Mr and Mrs A Seedheeyan and Mr Duymun

The Highgrove

Inspection report

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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?	Good

Overall summary

The inspection visit at The Highgrove was undertaken on 12 January 2016 and was unannounced.

The Highgrove provides care and support for a maximum of 30 people living with dementia or mental health conditions. At the time of our inspection, there were 30 people who lived at the home. The Highgrove is situated in a residential area of South Shore, Blackpool, and is close to local amenities. There are 12 bedrooms offering single room accommodation, along with a further 9 double bedrooms. There are lounge and dining areas, as well as gardens available so people can choose where to relax.

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

At the last inspection on 28 August 2014, we found the provider was meeting all the requirements of the regulations inspected.

Summary of findings

During this inspection, we observed staff were caring and respectful when they engaged with people. Staff had a good understanding of the principles of personalised care. One staff member told us, “We can’t give person centred care if the resident is not involved.”

We found staff had received safeguarding training and were aware of reporting procedures. People said they felt safe whilst living at The Highgrove. We noted care records contained risk assessments in order to protect individuals from unsafe care. Additionally, the management team had taken action to reduce the risk of the reoccurrence of accidents or incidents.

We saw staffing levels and skill mixes were sufficient to meet people’s requirements in a timely manner. Staff had received training and supervision to assist them in their roles and responsibilities. People were protected against the recruitment of unsuitable staff because the provider had followed safe procedures.

The registered manager had checked staff competence to ensure people received their medicines safely and had monitored all related processes. Personnel records we looked at contained evidence of staff training to underpin their skill and awareness.

Staff were guided in and demonstrated an effective understanding of the principles of the Mental Capacity Act 2005. A staff member told us, “We would never deprive someone without their being a DoLS.” We observed staff consistently checked people’s consent prior to explaining and offering support.

People told us they enjoyed their meals. One person said, “The food is good.” Risk assessments in place were designed to protect individuals from the risk of malnutrition. Care records included evidence of staff acting on identified concerns to maintain people’s nutritional support.

The registered manager had systems in place to support people to comment about the quality of their care. Staff told us the management team was supportive and ‘hands on’ in their approach to the organisation of the home. The registered manager completed a number of audits to monitor the service’s quality assurance.

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.

People we spoke with said they felt safe. Staff had received safeguarding training and had an awareness of reporting procedures.

The provider had followed safe processes in the recruitment of staff. There were sufficient staffing levels and skill mixes to support people's requirements.

People told us they received their medicines when required and felt staff managed their medication safely.

Good

Is the service effective?
The service was effective.

Staff told us they received training and supervision to underpin their role and responsibilities.

We observed staff checked people's consent before supporting them. Records we looked at held good evidence of the management team working within the MCA and DoLS.

Care records contained risk assessments designed to protect individuals from the risk of malnutrition.

Good

Is the service caring?
The service was caring.

People told us staff were kind and caring. They said their dignity was maintained at all times.

People stated staff involved them in their care planning and supported them to sustain their important relationships.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of the principles of personalised care. We observed staff checked people's preferences and offered choice when they engaged with them.

Staff demonstrated a good understanding of the management complaints and people told us they felt listened to.

Good

Is the service well-led?
The service was well-led.

People told us the service was well-led and staff said the management team was supportive.

A variety of audits was undertaken by the registered manager to check quality assurance. This included the provision of suitable arrangements for people to comment about their care.

Good

The Highgrove

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 team consisted of an adult social care inspector; specialist professional advisor, with a social work background and experience of working with people under the Mental Capacity Act; 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. The expert by experience had experience of caring for people living with dementia.

Prior to our unannounced inspection on 12 January 2016, we reviewed the information we held about The Highgrove. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

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 were told The Highgrove planned to research new ideas and keep up to date with any changes. They said they would share this information and continue ongoing staff training.

We spoke with a range of people about this service. They included the provider, registered manager, four staff, nine people who lived at the home and two relatives. We discussed the service with the commissioning department at the local authority. They told us they had no ongoing concerns about The Highgrove. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to six people who lived at The Highgrove and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People and relatives we spoke with said they felt safe whilst living at The Highgrove. One person told us, "I feel safe and secure." Another individual stated, "I feel safe in this home." A third person added, "I'm very happy here and I do feel quite safe."

We reviewed the systems the management team had in place to manage accidents and incidents. The registered manager had recorded details about accidents, including any actions taken to manage them. Incidents, such as where individuals went missing from the home, were managed safely to reduce the risk of them reoccurring. We saw documentation of the incidents, actions taken to manage them and staff update of risk assessments and care plans. This showed the registered manager had suitable processes to maintain people's ongoing security and safety.

We found hot, running water was available and delivered within national safe guidelines. The registered manager had evidenced this by recording regular checks of water temperatures. We additionally observed window restrictors were in place to protect people from potential harm or injury. The service's gas and electrical safety checks were up-to-date. The provider sent us evidence after our inspection to confirm legionella checks were being completed to maintain water safety.

Care records contained an assessment of people's requirements and an evaluation of any risks whilst they lived at the home. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, falls, self-neglect, use of electrical appliances, behaviours that challenged, medication and fire safety. This showed the registered manager had systems in place to minimise potential risks of receiving unsafe care to people it supported.

We checked personnel files and saw staff had received safeguarding training to assist them to understand related principles. We discussed this with staff, who demonstrated a good awareness of their responsibility to protect people from potential abuse. Staff told us they understood procedures related to safeguarding and whistleblowing and were clear about their obligations. A staff member said, "If I had any concerns I would tell the managers. I would whistleblow without a problem and I know I have to ring CQC and the local authority." We saw contact details of relevant organisations were displayed in the entrance hall. This notified people and staff about who should be reported to if concerns arose.

We reviewed staffing levels and noted these were sufficient in meeting people's requirements in a timely manner. Staffing rotas contained evidence of seven staff working throughout the day, three staff in the evening and two at night. We saw there was a good skill mix of staff to ensure people received appropriate support from experienced employees. We observed staff were patient and unhurried in their duties and responded to call bells quickly. We noted from rotas leave or sickness was covered within the team, which staff confirmed they were keen to support. One employee stated, "It's a big thing because the residents know us, so their care continues." This showed people's continuity of care and safety was maintained because absence was covered by current employees of the service.

Staff, people and visitors told us staffing levels were sufficient to meet their needs. One staff member told us, "Staffing levels are good, no problem with that." Another employee added, "Staffing levels are fine."

We found the registered manager had safe procedures in place to ensure suitable staff were recruited. Records we reviewed included references and criminal record checks obtained from the Disclosure and Barring Service. The provider had checked gaps in staff employment history. We also noted personnel files contained documented evidence staff had completed thorough induction training to support them in their role.

We observed staff gave people their medicines in a safe, discrete and appropriate manner. The staff member concentrated on one person at a time and explained the purpose of their medication. People received their medicines when required and staff documented this to confirm they had taken their medication. One person told us, "They make sure we get our tablets on time, which is really important for me." We found staff were caring and monitored people throughout the process to maintain their safety. For example, when one person started to cough, the staff member turned to observe them and encouraged the individual to consume more fluids.

Good

Is the service safe?

Medicines were locked away whenever staff were not present to prevent any risk to individuals who lived at The Highgrove. We found risk assessments were held in people's records. The management team had recorded associated actions to guide staff in the correct administration of each person's medicines. All stages of the process, from ordering to disposal, were checked and recorded in the safe management of people's medicines. Additionally, the registered manager and local pharmacy completed separate audits of procedures involved. We saw evidence of identified issues being addressed. This showed the registered manager had systems in place to protect people from unsafe administration of medicines.

Good

Is the service effective?

Our findings

We discussed the effectiveness of care with people and their relatives, who said staff were experienced and knowledgeable. One person told us, "I get lots of support with washing and dressing. It's great." Another person stated, "Yes, I'm looked after very well."

We looked at personnel files to review training provision to underpin staff knowledge and abilities in their role and responsibilities. Staff told us the provider had refreshed their understanding and skills through ongoing training. This included first aid, environmental and fire safety, medication, movement and handling, dementia awareness, mental health awareness and infection control. We noted employees had appropriate qualifications to reinforce their abilities in their work. Records we looked at included spot checks of staff competencies. This included assessments of punctuality, dress code, dignity and respect, health and safety, care planning and use of equipment. This showed the registered manager had oversight of the effectiveness of their employees.

Records we looked at contained evidence of staff receiving regular supervision. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. Staff we spoke with confirmed they received supervision and one employee added, "We discuss the last supervision and how I can improve. This includes any training I need." This meant the registered manager had ensured staff were suitably trained and supported to carry out their duties 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 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.

The registered manager told us nine people had a DoLS in place to deprive them of their liberty in order to safeguard them. Documentation held in each person's file included mental capacity assessments, applications to the local authority and best interest decisions. Records we looked at held information to evidence people and their representatives were involved in these processes. Staff had received related training in the MCA and DoLS to underpin their understanding. The registered manager and staff demonstrated good awareness and practice when we discussed the principles of the MCA with them. A staff member told us, "The MCA was put in place to protect vulnerable people. Decisions are made with the person to support them to continue to make their decisions." One person confirmed, "I have freedom to come and go."

We noticed staff supported people to make their day-to-day decisions, such as what to eat, where to go and what to do. One person told us, "I can come and go as I please." The staff consistently checked the individual's consent prior to supporting them. For example, we observed a staff member asked one person's permission to weigh them and waited patiently for a response before proceeding. A staff member said, "We must support people to make their decisions. For example, earlier today a resident didn't want to come in for lunch. That's up to her. I am not going to force her because it wouldn't be right." We noted not all care records contained documented evidence of people's consent to care. We discussed this with the registered manager, who reassured us they were in the process of improving all care records. We saw in one person's records, for example, a new consent form was completed and in place. This held detailed, decision-specific consent to, for example, medication, recordkeeping and confidentiality, which the individual had signed.

We checked the kitchen and found it was clean and tidy. We reviewed associated records and noted staff had signed to confirm required tasks had been completed. The Highgrove recently had an inspection by the Food Standards Agency. We saw their rating was raised to five stars because of improvements staff had made. This graded the service as 'excellent' in relation to meeting food

Good

Is the service effective?

safety standards about cleanliness, food preparation and associated recordkeeping. We joined people for lunch and observed it was a social occasion. One person said, "The food is just the job, it's wonderful." Another individual added, "The meals are good and we get a choice. I really enjoy the food." We found storage cupboards were stocked with a variety of foods and fresh fruit was made available to people. A staff member told us, "I offer choice on a daily basis because people change their minds and don't always know what they want days in advance."

Care records contained separate risk assessments designed to protect people from the risks of malnutrition and dehydration. Staff had monitored and documented regular checks of each person's weight. We saw individuals were referred to other healthcare services, such as GPs or dieticians, where concerns were identified. A staff member told us, "If someone has lost weight we monitor this more closely and if this continues we get the GP and dietitian involved." Training records we looked at held evidence of training provision for staff who prepared food. The registered manager had suitable arrangements to guide staff in the effective support of people's nutritional requirements.

Where people's health had changed, we noted staff worked closely with other healthcare services to maintain their continuity of care. We discussed continuing care with one relative who said, "Yes, the staff keep me informed and get me involved." Care records we looked at held information about medical appointments and healthcare professional visits. These included GPs, district nurses, advocacy services, community psychiatric nurses and specialist consultations. Staff had recorded the outcome of these visits and updated care plans to ensure support met people's ongoing needs. A staff member told us, "We record and communicate all changes if someone returns from hospital. I also inform the GP and social worker to check changes."

Good

Is the service caring?

Our findings

People and relatives we spoke with told us staff and the management team were very caring. One person said, "I'm very happy here. We're well looked after." Another individual added, "The staff are great, they really care." A third person stated, "This place is wonderful." Staff said they really enjoyed their work and understood the principles of good care. One staff member told us, "I am a people person, so I love working with the residents and making a difference to their lives."

Throughout our inspection, we observed staff were respectful towards people and used approaches to maintain their dignity. They engaged in a friendly and caring way with individuals, such as interacting at eye level and laughing with them. People responded to this positively and communication was a two-way process. We noted the individual's dignity was maintained through the kind and courteous attitude of staff and the registered manager. We observed staff knocked on bedroom doors and asked one person for their permission to show us their room. An individual who lived at The Highgrove confirmed, "The staff respect my dignity."

The management team had documented people's requirements in relation to their cultural and diverse needs. For example, staff recorded each person's wishes in relation to their gender, marital status and sexual orientation. Another person's care file included information for staff about how to manage their religious needs. This comprised of actions to take if they became ill or to manage their death in line with their spiritual requirements. This showed the registered manager had guided staff to support people's human rights and diverse needs.

We looked at people's care records and discussed their support with them and their representatives. We did this to check how they were involved in their care planning. We found good evidence of people being included in their support. For example, staff had checked and documented how individuals wished to be assisted with their personal care. A relative confirmed, "Yes, they do get me involved." A staff member told us, "We involve the residents and their families because it is their care and their lives."

We checked how people were assisted to access advocacy services should they require someone independent to act on their behalf. Staff had a good awareness of relevant organisations and their purpose to assist individuals to gain an independent voice. A staff member told us, "If someone lacked capacity, for example, we would contact advocacy or check an IMCA (Independent Mental Capacity Advocate] was in place to support the resident's best interests."

People were supported to maintain their important relationships with their families and friends. We observed visitors attended The Highgrove throughout our inspection. One person stated, "My daughter visits regularly." Staff told us they worked hard to keep relatives informed about people's care to assist them to sustain their relationships. For example, one staff member said, "If someone was ill or went to hospital we always inform the relatives." We heard staff welcomed friends and relatives on their visits with a respectful and friendly approach. A relative confirmed, "I can visit without any restrictions."

Good

Is the service responsive?

Our findings

People we spoke with stated staff responded well to their care needs and worked in ways that met their personal requirements. One person told us, "Coming here has changed my life." Another person said, "They're looking after me fine. I've needed a lot of help they've been very good."

The management team had completed an assessment of each person's requirements prior to their admission. This showed the registered manager had assessed the service could meet people's support needs to reduce the risk of failed placement. Additionally, we found the management team had guided staff to the individual's requirements on admission to maintain their continuity of care. Staff had transferred information obtained from the healthcare referral agent to the individual's care plan.

We observed staff were person centred when they assisted people. For example, staff respected their verbalised wishes and used different approaches when they engaged with individuals. One person told us, "I can have a shower when I wish." A staff member explained to us, "Person centred care is so important. It's about what they want and how they want to be involved."

We found care plans were not always personalised to people's needs and lacked detail about their support requirements. For example, documents did not always contain the individual's life histories and recorded preferences related to their support. Care plans did not always include information about how individuals should be supported where there was an identified need. We discussed this with the registered manager who told us care planning systems and records were being developed. The management team explained they were keen to continue to improve their responsiveness to people's needs. They said this was in line with the progress they were making following the changes in management and employees over the last year. We saw evidence of this in two people's files and the registered manager assured us these developments would continue.

We noted care plans were regularly reviewed to check they continued to meet people's changing needs. Staff had signed and dated all documentation to evidence when and who had updated them. The management team and staff told us they involved people in the ongoing assessment and review of their care. A staff member explained, "We discuss all care documents and changes with residents. We do this in support of them and their needs."

People were relaxed and occupied throughout our inspection. We noted a variety of activities was provided for their stimulation and enjoyment. These included bingo, karaoke, quizzes, bowling, card games, hair styling and trips out. A staff member said, "Activities are on a daily basis. We always ask people what they want to do first as it's their choice." The staff member told us about how they organised a short holiday for two people who lived at the home. They explained, "It was still in Blackpool, but it was a break away from the home. It gave them a bit of privacy, but staff went with them to continue their support. They loved it." We observed people were assisted to carry out their own individual interests. The registered manager told us, "[One person] enjoys being responsible for looking after the smoking room and surrounding outside yard. He loves pottering about and looking after the rabbit hutch there."

We checked the service's complaints policy and found it was current and made available to individuals who lived at The Highgrove. The procedures were also provided in pictorial format for the benefit of people with communication difficulties. A relative told us, "I can approach [the management team] if problems arise and they will listen and deal with them." At the time of our inspection, the registered manager had not received any complaints in the previous 12 months.

When we discussed complaints with staff, they demonstrated a good understanding of how they should respond to them. A staff member told us, "If someone makes a complaint I will try and fix it myself first. If I can't sort it out I will tell [the registered manager]." This demonstrated staff had the knowledge and awareness to listen to and de-escalate identified concerns.

Good

Is the service well-led?

Our findings

People and staff we spoke with told us The Highgrove was well organised and suitably managed. One person who lived at the home confirmed, "If I have any problems they listen." A staff member told us, "We've had changes in managers who have both been really supportive. The new manager's really good as she's very supportive."

The registered manager said there had been a lot of change at the home over the past year, including new management. They explained they had worked hard with the staff team to manage change with a positive approach. They told us, "The home is calmer and things have settled. Staffing and turnover has stabilised." The registered manager also discussed the impact this had on people who lived at the home. They added, "The residents already knew me and we have helped them to get used to the changes, which has helped with stability." A staff member stated the new registered manager had made a positive impact upon people who lived at the home. They explained, "The changes have been unsettling, but well worth it."

We saw evidence of The Highgrove being awarded the gold standard in their recent Investors in People (IIP) assessment. IIP is a nationally recognised framework to assist organisations to improve their performance and objectives through effective development of staff. The gold award is given to organisations who can demonstrate excellence in developing and supporting their staff. The Highgrove was required to meet multiple standards, which included commitment to service values, leadership and communication. The registered manager told us, "The IIP Gold award is great for me personally, the staff and obviously the residents."

There was a calm and welcoming atmosphere throughout our inspection of the home. We observed the registered manager frequently worked on the floor to check people's safety and support employees in their work. Staff we spoke with were very positive about the provider and new management team in place. One staff member told us, "The new manager's great because she is hands on and helps us out." They said the service was managed well and the registered manager was supportive and assisted them to provide quality care. The staff member added, "She checks we're ok and supports us. She's the best boss I've ever had." Another staff member said, "[The management team] do support me. If I've problems they listen."

We found the registered manager had regularly completed a variety of audits to assess the quality of people's care. These included checks of emergency lighting, fire safety, medication and environmental safety. The management team told us action was taken to address any identified issues. The provider explained they were introducing a new audit to assess quality assurance more thoroughly. This showed the provider monitored and maintained the service to protect people's safety and welfare.

The management team held regular team meetings to discuss with staff any issues or suggestions about improving the service. We noticed topics looked at included personnel issues, health and safety, training care practices, confidentiality and communication. The registered manager stated they followed up identified issues to ensure these were suitably managed. A staff member told us, "It's a chance for all the staff to come together and discuss any issues. We have good communication and opportunities to try and sort things out"

Additionally, we saw regular meetings were held between the management teams within the provider's group of homes. The purpose of the meetings was to share good practice and look at ways of improving services. We looked at the minutes of the most recent meeting held on 11 August 2015. We noted areas covered included staff induction and training, CQC regulations, management of safeguardings and communication. This showed the provider understood good practice in developing service quality to benefit people's welfare.

We found people and their relatives were supported to give feedback about their experiences of the service and their support. For example, regular 'resident' meetings were held to support individuals to raise any issues. The registered manager confirmed follow up actions were undertaken to address them. A staff member told us about the last meeting and said, "The residents wanted to brighten up the place, so we got new curtains and paint. They really like it."

We reviewed responses from the last survey in June 2015 and noted they were positive about the service. Comments seen included "I think the staff are all lovely" and "I get

Good

Is the service well-led?

everything I want". The registered manager said they would respond to negative feedback from satisfaction surveys. They told us about a recent example of this and explained, "We arranged a meeting to discuss this with a relative. It was important to see if we could improve." We saw the comments, meeting and actions taken were all recorded to evidence this. The provider had sought people's feedback about the quality of care and acted on any concerns raised.