Mr & Mrs D H Willcox

Highcroft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We inspected this service on the 5 & 6 December 2016. This was an unannounced inspection.

Highcroft nursing home provides care for older people with nursing and personal care needs. At the time of the inspection there were 22 people living at the home. Accommodation is arranged over three floors. It has a lounge, a dining area, manager's office, nurse's station, the ground floor had an additional lounge, kitchen and admin office. There is a drive way at the front and a patio area.

There was a registered manager in post who was also the provider. 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's medicines were not always kept secure. We found although the medicines trolley was kept secure and locked in between administering medicines. Whilst people were being administered their medicines the trolley was left open and unlocked meaning people's medicines were left unsafe and could be access by anyone within the building. People's medicines administration charts (MARs) were being signed before the person had been administered the medicines. This meant if the person chose not to take their medicines then the chart would need to be altered to accurately reflect that the medicines had not been administered.

People's care plans contained detailed, accurate and informative risk assessments in relation to their individual needs.

People felt safe in the home and received support from staff who had appropriate checks in place prior to commencing their employment.

People were supported by adequate staffing levels and staff supported people in a kind and caring manner.

Staff received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

Staff felt happy and supported but the management of the home.

People were happy with the meals and had various choices each meal time.

People's care plans confirmed if people were unable to make decisions relating to their care and treatment although people's records could be improved with the information being in one part of the persons care plan. The principles of The Mental Capacity Act were being followed.

People were supported to maintain relationships with friends and family.

The home had a separate dining area that people could use if they wished and people booked it to have meals and parties with their friends and family.

People were supported by staff who gave people choice and control in their care and support.

People could access a range of activities each week and people were positive about what was available to them. Activities such as singing, exercise classes and aromatherapy were offered and people could have daily newspapers delivered to the home which was organised by the home.

People felt able to make a complaint to the registered manager should they need to do so.

People and relatives were involved in planning their care.

The provider had quality assurance systems in place that identified areas for improvement so that areas of improvement could be identified and planned for the forthcoming year.

People, relatives and professionals views were sought so that improvements could be identified feedback received was overall positive about the care provided and received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People felt the service was safe although medicines were not always secure as they were left unattended and unlocked whilst being administered.

People's medicines were recorded as administered before they had received their medicines.

People were supported by staff who were able to demonstrate their knowledge and what they would do if they had concerns for their safety.

There was a risk assessment in case of an emergency and the home had a list of residents but there was no personal evacuation plans in place for people.

People had specific risks relating to their care and treatment and there were clear support plans and risk assessments for staff to follow.

People felt the service was safe and recruitment procedures ensured people were supported by staff that had adequate checks prior to commencing their employment.

Is the service effective?

Good

The service was effective.

People's care plans confirmed if people were unable to make decisions relating to their care and treatment. The principles of The Mental Capacity Act were being followed.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were happy with the meals and had various choices each meal time.

Is the service caring?

Good

The service was caring.

People felt supported by staff who were kind and caring.

People were supported to maintain relationships with friends and family.

People were supported by staff who gave them choice and control in their care and support.

Is the service responsive?

Good

The service was responsive.

People felt able to make a complaint to the registered manager should they need to do so.

People were supported with a range of activities that changed on a monthly basis.

People's care plans confirmed what they liked to do with their time.

People and relatives were involved in planning their care.

Is the service well-led?

Good

The service was well-led.

The provider had a quality assurance system in place that identified shortfalls and planned what actions were required over the following year.

People were supported by staff who felt happy and supported by the management of the home.

Staff had daily handover meetings that confirmed their daily responsibilities.

There was a system in place to ensure people, relatives and professionals were sent an annual survey and had their views sought about the care provided.

Highcroft Nursing 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 was an unannounced inspection and took place on the 5 and 6 December 2016. It was carried out by one inspector and an expert by experience on the first day and an inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with nine people living at Highcroft nursing home and three relatives about the quality of the care and support provided. We spoke with the registered manager, the deputy manager, the chef, one admin staff, one nurse and three care staff. We also spoke with two healthcare professionals to gain views of the service.

We looked at three people's care records and documentation in relation to the management of the home. This included two staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe.

People received their medicines from nurses. We observed the administration of medicines and found the medicines trolley was left unattended and unlocked whilst the nurse administered medicines to people. At times the trolley was out of sight of the nurse who was administering medicines to people with the doors open. This meant that medicines were not always being securely stored and could be accessed by anyone within the home.

People's Medication Administration Records (MARs) showed medicines had been administered and taken by the person although at times these records were signed before the person had taken their medicines. This meant that if the person then decided not to take the (MARs) chart would need to be updated to confirm the person had refused. We fed this back to the registered manager and the deputy nurse who confirmed they would ensure medicines were always accurately recorded.

The service had a fire policy and risk assessment that identified the fire point throughout the home. At each exit point was a clip board with a resident list in case of an emergency. The list confirmed if people needed additional support with their mobility. However there was no detailed individual personal evacuation plan for people. This is important as individual personal evacuation plans confirm what specific support the person needs relating to their communication, support and equipment. Staff were able to give examples of how they would support people in the event of an emergency. We discussed with the deputy manager the use of an emergency grab bag which could contain items such as a touch and blankets should there be an emergency. They confirmed they would review the home's emergency procedures.

People, staff and relatives felt the home was safe. We asked people if they felt safe. They told us, "I feel safe here. It is a nice home" and "It is safe and a lovely home, very good". One staff member told us, "Yes it is safe". Staff had received training in safeguarding adults and records confirmed this. Staff were able to demonstrate their understanding of abuse and who they would go to. Staff told us, "I would report any problem to the nurse or manager" and "I would always raise any concern with the manager". Staff also knew who they would report any concerns to externally to the safeguarding agency. One relative also felt their loved one was safe. They told us, "I feel [Name] is safe. It is a lovely home".

People lived in a clean and tidy home. Staff ensured visitors signed into the visitor's book. The environment was welcoming and well decorated with festive decorations throughout the home celebrating Christmas. There was a completed gas, electric and portable appliance tests in place and records confirmed these were in date.

People's care plans included detailed and informative risk assessments. These were individualised and provided staff with clear descriptions of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, people who were at risk of their skin developing sores had charts in place that recorded what support staff had provided throughout the day. However,

where people's skin was checked daily by staff there was no record that confirmed staff had undertaken this check. This is important as accurate records need to be maintained to confirm what care and treatment the person had received. We fed this back to the deputy manager who confirmed they would ensure these records were completed

Incidents and accidents were logged and there was a system for collating information and reviewing any trends. Where incidents resulted to an injury to a person's body there was a completed body map. For example, if the person had fallen and bruised themselves the body map recorded the specific site of the injury. This is important as bruises can take time to develop and the record demonstrates how they may have developed.

People were supported by staffing numbers to meet people's needs. People were able to request support from staff using a call bell system. During the inspection we saw staff were not rushed and responded promptly and compassionately to people's request for support. The deputy manager confirmed the staffing arrangements for the home. People, relatives and staff felt there were enough staff to meet people's needs. People told us, "There is always plenty of staff around" and "Staff are excellent". One relative told us, "The staff are lovely and there always seems to be staff around". The deputy confirmed if people's needs changed then they would look at putting extra staff on. Staff told us, "It works so well" and "Yes, there are enough staff. We work well".

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regard to criminal records, proof of identification and references. Records confirmed this.

There were arrangements for people to store their valuables safely. In addition to this the service had appropriate arrangements to support people with their day to day finances. Where people wished to have a newspaper the home could arrange for this as well as hairdressing and podiatry. The office administration staff kept records so they could invoice people at the end of the month. This meant there was a clear audit trail of people's valuables and transactions relating to people's monies.

Good

Is the service effective?

Our findings

The service was effective.

People's consent to care and treatment was sought in line with legislation although records relating to decisions could be improved. Where people lacked capacity to make decisions relating to their care, this was recorded in their daily records. The deputy manager confirmed they had been reviewing using a new document to gather all information relating to the person's capacity and any decisions that had been made. This would enable to service to clearly demonstrate they were following The Mental Capacity Act (2005) (MCA) in relation to decisions made. The 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 be as least restrictive as possible. The deputy manager confirmed they would review paperwork to see what improvement could be made.

Highcroft nursing home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). 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 is 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 correct guidance had been followed and applications made where required.

Staff felt well supported and confirmed there was regular supervision and appraisals. Staff told us, "I am always able to discuss anything. We have supervision and appraisals", "We can always talk to the owners, or the office staff" and "We have supervisions and appraisals when they arrange them for us but I don't have to wait to talk to someone if I need to". Supervisions were an opportunity to discuss the staff member's attendance, appearance, time keeping and any other area of the staff's responsibilities. Appraisals were undertaken once a year. Staff were given an opportunity to feedback any areas they wished to discuss before their appraisal meeting. Appraisals and supervision records confirmed these outcomes and any areas for improvements.

People were supported by staff who had the skills and knowledge to care for them. One staff member told us, "I undertook an induction. It covered all about the home, the residents and shadowing". Another member of staff confirmed, "It was quite good". I am also undertaking the care certificate". All new staff completed a range of training when they started work at Highcroft. The provider had fully integrated the Care Certificate into their staff induction process. The Care Certificate is a nationally recognised set of standards that give staff an induction to their roles and responsibilities within a care setting.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Training included safeguarding, Mental Capacity Act, health and safety, moving and handling, fire safety, and infection control. Staff told us, "I have undertaken Mental Capacity Act and

deprivation of liberty safeguards, first aid and fire training" and "Training is good". Staff had access to additional training which was tailored to people that staff provided care and support to. For example, during the inspection staff received training in relation to supporting people on modified diets and who required their drinks to be made in a certain way.

People and relatives were happy with the meals and felt they had choice. People told us, "You can't compete with the food", "I get choice", "We get the choice of food. There is always two options to each meal and pudding and it doesn't matter which one we prefer it's always something that we like. "The food is good. My favourite is spaghetti bolognaise and chocolate pudding". One relative told us, "[Name] loves the meals".

People were well supported by staff during their mealtimes. Meals were served where people wished to eat them. For example, one person told us how they preferred breakfast in their room and their lunch downstairs. They confirmed how they choose where they wished to eat. Each day people were asked what they wanted to eat from the menu. The chef had a copy of what people had requested which also confirmed who required their meals modifying in a certain way. For example those who required their meals chopped or pureed. During lunch people were given their chosen meal option. People had access to plenty of jugs of water and squash throughout the home.

People were visited by a range of health care professionals. For example, every fortnightly a GP visited to review any changes to people's health. The registered manager and deputy felt this was an opportunity to discuss any changes to people's health in a proactive approach. Other visiting health professionals were opticians, dentists, physiotherapists and chiropodists. When required the service made referrals to a range of other health care specialists. Records confirmed this. Two people told us, they are "Very good excellent. The GP has been a few times to see me" and "I do my own exercises in my room. The physio only comes once a week so I do my own in between visits".

Good

Is the service caring?

Our findings

The service was caring.

People, relatives and health care professionals all felt staff demonstrated a kind, caring and supportive approach. People told us, "Brilliant!, very good staff", "Very good, excellent. Staff are lovely". The service had received lots of thank-you cards that had positive comments from relatives and people. Comments included, "This is a lovely home and I hope it stays that way for when I am old. I really appreciate the effort everyone had made and I think everyone here should be proud of the care they deliver". Another said, "Thank-you. Even though it was only a few days, [name] really appreciated the kindness of the staff and so did we. It was a pleasure to meet you all". "Very good, excellent care". Health care professionals told us, "It is a five star place" and "Really good nursing home the best one I go to".

The provider confirmed the aim of the service was to provide high quality, compassionate care which will maximise the health and wellbeing of our residents. This was broken down into '6 C's'; care, compassion, competence, communication, courage, commitment. This was also confirmed in the providers information return (PIR).

During the inspection staff demonstrated how they provided people with compassionate care. We saw staff treat people within dignity and respect. For example, people were asked by staff, "Are you okay"?, "What would you like"? and "Shall I just do this for you…"?. One person told us staff used screens and provided care in a private supportive manner. They said, "They use a screen and it is always done in a private way". Another person told us, "They look after me well and they are easy to talk to, and respect my privacy". One thank-you card from a relative confirmed, "Thanks for all the care and dignity you gave [Name]". Another relative told us, "The nurses are excellent, when they help my [spouse] into bed they make sure they are comfortable" One member of staff explained how they provide a calm and reassuring approach to one person they support. They told us, "I listen to them and watch their body language. I always repeat myself", until it is understood". The registered manager confirmed all staff were trained in dignity and care and they were all champions.

People were supported by staff who demonstrated how they promoted and supported people's diverse needs. People could have holy communion and there were visits by the local Reverend. People's care plans confirmed if people had religious needs.

People were supported to maintain relationships with friends and family. During the inspection we observed friends and family visit throughout the day. People we spoke with confirmed how visitors were always welcome. One person told us, "My son and daughter visit, they just pop in at any time". A relative told us, "I visit every other day, I am always welcome". The home had a room where people could entertain their visitors. This room was welcoming and had chairs and a table set should people wish to eat with their visitors. Staff confirmed this room was very popular and could be booked for people who wished to entertain their visitors in private. Visitors also comments how they were always offered drinks which made them feel welcome.

People were able to express their views and were actively involved in making decisions about their care, treatment and support. People made daily choices about how they wished to spend their day. People spent time in the lounge areas, dining room or in their own bedrooms. People went out into the local community if they wanted to or spent time talking to each other and sitting in each other's company. People's care plans also confirmed people's wishes relating to any end of life support. No one at the time of the inspection was receiving end of life care.

Good

Is the service responsive?

Our findings

The service was responsive.

People had comprehensive pre-assessments undertaken prior to living at the home. This information was added into people's detailed care plans. Care plans contained important information such as what the person liked and disliked and their routines. For example, what time people liked to go to bed, wake up and if they wished to vote and how staff could enable to the person to do this.

Each person who lived at the home had an allocated keyworker, who was responsible for reviewing the person's care monthly with them. People contributed to the assessment and planning of their care. Where people were unable to express a preference, the staff consulted with their close relative to gain further information on people's preferences.

Where people had been assessed as having problems with their memory the service was proactive at identifying any changes. For example, the registered manager confirmed they monitored people's memory by undertaking checks every six months. They said this was done by asking questions and seeing if there was a change from the previous time the person had answered the questions. They confirmed it allowed for any changes to be identified quickly which meant that a review or referral could be arranged quickly to support the person with a change to their health needs.

People had access to a complaints policy and felt able to complain should they need to. They confirmed they were happy with the care provided and had no complaints. People told us, "It is a lovely home", "I have no complaints. It is very good. I love it here" and "They can't be faulted". One relative felt able to speak to the owners if they had any concerns of any sort. We observed during the inspection a staff demonstrate a proactive approach to resolving a problem one person had with a piece of furniture that was too low. The staff member quickly obtained another piece of furniture for the person's bedroom which was higher. This meant the person could access their personal belongings easier. The service had received a number of positive thank-you cards from relatives who were very satisfied with the care at the home.

People were happy and spoke positively about the range of activities within the home. Activities included, singing, physical movement, music, bingo and parties. People told us, "There is always something to do if you want to do it. We have a list of activities printed on our activities card so we always know what is on offer and the day and time". Another person told us, "There's everything like chair exercises, bingo, remembrance therapy groups which is music and singing we can dance if we want to and some of us have a go but we cheat because we dance sitting in our chairs. We also have our hair and nails done. There's more to do if we want to but those are the groups most of us join in with a lot of the time".

Each month the entertainment was reviewed to allow the service to celebrate special times throughout the year. For example, Christmas, Halloween, Easter and Bonfire night. During December people had a range of Christmas themes activities such as, seeing a Christmas pantomime, music for health Christmas themed, Holy communion and Mass.

The registered manager confirmed each week all people were offered access to aromatherapy which was arranged by the home. The aroma-therapist confirmed people could have any treatment they wished but that most people chose to have hand and foot massages. They felt this was beneficial to people's relaxation and made their skin feel nice afterwards. One person told us, "There's aromatherapy hand massages and the lady who does the aromatherapy never misses a week. She makes my skin nice and soft". The home also arranged for daily newspapers to be delivered to people if they wished.

Good

Is the service well-led?

Our findings

The service was well-led.

The registered manager was also the provider. They were supported by a deputy nurse. The registered manager and deputy manager were both registered nurses. They were supported by a team of nurses, care and office staff.

All staff felt there was a positive culture within the home and that they were well supported. They told us, "I love it. They are very good and there is a good working relationship. They are good to work for". Other staff told us, "It is a nice place to work, the standards are there. It is a good team very lucky staff try their best" and "They are good, always approachable, [name] and [name] I can always go down stairs if we need to. They always try to help". This was also confirmed in the providers information return (PIR) which confirmed how important it was for open communication and team work. The PIR stated, 'We are a small organisation with an open style of management which is easy to review on a daily basis. Open communication is encouraged throughout the home involving residents, their families. Staff are encouraged to voice opinions, give ideas which all contribute to an open culture which embraces the involvement of all staff and improves teamwork.'

The registered manager confirmed the philosophy of care provided at Highcroft was to, "Start with the understanding that no-one wants to be in a nursing home". This was also confirmed by the providers (PIR) and the Statement of purpose. A statement of purpose confirms what service the provider plans to offer. The statement confirmed, "With this in mind our prime tasks is to effect this transition into the realms of the unknown in an uncomplicated and congenial manner". It also confirmed the, 'The philosophy of care was to, "An individual assessment of each resident ensures that we maximise the potential quality of life for every resident with individual choice being recognised whenever possible". Staff confirmed their approach to this philosophy. One staff member told us, "It is about the residents being happy. It is their choice and what they wish. The standards here are high".

People, relatives, staff and professionals all had their views sought on the care provided at Highcroft nursing home. Questionaries' were sent annually. Positive comments had been received. For example, two student nurses' commented, "Highcroft is an amazing placement for the beginning of my nursing career, it teaches you the fundamentals of nursing" and "I really enjoyed this placement and learnt loads".

The home undertook a range of quality assurance systems which identified areas for improvement. The providers PIR confirmed how important the quality assurance system was for maintaining the services high standards. It confirmed, 'Our quality management system for self-assessment has been successful in helping us maintain our high standards for many years. Meetings, audits and reviews on all aspects referring to the service we provide are carried out throughout the year and all the findings and feedback obtained is recorded and discussed each November at our "end of year" quality management review meeting' (QMRM). 'The results of this QMRM highlights what we have excelled at throughout the previous year, as well as the areas that require improvement or change. It is from this information that we write our 'Forecast' for the year

ahead. This procedure has been successful in ensuring that we continue to aim for improvement. The latest forecast plan included actions around communication, resident's social and psychological care, uniforms, routines. These actions had been shared with the staff team at team meetings and records confirmed those discussions.

Prior to this inspection the provider had submitted various notifications to inform us of events that had occurred at the service. We checked these details were accurate during the inspection. We found two recent incidents which had not been made in line with the provider's registration. This meant we were not always aware of all incidents that had occurred in the service. We raised this with the deputy manager so they could take the action required.

Staff confirmed they had a daily handover meeting which meant staff coming on duty were aware of any changes in a person's care needs or condition. Each morning staff on duty were allocated their daily jobs and people they were responsible in supporting with their care needs. This was done by the senior care staff on duty that day who allocated staff to people onto a wipe board. Staff felt this worked well and that it enabled them to know what their responsibilities were that day. One staff member told us, "The board works well it means that no-one gets missed and that everyone knows what to do".

People living in the home had the opportunity to attend resident meetings. Minutes showed people were asked for their input. Each resident at the meeting was given an opportunity to discuss what was important to them as a resident living at the home. For example, minutes confirmed positive praise had been received regarding the room where residents and their relatives could sit and eat or have some private time with their family in private. This people felt was beneficial when they had visitors.