

Eagle Care Homes Limited

Highfield House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 31 August 2017 and was unannounced. When we last inspected Highfield House in January 2017 we rated the service as 'good' and did not find any breaches. Since that time we received concerns about this and Highfield Manor (this is the sister home next door to Highfield House and belongs to the same organisation). The concerns did not always specify which home but for this service included a shortage of staff on nights and bullying by management. This inspection was a focused inspection to look at the issues raised.

Highfield House is a large detached house situated close to the centre of Heywood. The home is registered to provide accommodation and personal care for up to 25 people. There were 23 people accommodated at the home on the day of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the staffing rotas, staff meeting records and talked to the registered manager. We found there were sufficient staff to meet the needs of people who used the service.

We looked at the safeguarding procedures and found the service adhered to their and the local authorities policies and procedures.

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

Staff told us that the manager was supportive and approachable, and believed the staff worked well together.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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

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

Is the service well-led?

Good ●

The service was well-led

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

Staff told us that the manager was supportive and approachable, and believed the staff worked well together.

The manager had implemented quality assurance checks to monitor and improve the service.

Highfield House

Detailed findings

Background to this inspection

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

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

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

We did not ask for a provider information return (PIR) because we arranged this inspection at short notice. We used information from whistle blowers and other anonymous people who had shared their experience with us and inspected the relevant parts of the safe and well-led domains.

During the inspection we spoke with two members of staff, the registered manager and area manager. We looked at a range of records including staff rotas, meetings with staff and audits to help maintain and improve the service.

Is the service safe?

Our findings

Staff told us they had been trained in safeguarding vulnerable adults. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy. A whistle blowing policy allows staff to report genuine concerns with no recriminations. The staff we spoke with were aware of safeguarding issues.

Staff told us, "I have never seen any abuse and I would not stand for that at all. I would report abuse. I had a relative who was in a care home whose treatment was not very good so there is no way I would stand for it" and "I have never seen any abuse here. I would report it. I have reported verbal abuse in another home. I am aware of the whistle blowing policy."

We arrived at the service just before seven am to talk to the night staff. However, because changes had been made to the hours night staff worked they had gone off duty. The registered manager said, "The night staff now go off at 7am because of the complaint about the shortage of night staff. Staff told me the night was too long and there were too few staff in the early morning so we trialled the 7am finish. I have spoken to all the staff individually and they agreed it was working better, especially for the night staff. I have been here completing night staff checks several times during the last few weeks and the night staff have never looked stretched. There is normally two staff on here at night and they have support from a senior at the other house if they need it."

We looked at the staffing rota and found there were two staff on each night shift. The numbers of staff were worked out using a recognised dependency tool. This meant each week the manager used the tool to determine the numbers of staff required.

Staff told us, "There are always enough staff here" and "There are enough staff here. We get time to sit and chat and look after the residents. Whilst staff had felt they were short of staff in the early morning the registered manager had responded, made changes and consulted staff before and after the rota amendments.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We have had reports of staff not getting along and arguing with each other an element of bullying. We asked staff how they thought the service was managed. Staff told us, "The atmosphere is very good and has really improved. We help each other out and work as a team. The manager is very approachable. There is no bullying here and the manager has taught me so much. The manager is fair with all members of staff" and "The atmosphere here is brilliant. A good staff team. The manager is absolutely brilliant. Really good here now and things are moving forward. If there are problems the manager deals with them although there are no problems here at all."

The registered manager held meetings regularly with staff. We looked at the records for the meeting held in July 2017 and saw items on the agenda included staffing levels, (this showed the trial of 7am starts was ongoing and night staff were more settled with the shifts), the use of the dependency tool, handovers and staff covering for each other. Staff were asked if they had any questions or anything to add to the meeting. One staff asked for medicines pots to be cleaned, one asked for the linen trolley to be stocked and one member of staff asked for new bedding. The registered manager put in a request for new bedding, ordered new medicines pots and instructed staff to top up the linen trolley. A staff member said, "Everybody can have their say at meetings, we get a week's notice and you can add items to the agenda. She wants us to put forward our ideas." Staff were able to attend meetings and action was taken to address any relevant ideas.

The registered manager told us she works well with the manager of the sister home, Highfield Manor, which is situated next door. She told us, "We two managers support each other. I feel any staff conflict is getting better and there is a better atmosphere. This has been picked up by the area manager and one of the directors."

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

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

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant that we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw that incidents had been reported to us and gave us information about actions taken to respond to the issue.