

Twenty One Care Services Limited

Highgate Lodge Care Home

Inspection report

66 Highgate Road
Walsall
West Midlands
WS1 3JE

Tel: 01922646168

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28 February 2023

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18 April 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Highgate Lodge Care Home is a residential care home providing personal care to up to 24 people. The service provides support to older and younger adults, people who are living with dementia and people with a physical disability. At the time of our inspection there were 17 people using the service.

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

People told us they felt safe with staff. People had risk assessments in place to reduce risk. People were supported to take their medication by staff. Staff received medication training and regular competency checks were completed. Staff understood how to mitigate the risk of cross infection.

Staff had received an induction before they started working with people and there was evidence of on-going training was taking place. People who are new to the service were receiving preadmission assessments, which included families where appropriate. The provider worked with other health professionals when needed. Staff supported people with their eating and drinking.

People were treated and supported well by staff. Relatives knew how to make a complaint if they were not happy. Care plans outlined people's needs.

People and staff views were sought regarding the service and quality of care received. Staff felt supported by the provider. The provider had effective governance systems in place and audits were regularly completed.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on the 20 June 2022, and this is the first inspection.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well led.

Highgate Lodge Care Home

Detailed findings

Background to this inspection

Inspection team

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 2 inspectors.

Service and service type

Highgate Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service.

We used information gathered as part of monitoring activity that took place on the 11 January 2023 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on the 28 February 2023 and ended on the 16 March 2023. We visited the location on 28 February 2023.

We spoke with the registered manager and the provider. We spoke with 6 staff members, 3 relatives and 2 people using the service. We reviewed a range of records. This included 3 care records and 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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The provider had safeguarding policies and systems in place to ensure people were safe.
- Staff received safeguarding training and were able to explain how they would keep people safe. One staff said, "I look at expressions and if they are agitated and talk to the service user and write down what they say to us and take that to the manager and talk to the GP."
- People and relatives we spoke to said they felt safe at the service.
- The provider took appropriate action regarding safeguarding concerns. They reported to the relevant agencies including CQC and the local authority where appropriate.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were enough staff to keep people safe and relatives confirmed this.

Using medicines safely

- Medication was administered safely and in line with people's individual requirements.
- Staff had received training to administer medication safely and received regular competency checks. One staff member told us, "Every year we are given a knowledge paper to test staff knowledge." The registered manager will then review the information with the staff member.

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

- Risks to people's health had been identified and the necessary risk assessments were completed.
- The provider had effective processes in place to investigate incidents, all incidents were recorded on a tracker to monitor any emerging trends.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- Relatives were encouraged to visit their loved ones and we observed this during the site visits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider told us of the process they follow when admitting new people to the service. They explained they would carry out an assessment to see if they can meet the needs. If they can, the management team would talk to the person and the family to create the care plan.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met.

Staff support, training, skills and experience

- Staff had the training and skills to support people effectively.
- The registered manager had a training matrix in place for staff and they had oversight of when training was required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a healthy diet.
- The chef had good knowledge and understanding of people's dietary needs.
- We observed people could access drinks and snacks throughout the day and during lunch we observed a calm atmosphere where there were a number of options provided for both lunch and dessert.

Adapting service, design, decoration to meet people's needs

- The service is well maintained and designed to meet people's needs. There was an ongoing process of improvement in place replacing one of the bathrooms and turning it into a wet room.
- The service is clean. Most people's doors had their photos on it to promote the wellbeing and independence of people living with dementia. The design and decoration of the home had been adapted to help people navigate around the home and this included clear signs.
- There were 2 lounges which people could access, 1 lounge was designated a 'quiet' lounge and the other was for listening to music/watching television. Activities would also take place in the second lounge to avoid disturbing those in the 'quiet lounge'. The dining room was spacious and could be accessed when people wanted to sit and have drink with friends.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was clear evidence of staff working in partnership with other health and social care professionals, including GPs, district nurses and the pharmacy.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We saw during the inspection people were asked their permission before staff carried out any task as well as offering them a choice before drinks and snacks.
- Staff confirmed they had received training in Mental Capacity which allowed staff to support people to make their own decisions or involve them as much as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity ; Supporting people to express their views and be involved in making decisions about their care

- People were treated and supported well by staff.
- People's records included detail of their life histories, religious beliefs and wishes and preferences.
- We observed staff being kind and caring to people throughout the inspection. We saw staff talk to people in a respectable manner.
- People and relatives, we spoke to said staff were lovely to them.
- People and relatives had signed care documents to say they agreed with the documents in place.
- Relatives we spoke to confirmed they were involved in their family members reviews.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's privacy, dignity and independence.
- Staff respected people privacy and dignity, 1 staff member said, "Use screens if needed, if a resident has an accident to maintain privacy."
- Relatives told us staff encouraged people to maintain their independence. One relative said, "Yes, I think so. She certainly has improved since being there."
- Staff understood the importance of confidentiality, 1 staff member said, "If a staff member or person comes to me and tells me something I would keep it confidential unless needed and if I needed to tell the registered manager I will let them know and explain why."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People received personalised care; care records contained clear information for staff on how to support people's needs. Information included oral health and how to support people to maintain healthy teeth.
- The provider explained how they are currently supporting someone where English isn't their first language, they would ensure they would put subtitles on the TV in this person's home language so the person can feel included. They also communicated with the person's family and a book was given and this helped with the communication barrier.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was in the process of producing information in different languages.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- The provider supported people to develop and maintain important relationships and take part in activities. We were informed during the inspection they were currently recruiting an activities coordinator.
 - During the inspection we saw an external entertainer come to the service, people were familiar with them and were happy to participate. People who did not want to partake were happy to sit in the other lounge and were not disturbed by the noise.
- Relatives told us they were able to video call friends or family if they were unable to visit them.

Improving care quality in response to complaints or concerns

- The provider had a robust complaints process in place. Complaints were investigated and appropriate action was taken.
- People and relatives knew how to make a complaint if they were not happy.

End of life care and support

- The provider had an end-of-life [EOL] policy in place to support people effectively to ensure they would meet their preferred wishes. There were no people in the service receiving EOL support at the time of the inspection.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service as staff were able to raise any concerns and staff told us that morale was generally good. The staff and management team felt supported. One staff member said, "Yes, the registered manager is approachable and very understanding."
- Staff we spoke to felt supported in their role. One staff member said, "We are listened to, the management team are always asking for ideas on how to improve."
- The registered manager understood the duty of candour. They said, "[The duty of candour is:] Taking responsibility and accountability for anything that has happened and being transparent with everybody who is involved and taking appropriate action to rectify the issue."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had oversight of the service. This included analysis of fall data and taking appropriate action including notifying families and the relevant agencies where appropriate.
- We saw evidence regular spot checks and audits had taken place. The provider explained if staff were observed not meeting the service standards a meeting will be held with the staff member and an investigation would be carried out to ensure appropriate action is taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and staff views through surveys, supervisions and meetings.
- Staff we spoke to said they had regular supervisions and they find them useful as well as discussing further development.
- We saw surveys completed by people at the service, 1 survey stated how they weren't happy, and we saw the registered manager followed up the concerns.

Continuous learning and improving care; Working in partnership with others

- The registered manager explained how they manage continuous learning. An example given was, there was a Covid outbreak at the service and they explained they will review what worked well and what needed improving for any future learning.
- The provider worked alongside the local authority and health professionals when required.