

Family Care Ltd

Highgrove Care Home

Inspection report

Staplehill Road
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Wimborne
Dorset
BH21 7NF

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Highgrove Care Home is a residential care home registered to provide care and support to up to 21 people. The service provides support to older people some of whom were living with dementia. At the time of our inspection there were 14 people using the service.

People's experience of using this service and what we found

Highgrove Care Home was a safe place to be. People, their relatives and staff told us the care and environment was safe. Equipment, training and safety checks ensured safe working practices. People's risks were assessed, and procedures supported them to be safe from avoidable harm, staff knew people well.

There were enough staff on duty, people told us when they needed them, staff were there. The registered manager used a dependency tool to work out safe staffing levels to meet the needs of people living at the home. Accidents and incidents were recorded and analysed to ensure lessons were learnt. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely. Infection prevention and control procedures were robust and additional practices were in place to protect against COVID-19. Recruitment procedures were robust. The home worked well with external professionals.

Staff knew how to recognise, and report concerns under safeguarding. Staff were confident the management team would follow up on concerns raised. Quality assurance systems operated effectively, a range of audits monitored the quality and safety of the home. People's views were sought and used to drive improvement within the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Highgrove Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Highgrove Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highgrove Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post at this location.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority service improvement and safeguarding teams. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, operations manager, deputy manager, team leader, health care assistants and the provider. We made observations throughout the day of interactions between people and staff.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all of their care and support needs. Risk assessments were reviewed monthly or in response to a change.
- Risk assessments were detailed; staff understood the risks and knew people well. Risk assessments were included in people's care plans to ensure staff were working safely.
- Risks to people's health and wellbeing were discussed daily within handovers and meetings. This meant staff were involved and knew people's risks.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces. Management staff worked within the home which meant they were able to monitor the quality of the service each day.
- Accidents and incidents were recorded, and the necessary referrals made. Analysis of the outcomes were used to reduce the likelihood of the accident or incident happening again.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Highgrove Care Home was a safe place to be. Some comments we received were: "My loved one [name] is very well cared for. I am very happy with it", "It's safe, if there is anything of note they let you know", "My relative [name] is safe, as they were not safe at home. Now they are", "The staff are brilliant, there is always someone there", "I am safe, I have my bell, when I press it they come quite quickly and help me", "My loved one [name] is absolutely safe", "Residents are safe, we have everything in place, we have it all place such as security and fire safety." The registered manager told us, "It's important. Everyone has the right to be loved, supported and looked after."
- Staff told us they knew how to recognise the signs someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. One member of staff told us, "I would speak to the registered manager [name] and if I needed to, I would call safeguarding or the CQC."
- There were clear communication channels for raising concerns within the home, the organisation and outside of the home. Posters displayed around the home reminded staff of the contact details available to them and who to report to. A healthcare professional told us, "I have no safeguarding concerns at this home."
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken. A member of staff said, "I can rely on the registered manager [name] to take things seriously."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff on duty. Many of the staff working at Highgrove Care Home had long service which contributed to continuity of care for people. One staff member told us, "We are just like a family."
- People and their relatives told us staff were available when they needed them. Some of the comments were: "Staff are lovely and always around when needed", "There are enough staff, it's absolutely perfect", "I think there is enough staff, we all work together."
- The home had a robust recruitment procedure in place and checks the service made demonstrated staff had the necessary skills and knowledge to carry out their role.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. The home had arrangements for the ordering, storage and disposal of medicines. Daily checks were made to ensure safe storage of medicines and safe temperatures were maintained.
- Staff responsible for giving medicines had been trained and had their competency assessed by a senior member of staff.
- Medicine Administration Records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, audited and actions taken when discrepancies were found.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was following safe visiting practices.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems in place were robust and effective in managing the risks to the quality of the service. Governance systems were multi-layered, the provider had oversight of the checks carried out by the registered manager which enabled them to continually monitor safety.
- A range of audits were undertaken to enable the registered manager and provider to ensure all areas of the home operated safely. Each audit had a clear action plan which had been followed up and completed. This meant the home was continually learning. Outcomes, where appropriate, were shared in staff meetings and handovers.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the home.
- The registered manager told us they were supported in their role by a second registered manager and the provider. The registered manager said, "I am supported, in addition the deputy manager [name] is really helpful to me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they actively engaged staff in decisions about the home. There was a positive culture in the home, staff told us they felt included. A member of staff told us, "Yes, I feel appreciated. They say thank you."
- Staff were proud to work at Highgrove Care Home, their comments included: "It's pretty rewarding here", "It's a small home and we are just a family, all the staff have been here a long time", "I love it", "I am happy here, we are supported."
- People, their relatives, professionals and staff were complimentary about the leadership of Highgrove Care Home. Some of their comments included: "The registered managers [names] are really nice and approachable", "The registered manager [name] is lovely, always cheerful and would sort anything out for me", "The registered manager is approachable", "The registered manager [name] is nice, I feel like you can speak to them about anything and they understand", "The registered manager [name] is lovely, you can talk to them, they are open, they are professional. They manage the home well."
- Staff felt appreciated and the provider had recognition schemes in place, such as, 'Employee of the month'. In addition to this, there were appreciation gifts at Christmas and birthday cakes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were offered the opportunity to be involved in the home by attending a monthly meeting. The home issued a newsletter every month giving updates on the home, advising of special events and showing pictures of people enjoying activities within the home.
- The home undertook satisfaction surveys for people and their relatives. The most recent survey showed positive results. The registered manager told us relatives or staff supported people to complete the surveys. Clear action plans showed improvements made as a result of the survey.
- Highgrove Care Home worked and communicated well with health and social care professionals to support people. One health professional told us, "Referrals are timely, as soon as it happens, they are quick to report. The registered manager [name] is good at making sure things are carried out."