure people's specific needs were met.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there were mental capacity assessments in place for people and the home had made appropriate applications to authorise the deprivation of people's liberty where this was in their best interests.

The first floor unit which had been adapted to meet the needs of people living with dementia was a colourful and stimulating environment. There were tactile areas in the corridors which allowed people to feel a sense of purpose whilst they were travelling around the unit, there were grab rails which had been adorned with colourful netting and ribbons for people to follow and to feel whilst they walked around the unit. Thought had been given to the use of colour and signage to make it as easy as possible for people to find their own rooms and bathrooms for example.

People had access to a wide range of health care professionals, including dieticians, specialist nurses, GPs and opticians. Records showed referrals were made in a timely way by staff and chased up if there had been a delay in a visit being made for any reason. Health professionals we spoke with told us they had positive working relationships with the home.

Is the service caring?

Our findings

People and their relatives told us staff were very caring. People told us, "They come in at night and hold your hand whilst they say goodnight, that means a lot to me", "The staff are very friendly here, they are not pushy", "The staff here are very decent, they treat us with respect and I trust them" and "They are good staff here, nothings a trouble, they look after you."

We observed interactions between people and the staff who supported them. These interactions were seen to be kind, gentle, sympathetic and patient. It was clear from the conversations and level of laughter in the home that staff and people in the home knew each other well and enjoyed positive relationships. Relatives told us, "I am always made so welcome, there is always a cuppa on offer and staff chat to me when I visit, I have no worries about this home."

The registered manager told us they had undertaken a recent dignity exercise with staff, during which a member of staff was cared for by their colleagues for a day. This included being assisted to eat their meals, and having their vision reduced to allow them to understand and empathise better with the people they support. Staff told us this was a very useful and insightful experience, which had allowed them to better understand how vulnerable people in their care are and how they can protect their dignity.

The home had introduced a 'dignitree' since our last inspection. People, their relatives and other visitors to the home were asked what would be most important to them should they need care and support to maintain their dignity for example people wanted to maintain as much independence as possible. These thoughts were displayed on a tree for people to access and reflect on. The registered manager told us, "The dignitree make people think about what people want and value."

The registered manager was in the process of introducing 'Highstone Mews Family'. The idea was when people died their relatives in some cases lost their purpose and their social life, the home was extending their welcome to people to continue visiting and being a part of the social circle for people in the home for as long as they wished. The home had also set up a relatives room, which offered sleeping and refreshments for families who needed to stay with a relative for example at the end of their life or if they had travelled to visit a relative. The home had provided this as a complimentary service. The home had also provided a children's play area in one of the lounges to the home to be more accessible to families with children.

We observed there was a table set up for lunch in the quiet lounge on the ground floor, the registered manager told us this was for one of the people who lived at the home and their partner to have lunch together. This was a regular occurrence as the home had recognised that to continue to dine together privately was important to the person and their partner.

The home employed other subtle methods of reminding staff of people's needs. For example, the use of a forget me not emblem on people's room doors reminded staff which people were living with dementia, and a summary of each person's care needs discreetly placed in each person's room to allow staff to refresh their knowledge if they needed to.

Is the service responsive?

Our findings

A person told us, "I treat this place like a hotel, because that is how it feels. If I ask for something I can have it. I couldn't complain about anything here, it is all good." A relative told us, "I go into speak to the registered manager if I have any niggles, he sorts them out for me."

Care plans were detailed and included in depth information about people's lives in and experiences in the form of 'my life history' which relatives and friends could help to complete. This meant staff were able to gain insight into what was important to people and what their interests were. Care plans were accurate and reflected the needs of people we observed. We found there were regular reviews of care plans and care plans were updated when there were any changes to people's presentation or needs, for example, following a hospital admission.

We noted the registered manager had implemented a two stage pre-admission process for people who were living with dementia, which meant staff were able to assess people over two sessions on different days to ensure the home was able to meet their needs, whilst continuing to meet the needs of people who already lived at the home.

We observed that the majority of people spent time in the communal areas of the home, and those who remained in their rooms told us they were doing so by choice. People told us, "I can sit here quietly if I like, but if I want to go and sit in the lounge I only need to say and they will come and help me."

The home employed two activities coordinators, who planned a programme of activities, these were varied and people told us they enjoyed the entertainers and exercise class provided. The activities team had recently started a tuck trolley, which was available to people who used the service and visitors to the home, the proceeds of which we were told went to the service user fund. The home had also provided a games console and some games and a small library to give people alternative activities if they wished. Staff were not rushed and we observed staff had time to socialise with people whilst offering support to them.

Complaints whilst low in numbers were recorded, investigated and responded to in line with the provider's policy. People and relatives we spoke with were unanimous they would have no hesitation raising any concerns to the home's management team and reported they dealt with matters promptly.

Is the service well-led?

Our findings

The registered manager had been in post since September 2016 and had registered with the Care Quality Commission (CQC) in April 2017. A registered manager is a person who has registered with the CQC 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 observations and discussions with staff, people who used the service and relatives found without exception people were very positive and supportive of the registered manager, deputy manager and the improvements they had brought to the home. People told us the atmosphere and culture of the home was, "Friendly" and "Welcoming." One relative told us, "All the staff and managers are approachable; any problems I would go straight to them and the management here are wonderful." A member of staff told us, "The manager is very approachable. All the managers are very good with training, the registered manager is very pro-active, and he cares about the people who live here."

Staff told us the registered manager led by example. Staff spoke consistently about being encouraged to share their ideas and good practice, staff told us Highstone Mews was a good place to work. Their comments included, "I would be very happy for my family to live here" and "I enjoy working here, the people are like family." The registered manager had also introduced a 'managers surgery' to give people the opportunity to communicate openly with them. The registered manager had encouraged staff to progress within the home and for staff to pursue additional training to further their careers for example nurse training.

We reviewed the processes which were in place to monitor the quality and safety of the service. We found there were regular audits carried out which included a meal time audit, which was designed to ensure people had a good mealtime experience and a registered provider's visit. We found there had been a visit carried out during the second day of the inspection, which showed there had been a conversation with one service user, one visitor and a member of the office staff. There was a very basic overview of the accidents and incidents which had taken place in the previous month. The rest of the content was in relation to environment and equipment, and actions needed all related to environment and equipment which needed to be ordered. There was no evidence of quality checks on key areas of the service for example the standard of care plans and records or the management of medicines. We found there had been a minor omission on an audit, however, the registered manager implemented a change to the process to ensure all information was captured in future. We recommended some changes to the medicines audit as some of the questions were open to interpretation, which was affecting the overall outcome of the audit dependent on which member of staff completed it.

Where we have seen significant improvement in a service, we continue to monitor the service periodically to ensure the improvements have been embedded and sustained. Highstone Mews has not yet had a long enough period since the improvements for us to assure ourselves this is the case.

We saw written evidence in the form of feedback that had been shared with the home that external agencies

were very complimentary of the home and their openness to partnership working. Health professionals had given written positive feedback about the care and support the home was offering to people and the positive impact this was having. For example, a member of the community mental health team told us "The management team have made lots of positive changes to the environment, to the care provision and staffing, to procedures and training and to the management of staff. The care home is a calm and settled environment with happy residents."

The home sends out periodic satisfaction questionnaires, to people who use the service, their relatives, health professionals and staff. The results of which are collated and key points are taken from these to inform the improvements which can be made to the home in the form of 'you said, we did'. This showed the home was interested in the views of people who used and visited the service and used this information to make further improvements.