

Mr Diwan Suresh Chand

Highcroft Care Home

Inspection report

13-17 Rectory Road
Walthamstow
London
E17 3BG

Tel: 02085210427

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Highcroft is a care home without nursing that provides personal care for older people and people living with dementia. It is registered for 23 people but at the time of this inspection there were 16 people using the service. The home is spread over two floors and the upper floor is accessible by a lift.

At the previous inspection completed on 7 August 2015, we found breaches of legal requirements and the service was placed in special measures. This was because the service did not have suitable arrangements to manage medicines safely, food was not stored and rotated to ensure it was safe for people to eat, the home was dirty, activities on offer did not take into account people's preferences and the provider did not have effective systems in place to check the quality of service provided.

This inspection took place on the 14 and 18 April 2016 and was unannounced. We found significant improvements had been made and so the service is no longer in special measures. However we found a continued breach with regard to cleanliness and a continued breach with regard to quality checks which failed to identify the issue regarding cleanliness.

There was a registered manager at this service. 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.

People and their relatives told us they felt safe. Staff were knowledgeable about the procedures for raising safeguarding concerns and for whistleblowing. Risk assessments were carried out, reviewed monthly and included management plans to reduce the risk. General risk assessments were carried out including fire risk assessments and were up to date. Building safety checks were done and were up to date. People received their medicines safely and as prescribed. Safe recruitment checks were carried out.

Food storage had improved because it was moved from the cellar to a new food storage shed. People were given a choice of nutritious menus. Staff received regular supervision and training opportunities. Staff were working together to learn as a team. New staff followed an induction programme before working unsupervised. Staff were knowledgeable about obtaining consent before giving care. People had access to healthcare appointments as and when they needed it.

Staff spoke to people in a respectful manner and there was a relaxed atmosphere throughout the home. People thought staff were caring and respected their privacy and dignity. Staff were knowledgeable about people's care needs, their likes and dislikes and how to promote their independence.

There was an improvement in the variety of activities offered to people which now included activities outside the home. Staff demonstrated an understanding of what personalised care was and care plans were written in a person-centred way. People and their relatives knew how to make a complaint and complaints

were resolved in line with the policy.

The provider and the registered manager carried out regular audits of medicines, care records, staffing and night staff. People and their relatives were asked for feedback to help the quality of the service provided. Regular staff meetings and meetings with people and their relatives were held to help to improve the service provided.

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 because there was not a consistent standard of cleanliness throughout the home.

The premises were safe and there was an effective system in place to ensure safety checks were done. The registered manager had updated general risk assessments for the home including the fire risk assessment. People had risk assessments and plans to manage risks.

Staff were knowledgeable about the safeguarding policy and knew how to report concerns or abuse. Safe recruitment checks were made. The service had effective arrangements in place for the storage and administration of medicines to ensure people received their medicines safely and as prescribed.

Requires Improvement 

Is the service effective?

The service was effective. People and relatives told us the food was good. Food items had been relocated to a more suitable storage area. The cook was knowledgeable about people's dietary needs and people had a choice of nutritious food.

Staff received regular supervisions and opportunities for learning and development. New staff received an induction training programme. The service worked within the legal requirements of the Mental Capacity Act (2005) and staff understood the need to obtain consent before giving any aspect of care. People had access to health professionals as they required it.

Good 

Is the service caring?

The service was caring. People and their relatives told us staff were caring and spoke positively about the service. Staff were knowledgeable about people's care needs, abilities and preferences.

The service had up to date policies about privacy, dignity and independence and staff were knowledgeable about these. The service provider people with a guide book about what they could

Good 

expect from staff regarding privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. A variety of activities were offered to people which included visits to a local school to participate in celebratory events. Care records were personalised and reflected people's preferences. Staff had a good understanding of how to deliver personalised care.

People and their relatives knew how to make a complaint if they were not happy with the service provided. The service had a clear complaints procedure and complaints were dealt with appropriately in accordance with the policy's timescales.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led because quality audit checks did not identify the issues identified by the inspection team around cleanliness. The registered manager carried out regular checks on medication, care plans and staffing. The provider carried out regular monthly unannounced night visits and focussed on security and completion of night staff duties.

There was a registered manager for the service who was supported by the owner and the deputy manager. Relatives and staff spoke highly of the registered manager. Feedback surveys were carried out and showed that people and their relatives were satisfied with the service provided. The provider held regular meetings for staff and for people and their relatives in order for the service to make improvements when needed.

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 inspection was unannounced and took place on 14 and 18 April 2016. Two inspectors visited the home on the first day of inspection and one inspector visited on the second day. Before the inspection, we reviewed the information we held about the service including notifications that the provider had sent us since the last inspection and the previous inspection report.

During the inspection we spoke to the proprietor, the registered manager, the deputy manager, the cook, two care staff, five people who used the service, four relatives and a visiting health professional. We observed care and support in communal areas and looked at care records for four people including risk assessments, care plans and medicines and four staff files including recruitment and supervision. We also looked at records relating to how the home was managed including medicines administration records, policies and procedures, building safety and quality assurance documentation. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our previous inspection in August 2015, we found the service did not have suitable arrangements in place to keep the premises clean and maintain infection control. During this inspection we found this issue had not been adequately addressed.

The service arranged for a deep cleaning service to clean the premises every two to three months and employed a cleaner to maintain the cleanliness on a day to day basis. However we found bathrooms and toilets did not look clean after the cleaner had completed their tasks. The mops being used by the cleaner were beyond their usefulness and needed to be replaced. We saw there were replacement mop heads available for the cleaner to use. The owner told us they would be speaking to the cleaner about the standards of cleanliness and would arrange for them to attend infection control training. Since the inspection the provider has arranged for a cleaning company to carry out a deep clean of the premises and to maintain the cleanliness.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations 2014) because at the time of inspection the provider did not have effective arrangements in place for keeping the environment safe and clean.

A relative told us they thought the home, "Looks tired and needs a lick of paint, a bit of a spruce up." We saw this was the case, for example, the bath in one of the bathrooms had enamel peeled off at the back end and a framed toilet seat raiser was dirty and rusty around the legs. The owner and the registered manager told us the missing bath enamel was due to the heavy use of the bath lift and they agreed to look for a solution to this issue. They told us they would also look into replacing the framed toilet seat. The owner told us there was a refurbishment process in place which they were working through. We noted that furniture and flooring had been replaced in the communal sitting areas and people's bedrooms were in the process of being decorated and personalised. Since the inspection, the provider has updated and given us the plan for refurbishment of the premises.

People and their families told us they felt safe. The provider had a safeguarding policy which was comprehensive and gave staff guidance on recognising abuse and how to report it. The training matrix showed staff had received training in safeguarding. Staff we spoke with were able to describe what abuse was, how they would document concerns and report it to the manager. Staff were also knowledgeable about whistleblowing. Comments from staff included, "It is our responsibility to inform if there is anything wrong going on to social services or CQC," and "Go to my manager or higher or CQC, I raised a whistleblowing in my previous job."

Care records showed that risk assessments were carried out for people including for mobility, manual handling and pressure sores and these were reviewed monthly. Risk assessments included management plans. For example, we saw one person was assessed as being at risk if they attempted to wash their own clothes in their bedroom because they may flood the room or may put on wet clothes. The risk was reduced because staff supported this person to do their own laundry in the laundry room.

At the last inspection we found the fire risk assessment and fire evacuation plan were out of date and needed to be reviewed. During this inspection we saw these had been reviewed and updated recently on 4 April 2016. We also saw the health and safety risk assessment, electrical equipment and appliance risk assessment, and storage of hazardous materials risk assessments had been reviewed on the same day. The registered manager showed us there was a plan to review and update these risk assessments in December 2016.

We found building safety checks had been carried out to ensure these were safe for people who used the service, visitors and staff. For example, records showed that a gas safety check was done on 13 June 2015 and portable electrical appliances were tested on 19 November 2015.

At the last inspection we found the service did not have suitable arrangements in place to ensure that people consistently received their medicines safely and as prescribed. During this inspection we found medicines were in date, clearly labelled and accounted for. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps in administration records and any reasons for not giving people their medicines were recorded. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature and so would be fit for use.

We saw there were guidelines in place for people who required "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. We saw PRN medicines had been administered and signed for as prescribed. The provider has a medicines policy which gave clear guidance to staff about the storage and administration of medicines including controlled drugs and monitoring people who self-administer their medicines. Training records showed that medicines were given to people by appropriately trained and competent staff. This meant that medicines were stored and administered safely to people and as prescribed.

Safe recruitment checks were made. We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, had produced confirmation of their legal entitlement to work in the UK and had been given written references. We also saw staff had criminal record checks carried out to confirm they were suitable to work with people and there were arrangements in place to get regular updates.

Is the service effective?

Our findings

At the last inspection we found there were not effective systems in place for the safe storage and rotation of food to ensure it was safe for people to eat. During this inspection, we found some improvements had been made. Comments from people included, "The food, it's tasty" and "The food ain't bad, I've put on weight since I've been here." Relatives told us the food was good and their family members ate well. Since the last inspection the service had employed a new cook and one relative told us, "That chef is absolutely fantastic, she's brilliant."

We saw the food had been relocated from the cellar and was now being stored in a new food shed. However we found some spices and sponge fingers that were past their best before date. We raised this with the chef who told us they did not use these items in their cooking because people did not like them, they always checked the use by date before using food items and they were still in the process of working through the stock of food ordered by the previous cook and throwing items away. We also found three items in the fridge including milk that were opened and in use but had no opening date. The cook acknowledged that these items should have been labelled with the opening date and told us they had not done this because they would be used up within the same day of opening. They apologised and said they would make sure they labelled all opened food items. We also found three items of dried foods were not kept in an airtight container but were in a box covered with cling film. The registered manager said they would obtain a box with a lid. We checked and this had been done.

The food menus were nutritious and showed two choices of main meal were available to people. We were told people made their food choices in the morning. The cook told us she made sufficient quantities of both options so that people could change their minds. The cook was knowledgeable about people's dietary requirements and preferences. For example, the cook told us that they fortified one person's diet because they were underweight by using full cream in mash and adding milk powder. The cook also told us people liked to eat cakes, "Cherry cakes, all my cakes are home-made" and for people on low sugar diets, "If I have time I make diabetic biscuits and wholemeal scones." This reduced the risk to people who were at risk of malnutrition or diabetic-related health issues.

Staff confirmed they received regular supervision every two months and records showed these were up to date. Topics discussed in supervisions included the staff member's strengths and weaknesses, training completed, training needed and work performance. This helped areas of concern to be identified so that staff could improve their performance.

At the last inspection, staff told us they would like to be able to use team meetings to discuss and reinforce training they had completed. During this inspection, the registered manager told us the staff team were now working through the Care Certificate as a group which met once a week and was led by the deputy manager. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. The deputy manager told us they did, "So many online trainings. Also doing the Care Certificate. I'm completing the Care Certificate with staff, it's very useful and covers so many things, we have the notes. If anyone new comes into social care, they should do Care Certificate first."

Staff told us they were finding the Care Certificate training useful and one staff member told us they, "Welcome any kind of training. Always room for improvement and to learn."

New staff went through an induction process when they began working in the service. This included completing an induction pack which was signed off management and shadowing experienced staff for at least two weeks. The registered manager told us that after completing the Care Certificate, staff would be required to take further refresher training and new courses would be sourced through the local authority. Records showed that staff were up to date with mandatory training. One staff member told us they had recently completed face to face moving and handling training. The registered manager told us they were in the process of arranging refresher moving and handling training for staff who needed this to ensure all staff were using up to date techniques. The registered manager also told us they would be liaising with the occupational therapist in order to arrange for training that would be more specific to the needs of people using the service. This meant the service was provided by suitably qualified and competent staff

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. At the time of this inspection, 12 people had DoLS in place because they could not leave the home freely because of a keypad lock and the need for staff support to access the community. We saw that staff had arranged best interests meetings with appropriate professionals when they had applied for a Deprivation of Liberty Safeguards authorisations. This meant that people were not being deprived of their liberty unlawfully.

Staff demonstrated they had an understanding of the Mental Capacity Act (2005) and the need to obtain consent before giving support to people. Comments from staff included, "Need consent all the time and to get consent you ask the person", "Tell them what you need to do and ask if it's okay for you to do it", "Always ask residents, offer choice", and for people who don't use verbal language "can ask with sign language."

The registered manager told us the GP visited the service twice a year to give everybody a health check. People's care records confirmed that people were given routine health checks and had access to healthcare professionals when required. On the first inspection day we observed there was a visiting chiropodist who was trimming people's toenails. This meant people had access to healthcare as and when they needed it.

Is the service caring?

Our findings

One person told us, "The staff are kind. They're active and as helpful as they can be, they listen to you." Another person told us, "The staff are very happy all the time. I see them be happy. They la di da di da all the time," meaning the staff sang while they worked. Comments from relatives included, "On the first day they were so welcoming [when person began using the service] and that's never changed. [Relative] is well looked after", "I can come whenever I want, it's never a problem", "The staff care, I can't fault the staff, they are very good", "The staff are very nice, we have a laugh." A visiting professional told us, "The staff are polite and helpful."

Staff told us they got to know people by reading their care plans and asking them about their preferences. For example one staff member told us they "Try to get to know [people], their likes and dislikes, read their care plans. Staff were able to give us examples about people's different care needs. One staff member told us, "I always give a smile. By nature, I'm very caring." Staff were knowledgeable about people's care needs and preferences. For example one staff member told us, "It's easy to develop relationships if we give time to [people] and chat to them."

One person who used the service told us, "They [staff] are always knocking. The staff are alright." A relative told us the home respected people's privacy and said, "Yes, we have time alone." There was a comprehensive policy on privacy and dignity which was updated in March 2016 and gave clear guidance to staff. The service also provided people with a 'Service Users Guide' which told people what they could expect from staff. Included in this guide was what people could expect from staff with regards to promoting privacy and dignity. Comments from staff included, "Close all windows, all the curtains and close the door", "Make sure doors are closed and cover [person] up when washing" and "Make sure doors and curtains are shut. Put a towel around them so they are covered up."

Staff were knowledgeable about how to offer choices and enable people to maintain their level of independence. For example, staff told us they always gave people a choice of food and clothes and one staff member said when offering care, "First of all ask [person] what their preference would be." Other staff members told us, "Try to get them to do as much as they possibly can for themselves, prompt them" and "I always try to let them do for themselves if they can." The service had a policy in place which gave guidance to staff on how to promote independence.

Throughout the inspection, we observed there was a calm, warm atmosphere and staff spoke to people in a respectful manner. People were observed enjoying the jovial banter with staff and sharing funny stories. This showed the service was provided by caring staff.

Is the service responsive?

Our findings

At the last inspection we found that people did not always have access to activities they wanted to participate in and that people were not given the opportunity to have activities outside the home. During this inspection we saw people taking part in an art activity on the first day and a karaoke and sing-song session on the second day. A relative told us a local school invited people using the service to join them at Christmas for carol-singing and more recently to a party celebrating the Queen's birthday. The registered manager confirmed that people enjoyed leaving the home to visit the school for these outside activities. Another relative told us staff had tried to get their family member involved in activities but this person was not interested and they were happy that staff respected their wishes.

One person told us, "If I want, I can go out, I get time on my own if I want." Another person said, "I like music and see everyone happy. I like this now with the singing." This person was referring to the sing-song that was taking place at the time. Records showed other activities on offer included shopping trips, bowls, puzzles, general knowledge quizzes, ball throwing, barbecues and parties held in the home to celebrate birthdays and special events. A hairdresser visited the home regularly for people who wished to have their hair cut or styled. Staff told us people liked to participate in a reminiscence session called, 'thumb-ball'. This involved throwing a ball with different topics written on it such as favourite film, to a person and wherever their thumb was when they caught the ball they would then talk about that topic. This meant people were able to participate in activities which they enjoyed and that were in line with their preferences.

Staff demonstrated an understanding of what personalised care was. For example staff told us, "Every person has different needs so we give the care according to their needs, according to their likes and dislikes", "Try to make time with each person to have a chat, have a joke or have a dance", "If [people] ask, I would try my hardest to meet that need" and "Care given around the individual. Everything is about the individual and it's all about their needs."

People's care records were comprehensive and person centred. Pictorial aids were incorporated in care plans to assist people's understanding. Person-centred information was included to help plan care that was appropriate and tailored to the individual which included people's preferences. We found people were able to make their own decisions around daily living, such as when and where to eat and whether they wanted to have a shower or a bath. One person told us they had sat at the computer with the registered manager and chose how they wanted to redecorate their bedroom. Some people had photos of their friends or family in their care plan as well as in their bedrooms. Each person had a picture on their bedroom door of something that was important to them such as the logo of their favourite football team, their favourite flower or a photo of a close family member to help them identify their bedroom.

Care records contained a daily needs assessment and showed they were reviewed on a monthly basis. The registered manager told us care plans were reviewed sooner if there was a change in need. Each person had an assessment of personal care needs and their mental health to identify if they were living with dementia and what level of support they needed from staff with this. For example, one person's care file identified they had high needs due to the level of their dementia and "needs one staff to prompt and guide, to provide

structure and routine and assist with daily tasks." Care plans showed an assessment of people's health needs and contained appropriate charts for staff to complete to assist people to manage their health needs. This showed that care was provided in accordance with people's needs and wishes.

People and their families knew who to complain to if they were not happy with the service being provided. One person said they would tell their family if they were not happy. Another person told us, "I'd complain to the manager." A third person said, "I can make a complaint easy. I would complain to the big bosses." We reviewed the complaints log and saw there was one complaint since the last inspection which had been made by a visiting professional on behalf of a person who used the service. The registered manager had given a response within the timescales laid out in the policy and the person making the complaint was satisfied with the response.

The home had a complaints policy which gave clear guidance to staff on how to handle complaints. The complaints policy was also included in the 'service user guide' which was displayed in the lounge area. Staff demonstrated an understanding about their role in dealing with complaints and told us they would try to resolve them and ensure the senior staff member on duty was aware.

Is the service well-led?

Our findings

At the last inspection we did not see evidence of quality audit checks being done. During this inspection, we saw the service had a system of quality assurance which identified issues and identified who was responsible for carrying out appropriate actions. The 'monthly registered manager's audit' covered medicines, care records, staffing and social work input. We reviewed the three most recent audits. For example the audit completed 31 March 2016 identified that there were no issues for medicines, care plans were up to date and two new staff were due to start.

The provider carried out unannounced monthly night visit audits and checks included security, daily care records, completion of night staff duties and cleanliness. We reviewed the most recent night checks that were carried out. We saw during the audit on 11 January 2016, the provider had noted the floor in the communal area was dirty and had asked one of the night staff to clean the floor. The provider had carried out an early evening check on 5 March 2016 and noted that one of the vacant bedrooms needed cleaning. We saw appropriate action had been taken following these audits and signed as completed. However, the auditing system used by the provider to monitor the quality of service provided failed to identify and action the poor hygiene identified by inspectors during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems to mitigate the risks relating to the health, safety and welfare of people using the service.

This service had a registered manager. Relatives said they thought the service was well-led. Comments from relatives included, "That manager is absolutely fabulous", "She's great", "She's lovely and she's really good with them [people who used the service]" and "Actually she's a really nice lady." One person who used the service told us, "The manager is alright." Another person told us, "The manager never comes out. I just get on with myself." However we saw the registered manager had spoken to this person and others several times during our visit.

Staff told us they got on well with the registered manager. Comments from staff included, "I have very good relations with [the registered manager]. This is why I am working here", "[the registered manager] is quite approachable" and the owner and registered manager, "have been really really helpful." A visiting professional told us the deputy manager, "Was a big help to me today, he gave me all the information I needed. The residents trust him, they were nice and relaxed with him."

At the last inspection the registered manager told us satisfaction surveys were carried out with people who lived in the home and their representatives in order to improve the service. However we were unable to review these because they had been destroyed in a flood in the cellar and an analysis of the satisfaction surveys had not been done. At this inspection we saw satisfaction surveys that had been completed by people and their relatives since the previous inspection and everyone had indicated they were satisfied with the service provided. For example, one person had stated the home was, "warm and cosy", and a relative had stated, "The best thing about Highcroft is the kindness of the staff on the team who show genuine care

for my [relative] and others. They are patient and calm with everyone." The surveys for people who used the service were presented in a pictorial format to help people understand what was being asked.

The registered manager told us they held meetings for people who used the service and their relatives twice a year. We reviewed the minutes of the most recent meeting held on 18 November 2015 which was attended by 17 people who used the service. Topics discussed included food, activities, personal rooms, staff and the environment. For example, it was documented that people said they were happy with the menu and they loved the cook's cakes. The record of this meeting also documented that people liked the new blinds on the windows, the cushions with the picture on, the new chairs and the new television. This showed the provider had systems in place to obtain feedback from people in order to improve the service when concerns were raised.

Staff meetings were held four times a year. We reviewed the most recent staff meeting held on 16 December 2015 and saw topics discussed included timekeeping, documentation, staff supervision and infection control. Issues including staff lateness and gaps in record completion were raised at this meeting and staff were reminded about the importance of being on time and fully completing records. The registered manager told us they had introduced a system of managers meetings. We reviewed the minutes of the first meeting held on 11 January 2016 which was attended by the owner, the registered manager and the newly appointed deputy manager and saw this was used to discuss which tasks the deputy manager would take over responsibility for.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 take proper steps to ensure that care and treatment was provided in a safe way for people using the service.

The enforcement action we took:

The registered person must take proper steps to assess the risk of, and preventing, detecting and controlling the spread of infections.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to mitigate the risks relating to the health, safety and welfare of people using the service.

The enforcement action we took:

The registered person must have systems to assess monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity.