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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

Summary of findings

Overall summary

The Highgrove provides care and support for a maximum of 30 people who live with dementia and mental health conditions. At the time of our inspection there were 29 people living at the home. The Highgrove is situated in a residential area of South Shore, Blackpool, and is close to local amenities. A lounge, dining room and an external smoking area are available so people can choose where to relax. Bedrooms are situated over two floors, with lift access, and there are sufficient washing facilities to meet people's needs.

There was no registered manager 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. However, we saw evidence the manager at the Highgrove was in the process of registering.

At the last inspection on 24 and 25 January 2018, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

The Highgrove is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

During this inspection, people told us they received their medication on time and staff managed this safely. Staff completed with each person, or their representative, a medication care plan and risk assessment. Staff responsible for administering medicines completed regular audits to assess the safety of related procedures.

We observed staff supported people with a safe approach. For example, we saw they attended very quickly to one person who was choking. Staff were calm and soothing in their tone, which helped to reassure the individual and resolve the incident. Care records included risk assessments to assist staff to understand how best to support those who lived at the home. Staff we talked with demonstrated a good understanding of safeguarding people from unsafe or poor care.

Staff files included required recruitment documents. The manager was implementing a new system to review each candidate's employment history to confirm their suitability to work with vulnerable adults. We noted there were sufficient staffing numbers and staff skills mixes to support those who lived at The Highgrove. A staff member stated, "I feel there's enough staff on." Staff accessed a range of courses to support them in their designated roles.

Care planning focused upon people's nutritional support, including the management of potential risks, such as malnutrition and dehydration. We observed a 'hydration station' was provided in the lounge so that those who lived at the home could access drinks whenever they wished. People commented positively about the

meals they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The manager had considered people's rights and implemented innovative practices to improve the lives of those who lived at the home. For example, the manager trained staff to better support Lesbian, Gay, Bisexual and Transgender (LGBT) older couples. We observed staff had a friendly, caring approach and used humour appropriately. One person who lived at The Highgrove told us, "I have been here [a long time]. The staff are brilliant."

Care records we looked at had the person at the heart of their support planning. For example, the manager documented people's backgrounds, life histories and preferences. There was clear evidence those who lived at the home or their representatives were involved in their care planning.

People, staff and visitors had a variety of opportunities to feedback their experiences of living and working at the home. The manager had a detailed system to retain clear oversight of everyone's safety and the quality of the service provided. They produced for people and visitors a regular newsletter about the service and any recent events. This included a poem written by someone who lived at The Highgrove, the Christmas party and a note thanking staff for their hard work.

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**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.

This inspection took place on 24 and 25 January 2018 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at The Highgrove had experience of caring for people who lived in a care home setting.

Before our unannounced inspection, we checked the information we held about the Highgrove. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at The Highgrove.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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.

Additionally, we spoke with a range of individuals about this home. They included nine people who lived at The Highgrove, a relative, four staff members, the manager and the provider. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We also spent time reviewing records. We examined care records of four people who lived at the home. This process is called pathway tracking and enables us to judge how well The Highgrove understands and plans

to meet people's care needs and manage any risks to people's health and wellbeing. We checked the recruitment, training and support documents in relation to four staff members. We also looked at records related to the management and safety of The Highgrove.

Good

Is the service safe?

Our findings

We asked people about their medication and they told us they received this on time and staff managed their medicines safely. One person said their pain management was sufficient and staff gave them their medication when they required it.

Staff completed with each person, or their representative, a medication care plan and risk assessment. These provided information about their needs, support requirements and the safe management of their medicines. We observed medication was stored securely and administered with a safe approach. For example, the staff member concentrated on one person at a time and maintained records in line with national guidelines. The manager and staff responsible for administering medication undertook regular audits to assess the safety of medicines procedures. We found they had suitable training to ensure they were competent.

We noted there were sufficient staffing numbers and staff skills mixes to support those who lived at The Highgrove. The manager regularly reviewed people's needs against the level of staff on duty. They told us, "I have increased staffing levels to three at night now because we have a resident who can be aggressive and it's working well now." People said they felt staffing levels were sufficient for their support requirements. One person commented, "I am not rushed." A staff member added, "We do manage fine, we have the time to sit and chat with the residents."

The four staff files we reviewed included required documents, such as references and criminal record checks from the Disclosure and Barring Service. The manager acquired these before recruiting staff to assess if they were suitable to work with vulnerable adults. However, not all files contained a check of the staff member's full employment history and reasons for leaving previous posts. This meant the management team did not always confirm the candidate's previous employment was safe and successful. However, we noted the new manager was introducing a system to prevent this from happening in the future. They assured us they would review staff recruited since our last inspection.

We found staff received safeguarding training to underpin their understanding of protecting people from abuse and unsafe practices. They demonstrated a good level of awareness when we discussed related principles. One staff member said, "I wouldn't hesitate to whistleblow. I am confident the manager would deal with it properly."

Care records included risk assessments to protect people from potential harm or poor care. These assessed, for instance, nutrition, medication, self-neglect, kitchen access, mental and physical health, fire safety, infection control and alcohol use. Staff recorded the level of risk and actions to maintain people's safety and welfare. We saw completed incident and accident forms, with clear documentation about any injuries and measures introduced to reduce their reoccurrence. The manager reviewed these and signed them off after the completion of any further action. These were effective procedures to maintain people's safety and wellbeing. Following a recent incident at the home, the manager reviewed systems and any lessons learnt to maintain people's safety. As a consequence, they introduced a new process to enhance everyone's security.

The home's fire, legionella, gas and electric safety certification were up-to-date to ensure a safe environment. During our inspection, the fire alarm sounded unexpectedly. We observed staff responded quickly and calmly, whilst reassuring people afterwards that it was a false alarm. We noted window restrictors in place to protect people against injury or harm from falling. We found the home was clean and staff had infection control training to assist them to maintain a hygienic environment. We observed they made good use of personal protective equipment, such as disposable gloves and aprons.

Good

Is the service effective?

Our findings

People told us they enjoyed their meals and had plenty to eat. One person who lived at the Highgrove said, "The food is very nice indeed." Another individual commented, "I scoff everything they give us." A third person added, "The food is very nice, very good and plenty of choice."

Care planning focused upon people's nutritional support, including the management of potential risks, such as malnutrition. This information also covered the individual's food preferences, special diets and any allergies. Staff had food hygiene training and we found the kitchen was clean and tidy. We observed the cook checked with people what they wanted for lunch and offered three meal options to suit their tastes. One person said, "I pick from a menu there is a good choice."

The manager and staff worked closely with other healthcare professionals to maintain each person's continuity of care. This included GPs, social workers, Speech and Language Therapists, the community mental health team, dieticians and podiatrists. One person told us, "If I need a chiropodist or doctor they come here." Staff recorded on a designated form who appointments and healthcare visits were with and detailed outcomes or further actions. They then updated care plans in accordance with specified instructions. One staff member told us, "We check on the residents throughout the day and we'll call the GP if we're concerned."

The manager's new care planning system covered information technology and people's requirements in relation to this. For example, they documented their and any relatives' email addresses to further assist in their communication needs. Additionally, the manager and staff utilised evidence-based tools to improve people's wellbeing. For instance, where appropriate they implemented a system to assess, monitor and manage behaviour that challenged the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found up-to-date records where people were deprived of their liberty to protect them. The manager completed mental capacity assessments, best interest decisions and legally authorised deprivation forms. They told us about one person believed to be unable to communicate and was under a DoLS. They said they supported them to see their GP. During the appointment, the person was able to translate back to the manager the GP's conversation in Urdu. The manager added, "He clearly has capacity, so the DoLS was removed." We found people had discussed with staff and signed their consent to each area of their care planning.

The manager had an up-to-date training matrix that provided clear oversight of where staff were up to with their training requirements. This showed a range of courses to support all employees in their designated roles. Areas covered included first aid, medication, movement and handling, safeguarding, Mental Capacity Act and fire safety. We further noted staff completed nationally recognised qualifications in health and social care. Other training gave staff specialist knowledge in the service's care delivery, such as dementia

awareness and managing behaviour that challenged. A staff member said, "I feel confident in my work." The manager enhanced staff learning with regular supervision to review personal and professional development.

We looked around the building and found it was spacious and appropriate for the care and support provided. The provider was in the process of completing a programme of redecoration and refurbishment. For example, they were replacing the flooring in the downstairs shower room. The management team were focused upon developing the environment to enhance the experiences of people who lived with dementia. For example, memory boards with the time and date were displayed on a wall. Doors were painted yellow to stand out more to those who lived at the home and large pictures hung in corridors to distract them.

Good

Is the service caring?

Our findings

When we discussed staff attitude with people, we received complementary comments. One person told us, "They are very nice, very friendly here." Another person added, "The staff are very kind and friendly." A relative said, "The staff and the care are beautiful, absolutely marvellous."

The manager understood the importance of delivering person-centred care to optimise each person's welfare. For example, they encouraged people to bring their own photographs, furniture, pictures and ornaments. A staff member told us, "We encourage them to do so to help them feel like it's their home." We saw staff frequently stopped to talk with people who lived at the home. They checked how they were, asked if they wanted a drink or an activity and engaged in social conversation. Staff had a friendly, caring approach and used humour appropriately. Information was made available to people about advocacy services if they required support to have an independent voice. Staff documented people's consent to sharing of their confidential information, such as with other healthcare professionals. We saw their records were securely stored.

Support planning centred upon the provision of personalised care, which was discussed and agreed with each person who lived at The Highgrove. This included people's preferences and detailed information about how they wished to be assisted. For example, staff supported a couple to maintain their expressed needs by providing a double bed in their room. One staff member explained, "It's so they can sleep together, but there's also a single bed if one of them wants to sleep on their own." Care plans followed the person's stated desire to retain their independence. For instance, each area described their goals and aspirations and people were helped to assess their own abilities. People or their representatives said they felt involved in their support planning. One relative stated, "I have Power of Attorney and I am involved in [my relative's] care plan."

The manager had considered people's rights and implemented innovative practices to improve the lives of those with defined Protected Characteristics under the Equalities Act 2010. For example, the manager completed an 'Older and Out' course to enable them to instruct staff in its principles. The training included case review scenarios around Lesbian, Gay, Bisexual and Transgender (LGBT) older couples. This provided staff with skills to support people to 'stay out of the closet' and lead healthy, meaningful lives. The manager added, "All our toilets are unisex for transgender people if they are admitted." This was an excellent approach to promoting LGBT people's rights to Article 8 of the Human Rights Act 1998, the 'right to respect for private and family life.'

The manager demonstrated a good awareness of improving relationships with relatives who struggled to understand medical conditions and care planning. For example, they received a number of concerns from one family member, which evidenced a lack of understanding of their family member's health. The manager sat down with the relative and discussed their family member's poor health condition. This resulted in an improved relationship with the relative and their better understanding of their family member's care delivery.

Good

Is the service responsive?

Our findings

People told us staff were respectful and provided support personalised to their individual needs. One person said, "This is nice. I don't go to bed too late, but I can choose when I go." Another person commented, "I go to bed when I want."

Care records we looked at had the person at the heart of their support planning. For example, the manager documented people's backgrounds, life histories and preferences. This included people's wishes in relation to name, spiritual requirements, funeral arrangements, getting up/going to bed times, activities and food options. A staff member said, "I always give the residents options and let them decide. It's their decision at the end of the day." The manager provided information in different formats for people and their relatives to enhance their communication systems. This included an easy read version of the home's complaints procedure.

The manager checked people's circumstances and assessed their needs before their admission to The Highgrove. The assessments assisted the manager and staff to establish care plans with those who lived at the home. They discussed and agreed their life goals, aspirations and support actions to enhance their lives.

We saw photographs of recent parties and festival celebrations were on display at the home. The manager provided a range of activities to entertain those who lived at the home and develop their social skills. These comprised of, for example, card and board games, quizzes, arts and craft, karaoke, movie days, bowling, hoopla and skittles. People who lived at The Highgrove told us they had sufficient opportunities to keep occupied. One person said, "I watch telly, check my horse racing and do puzzles." Whenever staff entered communal areas, we found they stopped to talk with people who lived at The Highgrove. They engaged in social conversation about the weather and topics those who lived at the home had an interest in.

The manager made information available to people and their relatives that explained how they could raise a complaint. They retained a complaints register to give good oversight of related procedures and how these were addressed. The manager demonstrated a good awareness of improving relationships with relatives who had concerns. For instance, they received a number of complaints from one family member, which resulted in difficult communication. The manager discussed with the relative their family member's poor health condition and explained their door was always open. This resulted in an improved relationship with the relative and their better understanding of their family member's care needs.

The manager and staff showed a good understanding of people's end of life care requirements, which was underpinned by related training. They care planned this with a personalised approach, respecting each individual's different preferences. For example, they reviewed one person's support in relation to their requirements as a Muslim. The individual requested an imam, which the manager arranged and who consequently visited them regularly. The manager explained, "[The person's] end of life has been care planned around his specific needs and we involved the imam in this."

Good

Is the service well-led?

Our findings

The new manager had developed a calm, welcoming atmosphere and people told us the home was well led. One person told us, "We have got a new [manager], she is very nice."

We saw and heard multiple examples of the positive impact the manager had at the home. They demonstrated a good awareness of working with people and their relatives in ways that improved their living and working relationships. They had a good understanding of each person's different needs and we observed they engaged with them in a friendly, reassuring manner. People told us the manager had a strong visibility within The Highgrove and was experienced in their role. Staff consistently commented about the supportive and organised approach the manager displayed. One staff member stated, "The managers are very approachable. They've told me I can go to them at any time and I would feel able to do so."

People, staff and visitors had a variety of opportunities to feedback their experiences of living and working at the home. For example, during our inspection a planned 'resident' and relatives meeting took place, which was well attended. We observed people were encouraged to discuss, for example, meals, activities and the internal environment of the home. Staff told us they worked as a cohesive team and attended regular meetings with the manager to review how The Highgrove could develop. One staff member said, "They encourage us to make any suggestions that will help us improve."

The manager had a detailed system to retain clear oversight of everyone's safety and the quality of the service provided. For example, a range of audits reviewed medication, fire safety, recruitment, training, recordkeeping, infection control and food hygiene. Their purpose was to check quality assurance of service delivery and identify any issues. The manager confirmed with us they would promptly address any concerns to maintain people's welfare.

The provider worked closely with other organisations to improve and develop the service. This included the local authority, advocacy, Independent Mental Capacity Assessors, healthcare professionals and community services.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.