

Eagle Care Homes Limited

Highfield Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 31 August 2017 and was unannounced. When we last inspected Highfield Manor in May 2016 we rated the service as 'good' and did not find any breaches. Since that time we received concerns about this and Highfield House (this is the sister home next door to Highfield Manor and belongs to the same organisation). The concerns did not always specify which home and included a lack of hot water, medicines being misappropriated, a shortage of staff on nights, bullying by current management, a smell of urine in the hallway and physical abuse of people who used the service. This inspection was a focused inspection to look at the issues raised. We looked at the safe and well-led domains.

Highfield Manor Care Home is a large detached house situated close to the centre of Heywood. The home is registered to provide accommodation and personal care for up to 38 people. All bedrooms are single and had en-suite facilities. On the day of our inspection 34 people were living at the home.

There was a registered manager in post. However the registered manager was on maternity leave which the service had told us about. A person had been employed as an interim manager in the registered manager's absence, supported by the area manager. 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.

We looked at the staffing rotas and talked to two night staff members of the three on duty. It was the first shift for one staff member. We found there were sufficient staff to meet the needs of people who used the service.

We looked at the safeguarding procedures and found the service adhered to their and the local authorities policies and procedures. Falls were recorded and reported to the local authority. We saw the manager reviewed any accidents and incidents in a timely manner and looked at ways of minimising any risks. We did not find any records relating to the possibility of people being pushed over or physically abused and staff told us this had not happened.

We looked at maintenance records and saw that there had been a disruption to part of the homes water supply but this had been repaired the same day by an external contractor.

We asked the manager about any possible offensive odours a person had reported in the hallways. We were shown that the carpets had been replaced some weeks previously because unfortunately some people who have a dementia are incontinent of urine and this problem had been identified. The new flooring was easier to clean and did not have any offensive odour at 7am when we commenced the inspection or throughout the day.

We looked at some of the systems for checking medicines and found no errors or missing medicines.

We saw the home had a range of policies and procedures to ensure the safety and well-being of people who used the service and the staff we spoke to were familiar with these.

Staff told us that the manager was supportive and approachable, and believed the staff worked well together. We were not able to talk to people who used the service because of their mental health needs.

The manager had implemented quality assurance checks to monitor and improve the service. They regularly communicated with the registered provider and area manager who would visit the service regularly to carry out her own audits of service delivery.

The registered provider had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

There were sufficient staff to meet the needs of people who used the service.

The service used the local authority safeguarding procedures to report any issues. Staff told us they would whistle blow on any poor practice they saw.

There was a supply of hot water for people to bathe and wash safely and comfortably.

Is the service well-led?

Good ●

The service was well-led.

There was a manager who was registered with the Care Quality Commission but was on maternity leave. Arrangements had been put in place to ensure the service was managed in her absence.

The management team conducted audits to maintain and improve the quality of service.

The manager held regular meetings with staff to discuss the provision of service and to gain their ideas about how the service was run.

Highfield Manor Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 31 August 2017 and was unannounced. It was conducted by one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We did not ask for a provider information return (PIR) because we arranged this inspection at short notice. We used information from whistle blowers and other anonymous people who had shared their experience with us.

During the inspection we spoke with five members of staff, the manager and area manager. We looked at a range of records including accidents and incidents, safeguarding referrals, maintenance records, medicines records, staffing rotas, staff meetings and audits.

Is the service safe?

Our findings

Staff told us they had been trained in safeguarding vulnerable adults. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues. Staff told us, "The atmosphere is brilliant. I would say something if I saw something I did not like or saw someone being abused and I would report it", "I am aware of the whistle blowing policy. I have never seen anybody being abused here. Some of the people are deaf so sometimes we have to talk loudly. If I saw something I did not like I would report it" and "The atmosphere is nice, calming but hard work. I have never seen any abuse or staff shouting at people. I would deal with any poor care and take the appropriate action." Staff were aware of what to report to the local authority and prepared to act if they saw poor practice.

We saw that safeguarding referrals were reported to the local authority and action taken to minimise any further risks. We saw that where required medical help was sought, body maps were used to identify any injuries and if there were any behavioural needs of a person that required professional help this was requested from professionals such as the mental health team.

An anonymous person told us one member of staff was always on duty when any falls occurred. We checked the falls records and found this was not possible. Most falls occurred during the early hours of the morning and the person did not work nights.

We commenced this inspection shortly before seven am to talk to the night staff. Staff told us, "In my opinion there are enough staff to meet the needs of people who use the service" and "I have been here three months. It is fine. We have enough staff to do all we need to do on nights." We checked the duty rota's and found the service employed a senior and two care staff members on nights. The senior told us it was part of the senior's duty to cover for any emergencies at Highfield House if she needed to and the managers were on call and could be contacted. We did not find the service was short of staff.

The manager told us they were changing the shift patterns for the night staff so they worked less hours, which would be beneficial for them and staff had been consulted about the changes. The service used a recognised staffing tool which matched the numbers of staff with the dependency of people who used the service. The tool was used every week to ensure people's changing needs were taken into account. We saw that care staff numbers had been increased using the tool because people who used the service needed more care.

We looked at eight medicines administration records to check for accuracy and the system the service used to look at stock control. Two staff recorded all medicines when they entered the home. The records we looked at showed when a medicine had been given or omitted for any reason such as refusal. The manager

told us she conducted regular weekly audits on stock and the system and that it would show up if any medicines were missing and spot checks to ensure staff competency. The service had recently changed to a new pharmacy because they thought they were getting a better, safer service. The manager told us the medicines had always tallied correctly. A staff member told us, "We audit the medicines and have never found any missing." We found medicines administration to be safe and any missing medicines would show up in the audits.

We saw that where a member of staff had not administered medicines, as per the policy, management had taken action. This included disciplinary action and further medicines administration training.

We checked the maintenance records to ensure the service was safe and any faults that could impact on people who used the service were rectified as soon as possible. We saw there was a person responsible for repairing and maintaining equipment. We looked at the water temperature records which we saw were within normal limits and would have shown any longstanding fault with hot or cold water. The maintenance person told us the boiler had 'tripped' one day and they had called a plumber who had come the same day and fixed the problems. We saw a receipt for the plumber which showed this to be factual.

Is the service well-led?

Our findings

There was a registered manager in post. However the registered manager was on maternity leave which the service had told us about. A person had been employed to manage the service in the registered manager's absence supported by the area manager. 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.

We asked staff how they thought the service was managed. We had received reports prior to this inspection of staff not getting along and arguing with each other and a complaint the current person managing the service was a bully. Staff told us, "The atmosphere is getting a lot better. The manager is very supportive and their door is always open. You can also speak to the manager in the other home (Highfield House). The manager will act upon anything you bring up. I am happy working here"; This is the best manager we have ever had. You can approach her with anything and she will help with anything. There is a good staff team. There is plenty of support if you need to. Any concerns you have are dealt with straight away. The manager deals with everything. It is a good place to work. Things have improved here 100%. I am happy working here" and "The atmosphere is slowly building back up again. There is a good staff team. I have seen a massive change since April, partly because I have worked here more and also because the home has really improved with the new manager. There are currently no problems and we have good handovers. The management team are very supportive." The manager told us staff were working alongside management and building a good staff team. Staff told us the area manager was supportive and approachable.

We saw how management responded to issues raised such as carpets in the hallway which we had been told smelled strongly of urine. The carpets had been removed and replaced with a more suitable type of flooring which could be cleaned more easily and would leave no residual odours. There was a person employed on a daily basis to clean the home and checks made to ensure this was completed.

We looked at the last staff meeting records. At the last night staff meeting of 07 August 2017 we saw items on the agenda included the new night staff senior posts, the change of hours to the night shift, how to complain to the CQC, offering drinks during the night, the rights of service users to get up or stay in bed – their choice, personal care for some people who used the service, staff behaviours, cleaning and the availability of the manager if needed. Staff were asked their opinions, if they had anything else to say and were thanked for attending.

At the day staff meeting items of 03 August 2017 items on the agenda included new rotas, new team leaders, increasing care staff numbers to four, observation of people who used the service in the conservatory, personal care and for it to be team leaders only to attend GP's and professionals and the upcoming summer fair. It was recorded that all staff said they were looking forward to the new shift patterns.

There were also team leader meetings to discuss management issues such as medicines administration. Staff were invited to attend meetings and able to discuss issues or bring up topics they felt mattered.

We saw that staff had access to policies and procedures, for example, medicines administration, infection control, health and safety and safeguarding to follow best practice guidelines.

We looked at the audits managers at the service used to maintain or improve the service. Records we looked at showed the manager audited safeguarding incidents, the environment, medicines administration, infection control, care plans, cleaning schedules, admissions and discharges, annual leave and rotas, maintenance certificates, meetings with service users (monthly), complaints and compliments, people's finances, key policies and procedures and the codes of practice, accidents and incidents, health and safety, staff meetings, equipment, fire drills and equipment checks, training (all mandatory is up to date), supervision and appraisals, maintenance, people's weight, showers and bathing. The area manager also conducted audits to ensure the service was operating well.

We looked at how the service had dealt with complaints. There had been one recent complaint made to the service about management, which had been investigated by the provider and was unfounded. We looked at accidents and incidents. We saw that there was a record of the accident or incident, what had happened, what the result was such as injury to the person, what the service had done and any strategy the service could put in place to prevent any further occurrences. We saw actions included the use of equipment which would alert staff if a person was moving in their room.