

Unity Homes Limited

Highgrove House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Highgrove House is a residential care home providing personal care to up to 43 people. The service provides support to adults some who may be living with dementia or a physical disability. At the time of our inspection there were 33 people using the service.

People's experience of using this service and what we found

People told us they felt safe at Highgrove House and staff were aware of safeguarding procedures. However, there were shortfalls in environmental safety checks because people did not always have accessible call bells to summon for help should they require it. There were shortfalls in the safe use of medicines.

Risks to people had been assessed including risk of falls, choking and nutrition. The home was following safe infection control practices. There were adequate numbers of staff and the provider followed safe recruitment processes.

The provider needed to improve their practices to ensure people could be supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. Mental capacity assessments for specific decisions had not always been carried out for some people. The provider had sought relevant authorisation to protect people from unlawful restriction under Deprivation of Liberties (DoLS). People's care needs were assessed, and staff worked with other organisations to meet people's health needs.

The registered provider and their staff used a variety of methods to assess and monitor the quality of the service. However, the provider's systems and processes needed to be robust to ensure shortfalls were identified and acted on in a timely manner. We identified shortfalls in the systems for medicines management, environmental checks and the system for assessing people's consent. Staff worked in partnership with a variety of agencies to ensure people's health and social needs were met. We received positive feedback from visiting relatives and staff regarding management.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. We

reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highgrove House on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to the management of risk associated with the environment, safe use of medicines, mental capacity assessments and good governance at this inspection. Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Highgrove House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Highgrove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with CQC. This means that they and the registered provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 08 April 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

We spoke to five people who used the service and we spoke with three relatives. We spoke with six staff members, the registered manager and the operations director. We reviewed a range of records including care records for six people. We looked at medicines and records about medicines for 14 people. We spoke with senior carer staff who were administering medicines on the day of the inspection. We looked at two staff files in relation to recruitment and staff supervisions. A variety of records relating to the management of the service, including health and safety records were also reviewed. We walked around the home to observe the environment and interactions between staff and people.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered manager and their staff assessed risks to people and in some cases, risks were reviewed, and correct action was taken to reduce the risk. However, we found shortfalls in the risk monitoring process. Risks around the environment had not been adequately monitored. We observed eight bedrooms and one ensuite toilet which did not have usable, working nurse call bells. This was because the call points had no cords for people to use to summon for support. Four of the people had risk assessments which showed they were unable to use the nurse call bells; however, the rest were not accessible. We could not be assured people would be able to summon for help should they require support in an emergency.
- Communal areas such as lounges had one nurse call bell point which was not in within reach of all people who used the lounges should they need to summon for help in the event of an emergency.
- The provider's audit processes had not included these checks therefore these safety issues had been left unnoticed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions they had taken to address some of the concerns and introduced suitable checks of the environment and equipment.

- People were protected against risks associated with fire. The provider had carried out regular checks and servicing on the premises and equipment in line with manufacturers' recommendation however this was not consistent as evidenced by the shortfalls in call bells systems.
- In majority of the cases the registered manager and their staff referred to current legislation and standards to achieve good outcomes. However, they this was not consistent in relation to seeking consent.

Using medicines safely

- The provider needed to improve their medicines management practices to support the safe use of medicines. We observed medicines being administered safely however, medicines records were not always signed to show if people had received their medicines. While most of the medicine's records were accurate, five of the records we reviewed had missing signatures. We identified one person's records had not been signed for three days. We could not be assured that people had received their medicines as prescribed.

- Records for the use of topical creams and for the administration of thickening powders had not always been signed to show they have been administered as prescribed. The registered manager took immediate action to address this and the concerns were not widespread.

Systems had not been effectively implemented to assess and monitor the safe use of medicines. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were stored safely. We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. Controlled drugs are drugs or other substances that are tightly controlled by the government because they may be abused or cause addiction.
- Staff had guidance to follow when medicines were prescribed to be given "when required" or with a choice of dose.

Systems and processes to safeguard people from the risk from abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse and their human rights were respected and upheld by staff who had received training on safeguarding adults. Comments from people and some relatives included, "I am safe here and have no concerns about my care." And, "The care is absolutely brilliant, nothing is too much for them here and they will do anything for me or my [family member]." Staff said they felt able to challenge poor practice and report their concerns.
- The registered manager had followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.
- The provider had systems to record and review and investigate accidents and incidents. Medical attention was had been sought where that was required. Lessons learnt from incidents were shared among the staff team to prevent re-occurrences.

Staffing and recruitment

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.
- The provider operated systems to ensure there were enough suitably qualified staff to meet people's assessed needs.
- The provider had a system for assessing staffing requirements in the service. Rotas and our observations showed that there were adequate numbers for staff to support people in a timely manner. We observed staff responding to people's requests for support promptly.

Preventing and controlling infection including the cleanliness of premises

- People were protected against the risk of infection. The service was visibly clean, and people said they thought the home was kept clean. Staff had received training in the prevention and control of infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The home facilitated visits which aligned with the most recent government guidance. Visits from friends and family were actively encouraged to help maintain important relationships and aid people's emotional well-being.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to make specific decisions had not always been assessed and recorded in line with the Mental Capacity Act. Records we reviewed showed capacity assessments had not been carried out for specific decisions for two people in relation to moving their bedrooms and whether a person had the capacity to be involved in a relationship with another in the home.
- Mental capacity assessments had not been carried out for two people who required their medicines to be administered covertly. Covert medications are medications that are given to a person without his/her knowledge and often disguised in food or drink.

There was a failure to seek consent and assess people's mental capacity to make specific decisions. This was a breach of Regulation 11 seeking consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had applied for DoLS authorisations for people where there were risks in relation to their capacity and safety.
- Staff had received MCA/DoLS training and were observed asking for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Information gathered during assessment was used to create people's care plans and risk assessments.
- Care and support for people was reviewed regularly or when people's needs changed.
- The registered manager and their staff referred to current legislation and standards to achieve good outcomes.

Staff support, training, skills and experience

- The registered manager had supported staff to ensure they received suitable induction and training at the beginning of their employment. Staff received supervisions and appraisals in line with the provider's policy.
- Staff were up to date with their training and could request additional training where required. One staff member said, "We get to complete online training and discuss what we learn afterwards, it works well."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. Staff supported those who required help with healthy eating or a special diet to manage their health conditions. We saw an example of good outcomes for a person who lived with diabetes. Staff had supported them which led to significant improvements and they ceased relying of medicines to manage their condition.
- We observed people being supported with their meals, the atmosphere was pleasant, and food was presented in an appetising manner.
- The registered manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. People's care plans demonstrated professional advice was recorded and acted upon.
- Staff had a good understanding about the current medical and health conditions of people they supported.
- People were supported to meet their oral health care needs. Records contained oral hygiene care plans and people were supported to access a dentist should they require one. The registered manager shared with us the difficulties they face to access dental care for people in the home and within the locality.

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

- The provider needed to make some improvements to ensure people's individual needs were met by the adaptation and design of the service. While the layout of the home was suitable for people's needs, the lack of accessible nurse call bells in communal areas could compromise people's safety, independence and dignity. The provider informed us they had plans to renovate the premises and will address these immediately. We have addressed this in the safe domain of this report.
- People had a choice of areas where they could meet their visitors and participate in activities or spend time on their own. Outdoor space with seating was accessible to people and their visitors.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff and management understood their roles in relation to quality performance and regulatory requirements. The provider had established a governance system to monitor and evaluate the quality of the care provided and to ensure compliance. However, during this inspection, we identified areas where the governance system had not been effectively implemented to identify concerns and promptly address shortfalls. This included areas such as environmental safety checks, medicines management records and the assessment of people's mental capacity. This meant the governance system had not been effectively implemented to identify decline in quality.
- The registered provider had formal audits to check the quality of care and people's experiences of receiving care. We identified shortfalls that had not been identified by the audit system before our inspection.
- Before the inspection we carried out a regulatory assessment of the service. During the exercise we were assured that specific actions had been carried out in relation to two people's capacity to make specific decisions and risk assessments had been completed for specific concerns. On our inspection visit we found this not to be the case. This meant assurances provided to us during the regulatory assessment were inaccurate which has an impact on our ability to carry out our regulatory role effectively and seek assurance from the provider about people's safety. We met with the provider after the inspection and discussed the concerns.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions identified had been addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems for promoting person-centred care to support high-quality, person-centred care. Care records reflected people's preferences and opinions.
- The registered manager knew how to share information with relevant parties, when appropriate. They

understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding concerns and serious incidents as required by law.

- People told us the staff team shared information with them when changes or incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and their staff engaged with people and considered their equality characteristics and they worked in partnership with other agencies including local health professionals and hospitals.
- People and their relatives told us they were involved in the planning of their care. Comments included, "The manager is very good; Staff are nice and lovely, any problems they will ring me and I can always raise issues with the manager they listen" And, "I can't sing their praises highly enough."
- The registered manager had developed close links and working relationships with a variety of professionals within the local area.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to assess people's mental capacity to make specific decisions. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe or unsuitable premises because of inadequate environmental checks. People's medicines were not always safely managed. Regulation 12(1) Safe Care and Treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c) HSCA RA Regulations 2014 Good governance