

Highcroft Care Blackpool Limited

The Highcroft Care Home

Inspection report

599 Lytham Road
Blackpool
Lancashire
FY4 1RG
Tel: 01253 402066

Date of inspection visit: 25 August 2015
Date of publication: 30/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection visit took place on 25 August 2015 and was unannounced.

The Highcroft Care Home is situated in a residential area of Blackpool. Accommodation is provided in single rooms. There are two communal lounge, dining room and garden areas to the rear of the premises. Parking facilities are at the front of the home. The service is registered to provide care for people without nursing needs. At the time of the visit there were 27 who people who lived at the home.

There was a registered manager in place. 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.

At the last inspection 22 January 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection, people who lived at the home and their relatives told us they felt safe. We observed staff were respectful and caring towards individuals and had a

Summary of findings

good understanding of how to protect them against abuse. One staff member said, “I understand the different types of abuse and the process to follow should I witness something untoward.”

There were sufficient staff on duty to meet people’s needs. However, not all new staff had been recruited in-line with national guidelines. For example the application form for employment at the service did not request any gaps in people’s employment to be explained.

We have made a recommendation about the appropriate recruitment of employees.

People who lived at the home were given a full menu choice at all meal times and could have refreshments whenever they wished. We observed this happened during the day of our inspection visit. One person who lived at the home said about the quality of food, “The food is good.”

We checked how medicines were administered to people. This was done in a safe and appropriate manner. There was a clear audit trail of medicines received and administered.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors we spoke with told us they were always made welcome when they visited their relatives.

The care plans we looked at were centred on people’s personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. Activities were organised daily and trips out to the local community had taken place.

We found a number of audits were in place to monitor quality assurance. The manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

Summary of findings

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.

There were sufficient staff on duty to meet people's needs. However, not all new staff had been recruited in-line with national guidelines.

The service had procedures in place to protect people from the risks of harm and abuse. Staff spoken with had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments were undertaken to identify risks to people who lived in the home. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

Good



Summary of findings

The registered manager and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Is the service well-led?

The service was well-led.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks were regularly undertaken and identified issues were acted upon.

The views of people living at the home and relatives were sought by a variety of methods.

Good



The Highcroft 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 was an unannounced inspection visit carried out on the 25 August 2015.

The inspection visit was carried out by two adult social care inspectors and by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a care background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at the service. They included the registered manager, six staff, three relatives, and a health professional visiting the home and 10 people who lived at the home. We also contacted Blackpool commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. We observed interactions between staff and people who lived at the home during the day. Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included three recruitment of staff, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service.

Is the service safe?

Our findings

We spoke with people living in the home. They told us they felt safe and their rights and dignity were respected. They told us they were receiving safe and appropriate care which was meeting their needs. A relative we spoke with said, “I feel good about [my relative] being here she is safe and well cared for.” A person who lived at the home said, “I have no issues I feel the staff care for me well and I feel secure and safe.”

We found call bells were positioned in bedrooms close to hand so people who lived at the home were able to summon help when they needed to. We checked the system and found staff responded to the call bells in a timely manner. One person who lived at the home said, “The staff are busy but they come soon after I press the bell.”

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. People we spoke with said they were safe and had no concerns about their care. Discussion with the registered manager and staff confirmed they were aware of the local authorities safeguarding procedures and these would be followed if required.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care practices. We looked at training records for staff and found the registered manager and staff had received safeguarding vulnerable adults training. Staff spoken with confirmed this. One staff member said, “I understand the different types of abuse and the process to follow should I witness something untoward.” The service had a whistleblowing procedure which was on display in the hallway. Staff spoken with told us they were aware of the procedure. They said they wouldn’t hesitate to use this if they had any issues or concerns about other staff members care practice or conduct.

There was evidence in peoples care records we looked at of risk assessments. They included falls management and moving and handling. The risk assessments were updated, however not all had been updated regularly. The registered manager informed us risk assessments were all being reviewed and updated to ensure they had the correct information for each individual. We saw evidence of how

they responded to risk by seeking medical advice and implementing that advice to achieve change. For example one person was identified as losing weight. This was highlighted as a nutritional concern and an action plan was agreed following contact with the General Practitioner (GP). Records now highlighted the person had started to gain weight and was being monitored.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened.

We had a walk around the premises and found all areas to be clean, tidy and maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective equipment for example wearing gloves when necessary. One staff member said, “The place is kept clean all the time as you can see.” A visiting relative we spoke with said, “The cleaning staff do a sterling job it is always clean when we come here.”

We found that some window restrictors were missing in two bedrooms and on the day we inspected one bedroom window was locked and one window we were unable to open. The registered manager assured us that these issues would be addressed. The maintenance person attended to the repairs during the day we were at the service.

We found the management team had sufficient staffing levels in place to meet people’s needs. Comments from staff included, “Staffing levels are fantastic.” Also, “We are getting more time to spend with residents, we are having a laugh together.” A relative said, “I feel there are enough staff around to keep [my relative] safe.” Staffing levels had been assessed and were monitored as part of the management team audit processes. The registered manager told us they reviewed staffing levels on a regular basis. For example when admissions went up or down, staffing levels were amended.

We looked at three recruitment records of staff. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. However the employment application form needs to request an explanation of any gaps in employment history of the person. This would support the

Is the service safe?

registered manager to make an informed decision for suitable staff to be employed. The registered manager ensured us the application form for employment would be amended to request the information required.

We checked how medicines were administered to people. This was done in a safe and appropriate manner. There was a clear audit trail of medicines received and administered. Related medicine documents were clear, comprehensive,

fully completed following national guidance on record keeping. Medicines were stored safely and staff we spoke with resented a thorough knowledge of the management of medicines, including controlled drugs.

We recommend the provider seeks advice and guidance to ensure all employment checks for potential staff are in place prior to employment in line with national guidance.

Is the service effective?

Our findings

From our observations and discussions with health professionals, people who lived at the home and relatives, we were able to confirm people were receiving effective and appropriate care which was meeting their needs. Comments included, “The care is very good. The staff do try and accommodate me.”

We looked at training records for staff members. Records showed members of staff had completed key training in all areas of safeguarding vulnerable adults, First aid and moving and handling techniques. Certificates of staff awards were on display in the reception areas. Training for these topics were updated on a regular basis. This was confirmed by records we looked at and talking with staff members. Staff told us access to training courses relevant to their roles was good. One staff member said, “Any training courses that become available are always supported by the manager.”

Staff told us they were also encouraged by the management team to further their skills by undertaking professional qualifications. For example staff told us they had completed a national vocational qualification to level 3 and 4 (NVQ). The continuing programme of training for staff ensured staff were competent to provide quality care because they had the skills and knowledge to support people.

We looked at staff supervision and appraisal records to check that staff were supported to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. Staff we spoke with told us they received regular one to one meetings with the manager on a formal basis.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection the registered manager had completed applications to request the local authority to undertake (DoLS) assessments for a person who lived at the home. The registered manager had followed the correct process to submit an application to the local authority. We did not see any restrictive practices during our inspection visit.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The cook said, “We do cater for all needs and special diets such as blended foods.” We observed people were offered drinks throughout the day and mealtimes were unhurried and relaxed. One relative said, “They take their time with helping people with their food, I was quite pleased.”

The kitchen and dining areas were clean and people were able to choose where they wished to have their meal. For example people ate in the lounge and some in their bedroom it was their choice. Food safety, equipment and food temperature checks were up-to-date. People who worked in the kitchen had received ‘food and hygiene’ training relevant training. The service had been awarded a five star-rating following their last inspection by the Food Standards Agency. This graded the service as ‘excellent’ in relation to meeting food safety standards about cleanliness, food preparation and associated record-keeping. Comments about the quality and quantity of meals included, “The foods good.” Also, “There is a choice if you don't like something.”

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken. On the wall in the office was a flowchart highlighting how, when, and whom to contact should a person become unwell. This allowed all staff to have effective links with other organisations and agencies in a timely manner.

Is the service caring?

Our findings

People who lived at the home, relatives and visiting health professionals told us staff and the registered manager were caring, kind and respectful. One person who lived at the home said, “The manager is so kind and caring, in fact all the staff are.” A relative we spoke with said, “The home had a warm and cosy feel, I think overall it’s been very good, bordering on excellent”.

During the day of our visit we observed care practices between staff and people who lived at the home. This helped us to observe the daily routines and relationships between staff and people who lived at the home. It enabled us to gain an insight into how people’s support and care was managed and delivered to them. We saw many examples of staff displaying a caring, respectful attitude towards people. We observed staff knocked on doors before entering bedrooms and waited for a response. One staff member said, “I treat people how I want to be treated. I would expect people to knock on my door before entering.”

We observed two staff members supporting a person to move around the building using a hoist. The staff spoke gently to the person reassuring them of the process and engaged in conversation throughout the procedure. We spoke with the person being moved who said, “I do get anxious when using the equipment but the staff are so gentle and kind.”

Throughout the day we saw people could move around the premises from one room to another with staff oversight. One person said, “There is staff around to help should I need them. They are so kind.” Routines were relaxed and arranged around people’s individual and collective needs. We saw people were provided with the choice of spending time on their own or in other areas of the building. We noted there was staff always available to support people who required assistance.

Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity.

One staff member said, “We have had instruction and some training around respecting people and how to provide person centred care in a respectful, patient way.” We saw examples of kindness towards people during the day. For example staff spoke with people in a respectful way and always had time to sit and chat should someone want to talk with them.

On the day of the inspection we observed three health professionals visit the service to manage ongoing health issues. Staff communicated sensitively, effectively and professionally in a way that allowed that person’s privacy and dignity to be promoted.

We examined care records of people who lived at the home. We found care records were comprehensive and checked people’s individual preferences, strengths and needs. We noted care plans were personalised to the needs of the people they concerned. People were happy in the way staff supported them and the way their care was provided. Comments from people who lived at the home included, “I come and go as I please staff encourage me to be as independent as possible.”

Care records we checked showed evidence discussion had and were taking place regarding end of life care. This demonstrated a respect for people’s views, preferences and wishes. People had contributed to the planning of their own end of life care.

Prior to our inspection visit we received information from external agencies about the service. They included the commissioning department at Blackpool local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided.

We spoke with the manager about access to advocacy services should people require their guidance and support. They had information details that had been provided to people and their families. This ensured people’s interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and had a good understanding of their individual and collective needs. The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. A relative stated that they were kept informed on their family member's care requirements. All the people we spoke with felt staff were responsive to their needs. For example One person said, "If I want something that the home does not have and they can provide it for me they will."

People informed us they were encouraged to participate in a range of activities which kept them entertained and occupied. The activities were undertaken both individually and as a group. These included, entertainers visiting the service, music games and peoples chosen interests. The home had an activities co-ordinator who worked two days a week. People we spoke with were happy with the activities. There was documentation showing individual and group activities organised by the co-ordinator. Activities were flexible around the mood and personal preferences of those taking part. One family member we spoke with said, "They [the Home] adapt to people's needs".

We spoke with the registered manager and staff about their process for care planning when people were admitted to the home. They told us care plans were developed with the person and family members if appropriate as part of the assessment process. We found examples of this in care plans with input from relatives or the person themselves.

Care records of people who lived at the home detailed and personalised. We noted not all documents had been signed and dated by staff. We discussed this with the registered

manager, who assured us this would be reviewed and addressed in line with national guidance on record-keeping. The plans contained information for staff on how identified needs can be met and taking into account all expressed wishes and preferences.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. This was confirmed by talking with people who lived at the home and their relatives. Relatives we spoke with told us they were always made welcome at any time. One relative said, "Never a problem what time of day or night I come here. I am always made welcome." A staff member we spoke with said, "We do encourage family members to come and visit us at any time. We like them to join in with the homes events and social activities."

The service had a complaints procedure on display in the hallway/reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint.

We discussed the management of complaints with staff. They had a system of recording and responding to any complaints or issues that was brought to the registered manager's attention. Staff spoken with demonstrated a good understanding of the process for responding to concerns/complaints. One staff member said, "As you can see we have very few complaints or grumbles but we would take any one seriously and act upon it." People and their relatives/friends told us they felt their concerns were listened to and acted upon appropriately. One person who lived at the home said, "I do know who to speak to if I had any complaints, but I don't. Another person said, "I know the manager would look into any issues I might have. I would not be frightened to raise any concerns if I had any."

Is the service well-led?

Our findings

People who lived at the home, relatives and staff told us they thought the registered manager and owners ran the home well. Comments from people who lived at the home included, “A very good manager.” Also, “She runs a very good ship always willing to help out.”

People told us the atmosphere was relaxed around the premises. We observed staff were not rushing around and saw the registered manager and senior staff supporting carers in their role. One staff member said, “I never have a problem of talking to [manager] she makes herself available to care for the residents.”

There was good visible leadership, the registered manager showed good knowledge of their role and responsibilities. They showed understanding and an awareness of the operational issues around the home. It was evident by our observations the registered manager had a positive relationship with the people who lived in the home and the staff. Comments included from a staff member, “[manager] is easy to get along with we have a good relationship.”

Staff and relatives told us that the registered manager was very supportive and had good leadership skills. Comments included, “Always makes herself available for a chat if you need to speak to her.” A relative said, “She is approachable and makes time to talk to you if you want to.”

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. One staff member said, “You can always rely on [manager] she is a very good manager, you know where you stand.” The staff told us they felt the service was well led and they got along well as a staff team and supported each other.

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example relatives were encouraged to attend resident/relative meetings and contribute to the running of the service. An example of action taken following a residents meeting was a suggestion for a baking activity to be introduced. The activity co-ordinator arranged a cooking and baking afternoon for the people who requested this. Comments about the activity included, “It has been a success”. Also from a person who lived at the home, “I do enjoy the baking.”

Annual satisfaction surveys were sent to people who lived at the home and relatives. We looked at completed forms from the last survey, which was very positive about the quality of the service provided. A relative said, “It is a good home and I do complete questions when they are sent out.”

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were taking place and covered areas such as care planning for people who lived at the home and the environment. A recent environment audit highlighted cleaning issues with a part of the building. Records showed the action the management team took to address the issues and the date was completed. This demonstrated how regular audits identified issues and action could be taken to continually improve the service for people.

Staff handover meetings were held daily. These meetings discussed the day's events to staff coming on duty and kept people informed of any issues or information staff should be aware of. This kept staff up to date with information concerning people so that they could provide the best care with all the information received from the previous staff.