Sunplee Ltd

Highbarrow Residential Home

Inspection report

Toothill Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 8 December 2015 and was unannounced. At the last inspection on 23 July 2014 the provider was not meeting the legal requirements. We asked them to make improvements to ensure there were enough suitably staff available to meet people's needs. We received information from the provider which demonstrated how the legal requirements were being met. At this inspection, we found the required improvements had been made.

Highbarrow is registered to provide accommodation and personal care for up to 22 people who may have dementia. At the time of our inspection, there were 19 people living in the home.

There was no registered manager but the manager working at the home had begun the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were systems in place to monitor the quality of the service which included checks on the accuracy of care plans and monitoring accidents and incidents to avoid reoccurrence. However, improvements were needed to ensure audits of medicines were effective in identifying shortfalls in the recording of stocks. Medicines were stored safely and people received their medicines as prescribed.

People and their relatives told us they felt safe. People told us the staff responded to their needs promptly but on some occasions staff asked them to wait a little longer during busy times. We saw there were enough staff on duty to meet people's needs in a timely manner. The provider followed procedures to ensure they recruited staff who were suitable to work with people.

Staff knew people's needs and followed plans to manage identified risks to people's health and wellbeing. Staff understood what constituted abuse and knew how to raise their concerns to protect people from the risk of harm.

The manager and staff acted in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. The manager had also made referrals for DoLS approvals where people needed to be deprived of their liberty in their best interest.

Staff received training and support to meet the needs of people living in the home. Staff had caring relationships with people and were attentive to their needs. People received food and drink that met their nutritional needs and were referred to other healthcare professionals to maintain their health and wellbeing. People were able to participate in leisure activities to promote their wellbeing.

People felt able to raise any concerns with the manager who took action when people brought things to their attention. There were processes in place for people to express their views and opinions about the home.

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 safe

Risks to people's health and safety were identified and staff knew the actions they should take to minimise the risks. Staff recognised their responsibilities to keep people safe and there were enough staff on duty to meet people's needs. The provider followed procedures to recruit staff who were suitable to work with people. People received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to provide people's care effectively. Staff acted in accordance with the requirements of the Mental Capacity Act 2005. People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Good

Is the service caring?
The service was caring.

People told us staff were kind and caring. Staff knew people well and were attentive to their needs. People were involved in decisions about their care and made choices about their daily routine. Staff promoted people's privacy and supported them to maintain their dignity.

Good

Is the service responsive?
The service was responsive.

People received care which met their preferences. Relatives told us they felt involved in people's care and staff kept them informed of any changes. People were able to take part in activities that promoted their wellbeing. People and their relatives told us the manager responded and resolved any concerns they raised.

Good

Is the service well-led?
The service was not consistently well-led.

There was no registered manager but the manager working at the home had begun the process of registering with us. Checks to ensure the quality and safety of the service were not always effective in identifying shortfalls and driving improvement. People and their relatives were invited to give their feedback on the service and improvements were made where required. Staff told us they felt supported by the manager.

Requires improvement

Highbarrow 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.

The inspection was undertaken on 8 December 2015 by one inspector and 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.

We looked at the information we held about the service and the provider including notifications they had sent us about significant events at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

We spoke with eight people living in the home, four relatives, three members of the care staff, the chef, two visiting health professionals, and the manager. We did this to gain views about the care and to ensure that the required standards were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people living in the home. Most people were able to speak with us about the care and support they received. However, for people who were unable to speak to us, we used our short observational framework tool (SOFI) to help us understand their experience of care.

We looked at the care records for four people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks, training records and staff rotas.

Good

Is the service safe?

Our findings

At our last inspection in July 2014, there were not always enough staff available to meet people's needs. At this inspection, most people told us staff responded to their needs promptly. One person said, "If I summon help, the staff get here within a minute or two". Some people told us staff sometimes asked them to wait a little longer when they were busy and one relative said, "An extra pair of hands would be welcome sometimes". Staff we spoke with told us there were enough staff, but occasionally they struggled to meet people's needs promptly during busy times. At the last inspection we found that staff had the additional role of preparing sandwiches and hot snacks for the teatime meal. This meant fewer care staff were available to support people at that time. At this inspection, we saw that the chef prepared the teatime snacks and drinks. Staff told us they always had enough staff to enable two carers to support people using the hoist equipment and still have a member of staff in the lounge. One member of staff told us, "We also have the support of the activities co-ordinator, who is trained to use the hoist, which is a great help when we are busy".

We spent time observing care in the communal areas of the home and saw there were enough staff to meet people's needs. We saw that staff responded promptly to people's requests for assistance and most call bells were answered within five minutes. Most of the time there was a member of staff in the lounge chatting with people and providing assistance when required. The manager showed us the system they used to calculate staffing numbers, which was based on people's dependency levels. We saw this was kept under review to ensure people's changing needs could be met. Staff rotas showed that the recommended staffing numbers were being maintained and the manager told us staff were able to work additional hours when people's needs increased. We saw that staff worked flexibly to meet people's needs, for example some staff stayed on past the end of their shift to cover staff who were taking part in training. One member of staff told us, "I like to go off duty knowing people are comfortable and have what they need".

People told us they felt safe living at the home. One person told us, "You won't find anything wrong here". One relative told us, "[Name of person] is much safer here than at home". Another said, "[Name of person] is safe all the time". Staff we spoke with knew how to recognise abuse and told us what action they would take if they thought a person was at risk of abuse. Staff told us they would report any concerns to the manager and had the numbers to report concerns outside the organisation, for example to the local authority or ourselves. One member of staff told us, "I know who to contact. We received a booklet with telephone numbers for the safeguarding team at a training session and there is a list of numbers in the manager's office". This demonstrated the staff recognised their responsibilities to protect people from harm.

Risks to people's safety were assessed and where risks were identified, risk management plans were in place to guide staff on how to minimise the risks. We saw that people's care plans identified where they needed the support of two staff, for example to support them with the aid of a hoist. Staff were able to explain to us the equipment they used and how they supported the person, which corresponded with the information detailed in their care plan. Another person was assessed to be at risk of choking and their care plan identified they needed a soft diet. Staff were able to tell us about the person's needs and at lunchtime we saw they received the correct meal. Risk assessments were reviewed when people's needs changed to ensure they continued to reflect the care and support people needed. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking character references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

People told us and we observed that they received their medicines as prescribed. Staff who administered medicines were trained to do so and had their competence checked by the manager to ensure people received their medicines correctly. We saw that a risk assessment was in place for a person who administered their own medicines to ensure any risks to themselves and others were being minimised.

Good

Is the service safe?

We observed staff followed protocols for administering medicines prescribed on an 'as required' (PRN) basis to protect people from receiving too little, or too much medicine.

Good

Is the service effective?

Our findings

Staff had the necessary skills and training to meet the needs of the people they cared for.People and their relatives told us they were happy with the care they received. One relative told us, "I have no qualms about the staff here, the care has always been good. Some new staff have started recently and they are really excellent ". Another relative said, "The staff are good, they know how to meet my relative's needs". Staff told us they received training which gave them the skills they needed to care for people. One member of staff told us, "I'm very confident I have the right skills". We saw the manager had a training plan in place which ensured staff received regular updates on subjects which were relevant to the care of the people in the home. For example, on the day of our inspection, we saw that some of the staff were taking part in moving and handling and dignity in care training.

New staff told us they were supported with an induction programme and were able to shadow more experienced staff to get to know people's needs. Staff told us and records showed that the manager met with new staff to discuss their progress and check their competence in key areas such as moving and handling. Staff confirmed they received regular supervision and an annual appraisal which gave them opportunity to discuss any concerns and identify any training needs. This showed staff received the support they needed to care for people effectively.

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 people 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 registered manager confirmed that some people required support to make some decisions. The information in people's assessments and care plans reflected people's capacity when they needed support to make decisions. The manager had made referrals for DoLS approvals where people needed to be deprived of their liberty in their best interest. This showed the manager understood their responsibility to comply with the act.

Staff we spoke with demonstrated they understood their responsibilities in supporting people to make their own decisions. One member of staff told us, "I always ask people and give choices, even when I know they sometimes can't tell me. One person can't verbalise their consent so we do a 'thumbs up' or 'thumbs down' when I'm assisting with their personal care". We saw that staff explained to people what they were planning to do, for example when helping people to transfer from their chairs. Staff waited for people to give their consent before proceeding.

Most people told us the food was good and had improved since the manager had started working at the home. One person said, "We have good food, I've no complaints". At lunchtime we saw that people were offered a set meal and some people told us they would like more choice. The manager told us they had listened to people's comments about the food and the chef showed us a new menu being developed which offered a choice each mealtime. The chef knew about people's dietary needs and preferences, for example they told us about a person who required a soft diet because they were at risk of choking. At lunchtime, we saw they received the correct meal. We saw that drinks and snacks were available throughout the day and at lunchtime, people were supported and encouraged to have enough to eat and drink to maintain a balanced diet.

People told us they were able to access the support of other healthcare professionals when they needed to. One person's relative told us that their relation had been referred to hospital promptly recently after seeing their GP. Another relative told us the district nurse visited their relation regularly. We spoke with two visiting health professionals who told us the staff worked closely with them and followed their advice to ensure they provided effective care to people. One told us, "The communication is good, a member of staff always comes with me when I go into a person's room". This showed people were supported to maintain good health.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they were well looked after and the staff were warm and friendly. One person said, "I can't fault them, all the staff, day and night". Another said, "I must say we are well looked after". Throughout the day we observed staff were caring and treated people with kindness and ensured they received the support they needed. A relative told us, "The staff clearly care about the residents". Another said, "Staff treat people as individuals". We saw staff knew people well and were attentive to their needs. We saw a member of staff checking to see if a person was warm enough and then put the fire on for them. Staff sat beside people and got down to their level so they could have eye contact when offering reassurance or comforting them. Staff told us that they considered the people they cared for as part of a family and that they tried to make it feel like the person's own home. One member of staff said, "It's like a family here, it's people's home".

People were supported to maintain their independence where possible and we saw that some people moved freely around the home. One person told us, "I like to keep on the move and go out into the garden sometimes". Another person told us, "I don't like sitting still". We saw that staff were patient and encouraged people when they were supporting them to walk using their frames. People told us they could choose how to spend their day and we saw some people stayed in their rooms whilst others sat in the communal areas. One person told us "I prefer to spend all my time in my room". People made decisions about their daily routine such as what time they got up and went to bed, and what they wanted to wear. One person told us, "I've put this cardigan on because it's just warm enough when I'm sitting in the lounge".

We saw that people were involved in planning their care, for example one person had chosen to go on home leave and another person had a meeting with their social worker. Relatives told us they felt involved and were kept informed of any changes.

People told us staff respected their privacy, "Staff always knock, they don't barge in to my room". Some people liked to have their bedroom doors open during the day and we saw staff promoted people's privacy by making sure the door was closed before delivering personal care. We saw staff promoted people's dignity by ensuring people maintained their appearance, for example helping people with their hair and discreetly adjusting their clothes when they helped them up out of their chairs.

People were encouraged to keep in touch with people that mattered to them. People told us their visitors were able to come whenever they liked and were welcomed by the staff. One person told us, "It's good like that here, not like a hospital where you can only visit at certain times". One relative told us they took full advantage of the flexibility and visited frequently and at different times. We saw that the staff made visitors welcome and chatted with them. We heard staff discussing a person's forthcoming birthday and helping them to plan the celebration for them.

Good

Is the service responsive?

Our findings

We saw that people received personalised care that reflected their preferences. Some people told us they liked to read and listen to music. We saw several people had daily papers or magazines delivered and most of the time music was playing in the communal lounge which was changed at regular intervals to meet people's individual choices. We heard one member of staff say, "This is your favourite kind of music isn't it [Name]". We saw people enjoyed the music and tapped their hands in time and some joined in when the staff sang along. One person told us they liked to get a specific newspaper every day and we saw this was provided. Another person told us they had a TV in their room and could watch their favourite soaps. A relative told us that their relation's favourite meal was fish and chips but it had to be from the takeaway. They told us the manager sometimes went to one of the local fish and chip shops to bring them some which the person really enjoyed. Another person enjoyed a cigarette and staff would support the person when they wished to have one.

People's relatives told us the staff knew their relation's needs and took into account their views to make sure they received support in accordance with their wishes. One relation told us, "The staff know [Name of person] needs. They've really settled and the staff have helped them come out of themselves. They love all the carers and have a bit of fun with them". Throughout the day we saw the person chatting with staff and having some lively laughter and banter with them.

We saw that people's care was regularly reviewed to make sure it continued to meet their needs and relatives were invited to attend review meetings. Staff recorded the care people received in daily records and shared any concerns during handover to ensure staff coming on duty were kept up to date about people's needs.

People had been asked about their preferences for activities and we saw the housekeeper worked as an activities co-ordinator, five afternoons a week. There was a range of games available in the lounge and people were supported to join in on an individual or group basis. We observed one person playing dominoes with a member of staff. People enjoyed a game of bingo with the activities co-ordinator and staff offered support to people who had difficulty marking their cards. Staff sang Christmas songs with people and played a game of catch with a soft ball which prompted a lot of laughter. This demonstrated people were provided with opportunities to participate in leisure activities to promote their wellbeing.

People and their relatives told us they felt able to raise any concerns and if they had a complaint they would go to any member of staff or the manager. One relative told us that they had raised a couple of minor issues about their relation's room and the manager had resolved them within 24 hours. Another relative told us, "Any problems are sorted out promptly". During our inspection, we heard a relative discussing a concern they had with the manager, who confirmed they would take action. We saw that there had been no formal complaints but some minor concerns were logged which showed that they had been addressed by the manager

Requires improvement

Is the service well-led?

Our findings

There has not been a registered manager at the home since April 2014. The manager was working at the service at our last inspection in July 2014 and told us they would be applying to become the registered manager. Although it had taken them some time to get their application started, they had kept us informed and confirmed that their application was now underway. Our records showed that the manager notified us of events that occur in the service promptly which showed they recognised the responsibilities of registration with us.

The manager and provider carried out a range of audits such as checking the accuracy of care plans to ensure the quality and safety of the service and make improvements where required. However these were not always effective. We found that photographs were not always on MAR charts in accordance with good practice and the recording of medication stock was not well managed. The medicine administration records (MAR) we checked showed that staff did not always record the quantities of medicines brought in by people who were staying for a short time for respite care. We also found that where people received their medicines PRN, on an as required basis, staff had not recorded if they had given the person one or two tablets. This meant the manager could not tell us how much PRN medication they had in the home.

Accidents and incidents were recorded and reviewed by the manager to identify any trends and discussed with staff to ensure action could be taken to prevent reoccurrence. People were referred to their GP or the falls service where required.

The provider had told us in their PIR that people and their relatives would be invited to give feedback about the service via residents and relatives meetings. People we spoke with did not recall having attended meetings however we saw minutes and feedback from questionnaires that had been distributed and completed by people and their relatives. We saw that people were happy and positive about the care they were receiving. The manager had taken action to address concerns raised about the lack of choice at mealtimes and the chef was introducing a new menu. Plans were also in place to improve the flooring and decoration in the home and a board showing photographs of staff on duty was about to be installed. This showed the provider took people's views into account to make improvements to the service.

There was an open and inclusive atmosphere at the home. People and their relatives told us that the manager was approachable and was available if they wanted to discuss something with them. One person said, "The manager is very nice and usually has time to talk but if they are busy and I want to discuss something with them, they always come back to me". We saw the manager knew people well and their relatives told us they thought the management of the home had improved since the manager had been working there. One said, "The care has always been good but the manager has brought administrative expertise that has filled gaps". Staff told us they felt supported by the manager and could raise any concerns and were confident the manager would take action. One member of staff told us, "I know they will deal with any concerns there and then". Staff were aware of the whistleblowing policy and told us they would not hesitate to use it if they needed to.

Staff worked as a team and understood their roles and responsibilities. We saw staff were directed by the senior member of staff leading the shift, who told us, "I put in place what my manager wants". Professionals we spoke with told us the staff were friendly and worked well together to ensure people's needs were met. One said, "You don't see staff standing around doing nothing".