Teamcare Limited

Teamcare Limited t/a Highcliffe Residential Home

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 caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 8 & 9 September 2016, the first day was unannounced. The service was last inspected in November 2013 and was found to be meeting all the regulations we reviewed.

Teamcare Ltd are registered to provide accommodation for persons who require nursing or personal care at Highcliffe Residential Home. The provider is not permitted to provide nursing care. The home is located in a residential area of Whittle le Woods near Chorley and provides care for up to 24 older people. The home was fully occupied at the time of our inspection.

At this inspection we identified three breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Within the main body of this report you can read the details of the identified breaches and see what action we have taken at the end of the report. We also made three recommendations within the report. Recommendations are made where regulations are not breached but steps should be taken to ensure quality and standards are maintained.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All of the people we spoke with who lived at the home told us that they felt safe. We did find a number of accident and incident records showing that people had fallen, many of which were unwitnessed falls. A number of these issues needed to be reported to, or at least discussed with the local authority safeguarding team.

The home had a medicines management policy in place and all the people we spoke with felt their medicines were managed safely. However we found a number of recording issues within the Medication Administration Records (MARS) we reviewed. It was evident from looking at MARS and from discussions with staff that there were different systems in use for how some medicines were recorded.

We found some issues with prescribed creams. This included opening dates not being recorded which made it difficult to ascertain whether some creams were out of date or when the use by date was due to expire.

We saw that risk assessments were in place within people's care plans which were regularly reviewed. However some risk assessments needed to be more personalised to the individual. Some of the resulting actions implemented via risk assessments were done without the recorded consent of the individual.

The service had robust recruitment policies which meant that the staff in the service had been appropriately assessed, interviewed and received the necessary clearances required to work with vulnerable people.

The home had the appropriate level of staff in place to meet the assessed needs of the people living at the home. No agency staff were used to cover for staff absences as this was done via the existing staff team and a small team of bank staff.

Staff received regular supervision from their line manager and told us that they felt supported in their work. However we found a number of staff had not received up to date training in some areas. The registered manager told us that training was being sought and we saw some evidence that this had either begun to happen or had been arranged.

Staff were able to talk about consent and how they gained consent from people prior to delivering personal care. However staff understanding of the Mental Capacity Act and how this legislation could potentially affect people living in the home was limited. We also found some issues with regards to written consent. We have made a recommendation about this.

People we spoke with were complimentary about the food they ate in the home. We observed people who needed assistance were helped in a patient and considerate manner by care staff. We did however find some anomalies between recorded information and what the cook and care staff told us about some people's needs.

People and their relatives consistently told us that the approach of the staff team was kind, considerate and empathetic. We received a number of positive comments in this area. This was also backed up by the comments of professionals who were involved with the service.

Care staff we spoke with were knowledgeable about the provision of end of life care. Some staff had received specialist training in this area and established links were in place with a local hospice.

Care plans were in place and were in the main person centred. However the information within them was not always consistent and the information was not easy to navigate easily.

People and their relatives told us they knew how to make complaints and were confident that if they did they would be listened to.

The home had a dedicated activities coordinator and we saw good evidence that activities took place both within and externally to the home. Feedback was positive in this area.

People, relatives and staff spoke positively about the registered manager and how the home was run. We saw that all the staff team had a positive approach and the culture within the home was positive. There were clear lines of responsibility and accountability in place.

There was a good range of communication methods in place for people and their relatives including monthly newsletters and quality assurance questionnaires.

There was evidence in place that audits took place at the home however we questioned the effectiveness of some of these as they had not picked up some of the issues we found during the inspection. We have made a recommendation about this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found some issues with the management of medication including recording, dating and medicine counts. It was apparent that staff were using different systems to record some medicines.

The home had safeguarding protocols in place however some staff were not aware of who to report potential safeguarding issues externally to the home. We also saw some potential safeguarding issues that had not been referred to or discussed with the local authority safeguarding team.

We saw that risk assessments were in place within people's care plans however some of them were not personalised and did not sufficiently manage the potential risks to the individuals concerned.

There was enough staff on duty to meet the assessed needs of people in the home.

Recruitment policies and procedures were in place to help ensure safety in the recruitment of staff.

Is the service effective?

Requires Improvement

The service was not always Effective.

People were assisted to access medical professionals such as GP's in a timely manner.

Staff received formal support via regular supervision with their line manager. Staff we spoke with told us that they felt supported.

Whilst staff did received training it was evident from reviewing staff files and training records that some training was in need of being updated.

The home was working within the principles of the Mental Capacity Act however staff understanding if the legislation and

what it meant for people in practical terms was limited.

Is the service caring?

Good

The service was Caring.

The staff and people living in the home interacted well. Staff were observed to be caring and empathetic to people and their needs.

We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing.

Relatives we spoke with said they could visit the home whenever they wished to without restriction and were always made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not always Responsive.

We found people's plans of care to be written in a person centred way, however we found care plans to be difficult to navigate as there was a lot of historical information within them. There was also inconsistency between information within different sections of people's care plans.

People were confident to share their concerns with the registered manager or staff and complaints were managed well.

Staff responded to people and anticipated their needs well.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

People, relatives and staff spoke highly of the registered manager and told us she was visible in the service, approachable and competent.

The culture was open and transparent. Staff all worked toward the same goal of providing good quality care for people who lived there.

A suite of audit and quality monitoring tools had been developed and were being utilised. However these were not always identifying shortfalls in provision.

Teamcare Limited t/a Highcliffe Residential 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 8 & 9 September 2016, the first day was unannounced.

The inspection team consisted of two adult social care inspectors including the lead inspector for the service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested that the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider had completed the PIR prior to our inspection and although they had not submitted the form we were able to view the information completed. We used the information to help plan this inspection and gave guidance regarding how ti submit the PIR for future reference.

We spoke with a range of people about the service; this included six members of staff including the registered manager and the provider, six people who lived at the home and four relatives, some of whom we spoke to on the telephone a few days after the inspection visit.

We looked at the care records for four people who used the service and the personnel files for four members of staff. We looked at a range of records relating to how the service was managed including training records, quality assurance systems, policies and procedures and the homes website.

Requires Improvement

Is the service safe?

Our findings

The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. We observed a member of staff administering medicines and found they did so in line with best practice guidance. Medicines were only administered by staff who had received training to do so safely. Staff we spoke with were able to describe what each medicine was for.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them. We asked people if they felt care workers were competent when handling their medicines. Comments we received included, "I get my medication every morning. I'm not sure what I'm taking, I just leave it up to them (staff)." When we asked that person if they felt comfortable asking what their medication was for they told us they did but did not want to know.

The service had a homely remedies policy in place. A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies. They can be used in a care home for the short-term management of minor, self-limiting conditions such as a headache, cold symptoms, cough, mild diarrhoea, occasional pain. We observed people being asked in a discreet manner if they wished to receive any pain relief.

We did find some issues with how medicines were recorded. Medication administration records (MARS) had gaps in them which meant it was difficult to ascertain if people had received their medicines. This was mainly an issue with PRN or 'as needed' medicines. It was apparent from looking at MARS and from discussions with staff that there were different systems in use for how PRN medicines were recorded. For example some staff had recorded 'Other' on the MARS without an explanation as to what this indicated.

We also found issues with some prescribed creams. One person's eye cream was potentially out of date however it was not clear as the opening date was not recorded. We found some other examples of creams and liquids not having their opening date recorded.

We saw that medicines delivered only had one signature against them. We were told that two people did sign them in however only one person signed for them. Going forward we suggested that two people should sign medicines in to ensure that stock levels are correct as we did find some counts did not tally correctly.

Generally medicines were stored safely although we found that medicines that needed to be refrigerated may not have been as the thermometer recording temperatures was not working properly. We discussed this issue with the registered manager. The registered manager ordered a new thermometer immediately to ensure that the temperature within the fridge was correct to store the medicines that needed to be temperature controlled.

We found these issues to be a breach of breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

The home had a safeguarding and whistleblowing policy in place. This meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected. We spoke with staff about the homes safeguarding procedures. All the staff we spoke with were clear who to report safeguarding issues to internally but some were not aware of who to report issues to externally. This is important as there may be times that staff feel issues are not being addressed when reported internally or there may be circumstances when reporting potential issues internally are not appropriate.

We saw that whilst all staff had received safeguarding training a large number of staff had not received training since 2013 in this area. We discussed this and some staff's lack of knowledge regarding who to report issues to externally with the registered manager and they told us that they were looking to update training and that this had already begun in a number of areas. We did see evidence of recent training but not for safeguarding.

The home had made one safeguarding referral during the 12 month period prior to our inspection. This had been investigated by the local authority and the incident had been closed down with the home found to have followed the appropriate processes. We saw that the home kept a record of all accidents and incidents. There had been a high number of accidents and incidents reported in recent months. For examples there were 22 accidents reported in July 2016. It was not always clear how accidents and incidents were managed or that any subsequent learning from such incidents had taken place. A number of the recorded accidents were unwitnessed falls. We saw that none of these falls had been reported via safeguarding procedures and only one person had been referred through to the falls team.

One person's care plan we looked at contained three recent potential safeguarding incidents. Two were unwitnessed falls resulting in head injuries and one incident referred to the person self-harming. We asked the registered manager to discuss these issues with the local authority safeguarding team as we felt they were reportable under safeguarding protocols. The registered manager rang us following our inspection to confirm that they had had a discussion with the local authority who advised they were not safeguarding issues. However a discussion or referral needed to take place given the injuries sustained by people to ensure that the home was mitigating any further risks to people's health and well-being.

We found these issues to be a breach of breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

We saw that risk assessments were in place within people's care plans. An initial risk assessment and indicator of dependency was carried out prior to people being admitted to the home. This included areas such as; mobility, elimination, eating and drinking, communication, personal hygiene and medicines management. There were specific risk assessments in place for areas such as falls, manual handling and for people's rooms. We also found evidence that the Malnutrition Universal Screening Tool (MUST) was used at the home. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. We saw that risk assessments were reviewed regularly and changed in line with people's needs.

However we did see some risk assessments that needed to be more personalised to the person it related to. For example some people had bed rails in place to ensure they were secure at night. However risk assessments for bed rails were about the bed rails themselves and to ensure that they were fitted correctly and were in good condition. They did not take into account the risk posed to the individual by having bed rails in place or why they were needed in the first place. We also found little in the way of consent from people to their use. We recommend that all risk assessments for bed rails are reviewed to ensure that they

are personalised to the individual they relate to and show they are deemed the least restrictive option.

All of the people we spoke with who lived at the home told us that they felt safe. One person told us, "As far as looking after people here they couldn't put more into it than they do. I feel perfectly safe." Another person said, "Yes, I feel safe". Another person told us, "The best thing about being here is that I feel safe."

Relatives we spoke with told us they had no concerns for the safety of their loved ones. One relative said, "We have a lot of confidence and trust in the home and the staff."

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought. The home has disciplinary procedures in place and staff displayed a good awareness of these procedures when we spoke with them.

We looked at how the service was staffed, to ensure people's needs could be met safely. People we spoke with told us they felt there were always enough staff on duty, as did all the relatives we spoke with. We observed staffing levels to be sufficient on both days of our inspection and from reviewing historical staffing rotas. We found staffing levels to be sufficient to meet the needs of the people in the home. The home did not use agency staff to cover for absences. This was done between the team and a small bank staff available.

Requires Improvement

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the support they received to maintain good health. Everyone confirmed that care workers would support them to access a medical professional, such as a GP or district nurse if they were unwell and we saw evidence of this via people's care plans and daily notes. One person we spoke with told us, "Yes, I get to see my GP when I need to. If there is anything you want they (staff) come up with something, they are very understanding and helpful." One relative we spoke with commented on what they felt was a great improvement in their family member's health since they had moved to the home. They told us, "When [name] came in here she was very depressed and quiet. She is now doing very well."

People we spoke with told us they thought staff were well trained, competent and caring. One person said, "Staff are nice, they are lovely." Another person told us, "They (staff) are nice people. Some are better than others but as a generalisation you would have a job to find better carers."

We saw good evidence that staff received regular formal supervision and an annual appraisal. Staff told us that they felt supported in carrying out their role and that they received the training they needed to do their job to a high standard.
We did however see that in certain areas staff had not received training for two to three years, safeguarding was one such example. We did see via the homes training matrix that training had been planned in some areas and also saw that training was discussed within staff supervisions.

Staff we spoke with explained that they had received a thorough induction when they first started work at the home, which helped to familiarise them with the home and people who lived there. This included time spent reviewing the home's policies and procedures and working alongside experienced staff. Much of this information was historical as staff we spoke with were established at the home.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was working in line with the key principles of MCA. However we found staff understanding of MCA poor and there was some conflicting information with care plans, for example one person had a do not attempt to resuscitate (DNAR) in place which was signed by a relative even though their care plan stated they had capacity. We recommend that the home checks the validity of all DNAR's in place to ensure that they have been agreed by the person if they have capacity or via a formal best interest process if they are deemed to lack capacity.

People we spoke with told us staff always gained their consent before providing any care interventions. We observed staff approaching and asking people whether they would like any assistance during the course of our inspection. Staff explained that they were there to help people and do things for them when they needed assistance.

Two DoLS applications had been submitted to the local authority but unfortunately one of the people had subsequently passed away. We were told that two other people had potential restrictions in place and DoLS applications were being considered for these people via discussion with the local authority DoLS team. The registered manager had a good understanding of MCA and what it meant in practical terms for the people living in the home. We discussed the lack of knowledge within the care team and were told that MCA training had been commissioned, and we saw some evidence of this within staff files, and that it was also covered within other training such as safeguarding. We were also told that as the majority of people in the home had low care needs that it was not a common issue. However we were told that alongside other identified training this would be looked into when training was updated across the staff team.

People we spoke with were complimentary about the food provided at the home and told us they always had enough to eat and drink. Comments we received included; "Yes, it's good" and "Not bad, you can choose something else if you don't like the main meal."

We observed lunchtime at the home and found it to be a very pleasant experience. People were offered one hot meal but could ask for an alternative choice of what meal they would like to eat each day if what was on offer was not to their taste, which was freshly prepared by experienced and knowledgeable kitchen staff. People we spoke with during lunch told us the food was always of a high quality. At mealtimes, people were offered a choice of drinks including hot and cold soft drinks. We observed some people required assistance to eat their meals. This was provided compassionately and patiently by staff who helped people to maintain their dignity at mealtimes. People were weighed on a monthly basis and we did not find any evidence that people were losing or putting on an excessive amount of weight.

We spoke with the cook at the home who was knowledgeable about the needs of people who lived at the home. They explained that they took time to discuss people's food preferences and regularly changed the menu to incorporate foods which people wanted to eat. However we found some issues within people's care plans around the consistency of some people's food which is detailed within the responsive domain.

Good

Is the service caring?

Our findings

People who lived at the home were very complimentary about the approach of the staff team, as were relatives we spoke with. Comments from people living at the home included; "Staff are nice, they are lovely in fact", "Staff are, and always have been, brilliant" and "I have no concerns whatsoever with them [staff]. I don't know how they do it, they are all very patient. I know I couldn't do it."

Relatives we spoke with had no concerns in this area either, one relative told us, "Staff always go the extra mile. A lot of the residents here don't naturally ask for help and staff are good at seeing this." Another relative said, "Put it this way, I would have no hesitation coming here myself. It is a comfortable home, with great staff and it is managed and coordinated well."

We contacted a number of healthcare professionals following the inspection who either commissioned services at the home or were involved with the home on a regular basis, for example GP's and district nurses. We received positive comments back from them, including the approach of the staff team. One professional told us, "I have always found the staff at Highcliffe very helpful. The staff have always acted on advice given regarding people in the home, I have no issues of concern regarding any of the people we attend to at Highcliffe."

Relatives we spoke with said they could visit the home whenever they wished to without restriction and were always made to feel welcome. They told us that staff knew the people in the home well and called people by their first name. We observed this to be the case throughout the inspection and people were seen to enjoy contact with staff, be relaxed, share jokes and laugh with them in an appropriate manner.

Staff we spoke with were able to talk through how they delivered personal care and how they protected people's privacy and dignity when doing so. Staff did not raise any concerns in this area and told us that there was a strong culture within the home in respect of promoting people's dignity. We observed staff interactions with people during our inspection and found them to be friendly, considered and compassionate. Staff were patient and were discreet when providing personal care interventions. We found people's privacy was maintained during personal care interventions, for example, by closing doors and curtains. We observed staff knocking on people's doors prior to entering rooms and asking if they could enter the person's room.

Staff we spoke with were knowledgeable about the provision of end of life care. We saw that GP's were contacted in good time if people's condition deteriorated and pain relief was put in place quickly. There was no-one receiving end of life care at the time of our inspection. We saw that some staff had received specialist end of life training. The home had made links with a local hospice so end of life care plans could be introduced and to provide further training for staff. We discussed with the registered manger if end of life care was discussed with people and were told that it did form part of the initial assessment but most people did not want to discuss this area.

We saw that information for people on local advocacy services were on display in the home and were told

that this was a discussion held with people and the local authority as necessary, if they had no family or friends to assist them.

Requires Improvement

Is the service responsive?

Our findings

We examined in detail the care files of four people who lived at the home. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. We found people's plans of care to be written in a person centred manner with the language used, however we found care plans to be difficult to navigate as there was a lot of historical information within them. There was also inconsistency between information within different sections of people's care plans.

One example was people's one page profiles which did not reflect people's current needs and abilities. For example one person's on page profile stated that they needed assistance by a member of staff when walking. A recent manual handling assessment stated that the person used a wheelchair to mobilise. There were several other examples when information within care plans did not reflect the information from recent reviews or updated risk assessments.

We also found other information that was not filled in consistently. One example was one person's 'Bath check list'. If what was recorded was to be relied on then it meant this person had not had a bath or shower for the month prior to our first inspection day. We discussed this with the registered manager who told us this was not the case and that the form had not been filled in correctly. We did not observe people to be unclean or untidy and no-one we spoke with had any issues in this area. Another example was people's '1-1 Activity Logs'. Again these were either filled in sporadically or not at all. This did not mean that people were not undertaking 1-1 activities as people we spoke with and their relatives confirmed this happened. None of the files contained people's recorded weights from August but we did find these records separately which needed to be transferred into people's care plans by their key worker. There were also a number of forms and assessments that were either not signed by the member of staff carrying them or dated so it was sometimes difficult to judge what the latest information was.

We discussed these issues with the registered manager who told us that care plans did need updating but that staff were aware of people's needs via daily staff handovers and daily discussions between a longstanding and consistent staff team. We sat in on a staff handover and found the level of detail to be good. As well as this care plans did contain updates within the review sections even if the main care plan did not reflect such updates consistently.

We found similar issues with people's hospital passports which did not reflect people's current needs. This was important as this documentation followed people into hospital or to medical appointments. One person's hospital passport stated that any meat they ate had to be liquidised. However we could not find any professional guidance within their care plan, for example from a dietician or speech and language therapist. The same persons care plan stated that their food needed cutting up however in the next section it stated that 'lumpy' foods needed to be blended. As with other elements of people's care plans information was out of date and was conflicting from one section to another. We were told that if people did go into hospital then an up to date profile would be provided including their current medication needs.

We found these issues to be a breach of breach of Regulation 9 (1) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "There is nothing that bothers me here. I would speak to [name of registered manager] if I had a problem." Relatives we spoke with told us they knew who to approach if they had any concerns. One relative told us, "We have no complaints at all but if we did we would have no issues talking to staff or the manager."

We saw that the home had an up to date complaints policy which formed part of the 'Service User guide' available in each person's room. This included up to date information for people explaining how to raise concerns directly to the home and organisation as well as externally to statutory organisations such as the local authority and Care Quality Commission. The home had not received any formal complaints with the twelve month period prior to our inspection. However we saw that a complaints file was in place in the event that complaints were received so that they could be effectively recorded and kept centrally. Within this file there was an 'incident' recorded regarding the conduct of a member of staff. It was not clear how this issue had been investigated. We discussed this with the registered manager who assured us that the issue had been looked into and that going forward all recorded concerns would be recorded in detail to evidence that an investigation had taken place and appropriate action taken. We were satisfied that the appropriate action had taken place and that this was a recording issue.

The home employed a dedicated activities coordinator who had been at the home for 4 ½ years. They worked five days per week which sometimes included working at weekends and evenings dependent on what activities or events were planned. We saw that an activities calendar was on display on the notice board alongside the homes newsletter which contained details of past and forthcoming activities. The activities coordinator told us that they underwent the same training as care staff and we saw evidence of this within training records.

We were told that some people wanted to be involved in activities more than others which was reflected within the conversations we had with people living at the home. All the people we spoke with told us that they were aware of activities taking place, that they were encouraged to take part but ultimately it was their choice whether they did or not. One person told us, "She [activities coordinator] tries to get us involved. We don't always want to but that's ok." Relatives we spoke with told us that they felt there were lots of opportunities for people to get involved in activities. One relative told us, "There is quite a lot going on. What I like is that there are trips out as well. Not everyone can do this (due to their ability or mobility) but for those that can it's great." Another relative said, "We get the monthly newsletter and get told what is going on. We attend family meetings and see activities happening, we know what is going on."

On the first day of our inspection the hairdresser was visiting the home which they did on a weekly basis. We saw that external trips as well as activities within the home took place. Trips had been taken to Blackpool, local garden centres and Chorley town centre. The home had links with a local school, who came to the home to sing or put on other activities at times such as Christmas. The school also invited people from the home into school and we saw photographs from a recent visit. We saw evidence that activities were discussed at resident meetings so people could request what they would like to do or comment on activities that had taken place.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who lived at Highcliffe Residential Home about the management and culture within the home. The responses we received were unanimously positive. One person we spoke with told us, "It's a really pleasant place to live, the atmosphere is lovely. I enjoy the company here and part of that is the staff. [Name of manager] is very pleasant and approachable as are all staff." Relatives we spoke with also told us that the culture of the home was positive. One relative said, "We don't have any problems at all. We spent about three months looking for a care home and our first impression when we came here was hallelujah. It is clean, the food is great and it's just generally lovely." Another relative told us, "It's like walking into someone's home. We get involved in activities and the monthly service, we are very happy."
We did see some evidence that audits took place within the home in areas such as medication, care planning, infection control and the environment. However we discussed the effectiveness of audits as they had not picked up some of the issues highlighted earlier in this report, for example care plans not fully reflecting some people's needs. We recommend that auditing systems within the home are reviewed to ensure that issues are picked up and acted upon and that audits feedback into service provision effectively.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We sat in on a handover meeting at which an update was given for each person living at the home which included any health issues, medical appointments, sleeping patterns and other relevant information.

We found the service had clear lines of responsibility and accountability. All of the staff members confirmed they were supported by their manager and their colleagues and that they were kept informed of any changes or developments to within the home.

The home had recently been involved with a television production company trialling the possibility of the home being used for a documentary to highlight the positives of living in a care home. Highcliffe was one of four possible homes to be used for the documentary. People at the home and relatives had been consulted and were happy for the home to take part if chosen as they felt it would highlight the positive aspects of living in a care home. The deputy manager told us that the initial testing had gone well and that people in the home had enjoyed the experience. If the home was chosen it would mean that the home would appear on national television which showed that the home was confident in the quality of its care, staff and care practices.

We spoke with the long term owner of the home. They were happy with how the home was run, happy with the staff team and were very involved with day to day running of the home. The owner lived on the first floor of the home so was able to have a constant overview and was available to the registered manager and staff as a result.

Staff we spoke with were happy with the support they received from management and they told us that the owner, register manager and deputy manager were visible in the service and always available to discuss

issues or offer advice as necessary. We saw evidence of this throughout our inspection and that people living at the home, relatives, visitors and staff knew each other well and were relaxed in each other's company. We found the atmosphere within the home to be pleasant, relaxed homely.

We saw that there was a range of communication and consultation methods in place for people and their relatives. This included monthly newsletters that were sent out to relatives and made available to people within the home as well as visitors. The home also sent out an annual quality assurance questionnaire to people who were able to complete them and to relatives and other regular visitors. The questionnaire for 2016 was in the process of being sent out at the time of our inspection.

We reviewed the results of the questionnaire returns for the previous year which had been complied in the form of an evaluation summary. The responses were very positive and the return rate was also good. Eight people, nine relatives and two other visitors had completed the questionnaire in September 2015. Each question had five possible responses ranging from 'Poor' through to 'Excellent'. None of the people who completed the questionnaire had responded 'Poor' or 'Average' to any of the questions. The vast majority of responses were either 'Excellent' or 'Very Good'. For example when people were asked 'How do you rate the overall quality of the home', ten people said it was 'Excellent', five said 'Very Good' and four stated it was 'Good'.

We saw evidence of resident and family meetings as well as staff meetings. This was another method of keeping people up to date with events, activities and any other pertinent information. It also provided another way for people, relatives and staff to ask questions and make suggestions and influence how the service was run. We also saw that a two year business plan was in place that included short, medium and long term objectives for the home.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Staff we spoke with confirmed they knew how to access policies and procedures and referred to them as necessary.

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 9 HSCA RA Regulations 2014 Person-centred care We found people's plans of care to be written in a person centred manner with the language used, however we found care plans to be difficult to navigate as there was a lot of historical information within them. There was also inconsistency between information within different sections of people's care plans which did not reflect their current needs or abilities. Regulation 9 (1) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure that medicines administration records (MARS) were completed correctly or consistently. There were also some issues with other aspects of recording such as open dates for prescribed creams and liquids The provider did not discuss or refer potential safeguarding issues to the local authority for incidents which caused harm to individuals living at the home such as unwitnessed falls. Regulation 12 (2) (b) (g)