

Dignus Healthcare Limited

Highcroft House

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 House is a residential care home that was providing personal and nursing care for up to nine people who had learning disabilities and physical disabilities or long-term conditions. At the time of the inspection there were seven people living in the home.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values including choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in Highcroft House were given such choices. The home was located in a residential suburb where people's independence and participation within the local community continued to be encouraged and enabled.

Rating at last inspection:

The service was rated Good at the last inspection; the report was published in July 2016

Why we inspected:

This was a planned inspection based on the previous overall rating.

People's experience of using this service:

People's medicines were managed safely and in line with best practice guidelines. People received their medicines safely as they were prescribed. Improvements had been made since the last inspection to ensure that procedures to manage stocks of medication and return medicines that was not wanted were robust. Other detailed audits were also being carried out to check on the quality of the service and to maintain compliance with regulations.

Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents, incidents and any near misses were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People continued to receive care that protected them to keep safe and staff understood how to protect

people from abuse and harm. Risks to people were assessed and detailed guidance about how to manage these was available for staff to refer to and follow. All staff were clear about action they would take in the event of any emerging concerns about how people were being cared for. Recruitment of staff was carried out to ensure that adequate numbers of suitable staff were available to support people.

People continued to receive effective support from staff who had sufficient level of skills and knowledge to meet their specific needs. New staff received comprehensive induction training before they started to support people. People were supported in line with their abilities and known preferences. Staff involved people as much as possible to make decisions and utilised the shared information that was available to ensure that they fully explored what the person liked to do before commencing any activity.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. People's diverse needs were well known, always recognised and support and access to activities was supported and enabled by staff.

The care home continued to be well-led. Staff were positive about the leadership and skills of the registered manager. The registered manager had a good knowledge of the support needs and communication methods of people using the service. Required information was available in the home and made available when requested in line with the regulations.

Follow up:

We will continue to monitor the home through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Highcroft House

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection visit.

Service and service type:

Highcroft House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered 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. The registered manager advised of a move from the home when a new manager would become registered. The new manager was working alongside the registered manager in the home.

Notice of inspection

The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we had received about the home since the last inspection in June 2016. This

included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:

We looked at the information we had gathered. We met all but one of the people living in Highcroft House, and we spent time observing staff working with and supporting people in communal areas during the inspection. We spoke with two care staff, the housekeeper, the registered manager and the new manager. We reviewed a range of records. This included two people's care records and medication records. We also looked at the training records of all staff and staff rotas. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

After the inspection;

We contacted and spoke with two relatives by phone on 26 March to find out about their experience of using the support and service provided to people in the home.



Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- People received their medicines on time and in a safe way. We observed that nursing staff had been trained and followed the prescription instructions and provider's processes when administering medication.
- The administration was undertaken in an orderly and safe manner. Each person's medicine was stored in a locked cupboard in their own room and stocks of medicines were held in a secure store.
- We saw that some people had been prescribed medicine to be taken 'as required' and that staff had a consistent understanding about the agreed protocols when people would receive such medicine.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of harm. Through our discussions staff demonstrated knowledge about safeguarding reporting procedures within the organisation and with external bodies such as the local authority.
- Staff understood how they would alert the registered manager and the provider should any issue place people at risk from any form of abuse or neglect. Staff expressed a high degree of confidence that issues would always be responded to with appropriate action taken.
- Staff were very confident about how they could raise any issue of concern and referred to the provider's policy on whistleblowing, advising that they felt sure they would be listened to and taken seriously if they needed to raise anything. To whistle blow is to expose any information or activity that is believed to be incorrect.

Assessing risk, safety monitoring and management

- Risks were well managed and we found that detailed risk assessments were in place. Risk assessments were comprehensive and covered personal care, health care conditions, activities, diet and fluids, medicines and mobility.
- All staff contributed to discussions about risk management for individuals ensuring that all information was shared.
- Risk assessments were reviewed regularly and updated as needed to reflect any changes as required.

- Accidents and incidents had been reviewed to utilise any lessons learnt and to identify if any further actions were needed. We saw that there was a fire risk emergency plan in place and each person had an individual plan. This gave staff directions on how best to evacuate or support the person in the event of an emergency.

Staffing and recruitment

- People were supported by enough staff on duty at all times and the staffing levels with the home ensured that people received the support they needed to engage in activities of daily living together with leisure activities in line with their needs, abilities and known preferences.

- A number of staff had worked in the home for several years and others had been recruited more recently. All staff had been appropriately recruited to ensure people were supported by people of good character with the right skills.

Preventing and controlling infection

- The home was clean and tidy throughout with evidence that staff adhered to best practice in supporting people with maintaining good food hygiene standards.

- There was an infection control lead amongst the staff group who was a source of information for all staff.

- Staff supported people to make full use of infection control measures that were in place.

Learning lessons when things go wrong

- The registered manager described how they reviewed any incidents or events to enable identification of any issues or trends that could help to improve practice.

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

Good: 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's care and support needs had been identified at the time of assessment prior to admission and since then had been reviewed regularly to identify how they had changed.
- Care and support plans were focussed and individualised with details of interests, wishes and any longer-term plans that were in place for each person. The plans contained specific detailed information in some instances about how a person was to be supported by staff.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.
- People living in the home had lived there for varying periods of time and their individual needs were known by staff who were also aware of how support needs had changed over time.
- We saw that staff had the skills and knowledge about how people liked to be supported and how each person communicated with staff when they wanted specific support. One person said, "Staff look after my [relative] very well. They ensure that all support needed is provided and I have seen that [relative name] gets on really well with staff."

Staff support: induction, training, skills and experience

- Staff spoke positively about the induction and shadowing opportunities provided for newer staff to ensure that people received personalised care in line with their known support needs. Staff knew the people they supported very well.
- Staff had access to refresher training both on-line and via face to face and said that they felt able to safely care for everyone living in the home through the training and shadowing experiences that were available.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to have a balanced, nutritious diet. Staff knew people well and ensured that people were supported at mealtimes in specific ways that suited them.
- Staff ensured that the food available met people's diverse needs. There was a four-week rotating menu that had been developed taking into account people's likes, dislikes and needs.

- Whilst all people required a high level of support, some people had very specific detailed eating and drinking guidelines that staff followed.
- Staff monitored people's intake of drinks and food and where they had any concerns they sought out specialist support.
- Each person's weight was monitored and recorded to ensure that any changes were noted early to enable staff to make changes or initiate contact with health care professionals as necessary.

Adapting service, design, decoration to meet people's needs

- Each person had their own room with en-suite facilities, some rooms were spacious and some rooms had tracked hosts to help people who needed specific equipment. It was clear that most of the rooms had by choice been personalised in accordance with the likes and interests of people who occupied them.
- The large lounge, conservatory and small quiet room provided people with enough space to either be with each other and staff or be seated alone. A number of people used wheelchairs and the layout and door frames were suited to people making full use of the shared space.
- The communal areas of the home were reasonably decorated and we were advised that the décor was refreshed and updated on a regular basis and action was taken to deal with maintenance issues in a timely manner.
- There was a relaxation room within the home that had been fitted out with lights and sensory equipment. We were advised that the room was popular with some people and used on a regular basis.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support

- From their knowledge about each person staff could promptly identify when people's needs had changed and it was clear that they used their knowledge from providing regular care to identify changes.
 - One relative advised, "There is good communication from the home about any issues related to health and well-being of [relative]. The staff are pretty committed [to providing care]."
 - The plans for regular healthcare checks were well known by all staff and they ensured that regular and annual appointments were planned in diaries and attended as needed.
 - Staff had contact details for all healthcare services and had regular contact with the healthcare professionals who were working closely with some people living at the home.
- Staff in the home advocated on behalf of people to get external support and help.
- Relatives advised that when they were unable to accompany their relative from the home to attend a medical appointment staff made specific arrangements to ensure that appointments went ahead as planned with staff providing support.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found that conditions related to DoLS were adhered to and monitored by the registered manager.
- People were supported to exercise choice and self-determine when they could. Staff provided support to

enable people to make day to day decisions wherever possible. We saw that this was done by staff presenting options or choices in a way that people could understand and make known their preferences.

Our findings

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

Good: 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

- Relatives made comments about how caring and supportive staff were. One person was keen to advise that the staff were helpful to the person living in the home. They said, "They do ensure that [relative name] is well looked after, they have become settled here."
- Staff knew people well and were knowledgeable about the ways in which people communicated that they were upset or unsettled, and they took action to improve the well-being of people.
- Relationships were seen to be friendly and positive between staff and people in the home with multiple displays of care being provided in compassionate and dignified ways. For example, we saw that when staff provided personal assistance they advised and sought agreement from the person before repositioning their hat and doing up their coat prior to going out from the home.

Supporting people to express their views and be involved in making decisions about their care

- One relative expressed confidence in staff having their relatives' interests at heart, when they had recognised how the person had changed and had taken steps to secure equipment for them.
- There was a positive atmosphere at the service. We saw people and staff interacting with each other throughout the day and saw that people were relaxed in the company of staff.
- The preferred routines of people were accommodated by flexible routines in the home. Staff understood people's individual ways of communicating and together with information about people's known preferences they ensured people were well supported.
- Staff ensured that people got up when they woke naturally and went to bed when they requested, with staff available at all times to meet support needs.
- Handover discussions between staff shifts were informative and all staff who had supported people were able to participate and share updates.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that privacy was respected and maintained at all times. Support with personal care and activities of daily living were conducted in people's own rooms with doors closed.
- Staff continuously advocated on behalf of people to secure a positive experience for them in respect of all

activities of daily living. People were encouraged to do whatever they could to maintain their dignity.

- Each person had their own room and staff ensured that privacy was always respected and maintained. Some people could undertake some activities of daily living with varying degrees of support from staff who ensured that their independence was encouraged and abilities maintained in a consistent manner.

Our findings

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

Good: 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

- Each person had a detailed set of care and support plans focussed on their own needs. They covered personal care, health care, activities, diet and fluids, medicines and mobility. Like risk assessments the care and support plans were comprehensive.
- All staff contributed to discussions about any reviews of care plans based on their experience of providing support which helped to ensure that any changes and developments were known and shared.
- The care records included a summary document for each person with a broad view of how their needs were met. This summary document, which was current and up to date, could be accessed and used in an urgent situation such as the person needing to go to hospital or needing to have urgent medical treatment.
- The care and support records also reflected people's individual cultural needs and how they were to be supported by staff.
- People were supported and enabled to enjoy visits out from the home to places of interest, and also regularly went out for meals at a local venue which was popular. In addition to community based opportunities, within the home people had access to a sensory room and to a sensory garden which had been developed since the last inspection.

Improving care quality in response to complaints or concerns

- Staff made reference to directing and encouraging anyone who was not happy to make a complaint without being worried about doing so.
- The provider's complaint procedure was accessible and known to relatives. All complaints received were recorded and responded to in line with the procedure.
- One relative advised that they had never raised a complaint but would not hesitate to contact the registered manager if they did have any concerns. They advised that when they had contacted to the registered manager to discuss an issue they had been satisfied with the response adding, "The manager has been fantastic."
- The registered manager reviewed any comments or complaints received to reflect on issues raised and to help identify if there were any trends that needed to be addressed.

End of life care and support

- No one living in the home was receiving end of life care at the time of the inspection.
- The care plans in place covered issues related to future care needs with long term plans being developed as needed.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection on 7 & 8 June 2016 we had found that some unwanted medicines had not been returned to the pharmacy as required and the stocks had not been checked for two months prior to the inspection. The audit system in place at the time had been delegated to nursing staff and no oversight had been maintained. At that time, we received reassurances that the providers process for auditing would be reviewed in light of national guidance and inspection findings. At this inspection we found that improvements had been made and the audit and checking had been robust. Old and unwanted medicines was well managed and returned to the pharmacy when no longer needed. Oversight of audits was regularly completed.

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

- Regular checks and audits were undertaken of the systems and records in the home to ensure that people using the service were safe and well cared for in all aspects of their lives.
- Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.
- A quarterly award for staff had been introduced whereby one staff member is selected by senior staff, recognising the contribution that an individual had made in the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- The registered manager undertook regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager advised that they were well supported

by the provider and in addition to the providers representative they had access to an intensive support team for additional specific support or guidance.

- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well

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

- Staff advised that they had opportunities to speak with the registered manager at any time. Staff advised that the registered manager was supportive and commented that they found supervision meetings positive and useful.
- Staff advised that they felt well supported and had opportunities to keep up to date through training that had been provided. One staff member spoke very positively about the training received, and another staff member advised that supervision was valuable and provided an opportunity to raise any issues with the manager. They told us, "The manager is approachable. We can ask anything and at handovers we often have useful impromptu discussions about the care provided."
- The provider had an established system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. Quality assurance surveys were conducted on specific aspects of the service monthly and in addition there was an annual survey.
- The registered manager had advised CQC through the annual Provider Information Return that pictorial information cards and other forms of accessible information were available for use with people lived in the home. At this inspection all people used verbal means of communication and the staff were familiar with and understood what people were requesting or indicating.
- Regular audits and checks were made by representatives of the provider as well by the registered manager.
- The registered manager advised that they kept up to date with developments and changes in care practice through several routes including accessing on line resources.

Working in partnership with others.

- We found the home worked in partnership with other agencies and records detailed how medical and health professionals had been involved in people's care.
- Relatives made positive comments about the leadership provided and indicated that staff worked well to provide the level of care needed. They were involved in discussions about plans and changes. Relatives said that they were always welcomed into the home.