

Strong Life Care Limited

Highstone Mews Care Home

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

About the service

Highstone Mews Care Home is a residential care home that provides accommodation and personal care for adults with a range of care and support needs, including adults who are living with dementia. The service also provided a small number of intermediate care placements for people who were discharged from hospital but needed more time to recover. The home can accommodate up to 62 people in one adapted building over two floors. At the time of this inspection there were 61 people using the service.

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

People received a good standard of care and we saw many examples where people had achieved better health outcomes after moving to the home, made possible due to the dedication and skill of the staff team. The service had developed extremely strong working relationships with local health professionals which ensured people's healthcare needs were fully met. People received care from a knowledgeable staff team who had access to a wide variety of training and support.

The service was safe and people were cared for by staff who treated them with kindness, dignity and respect. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe and proper way. Incidents and accidents were logged and investigated and learnt from where appropriate. There were enough staff to keep people safe and meet their needs in a timely manner.

People were supported to take part in a range of activities and planned events at the home. People's feedback showed this could be further improved to help them remain meaningfully occupied in between planned events. Since we last inspected the provider had completely reformed the home's environment and this genuinely impacted positively on people's lives as they had real influence over decisions about how the service should look.

Staff were knowledgeable about people's needs. The service used an electronic care planning system which supported staff to regularly review the care and support people needed. Further consideration was needed to clearly demonstrate people, their relatives and representatives were consulted as part of the care review process and minor improvements were needed to the quality of information in people's 'intermediate care' plans to better support staff to deliver person-centred care. The service fully met the requirements of the accessible information standard, ensuring creative aids were available to support people's communication and understanding.

There was a truly person-centred culture with the management and staff team, and all were highly involved in peoples' care and support. The service sought and developed its own best practice to be at the forefront of high-quality care. A range of audits and checks were undertaken to ensure continuous improvement of the service.

Staff encouraged people to make their own decisions and they obtained consent from people before care

was delivered. 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 details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Highstone Mews 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 Care Act 2014.

Inspection team

This inspection was completed by two inspectors and two Experts 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.

Service and service type

Highstone Mews 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

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 and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During this inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spent time observing life at the home throughout the day.

We spoke with 11 members of staff including the senior management team, registered manager, deputy manager, care staff and other ancillary staff.

We reviewed a range of records. This included three people's care records and selected documents from one other care record. We checked multiple medication records and a variety of records relating to the management of the service.

We spent time observing the daily life in the home and we looked around the building to check environmental safety and cleanliness.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff had developed positive and trusting relationships with people. People said they were treated well and felt safe and secure in the home. Safeguarding incidents were correctly reported, investigated and measures put in place to prevent a re-occurrence.
- People felt safe at Highstone Mews Care Home and people's relatives were satisfied their family members were safe.

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

- Risks to people's health and safety were assessed and mitigated. Clear and detailed risk assessments were in place which were well understood by staff, giving us assurance they were followed.
- Staff completed regular checks of the premises and the equipment they used, to ensure the environment remained safe.
- Staff completed a record each time they provided a person with support or when an aspect of their health needed to be monitored for safety reasons, such as a person's weight or skin integrity. Records were up to date and contained relevant information to facilitate effective monitoring of people's health and wellbeing.
- The registered manager had improved their systems for monitoring and responding to adverse incidents to help continuously improve the service. We saw detailed investigation and analysis took place after an incident, with a clear focus on promoting people's safety whilst balancing other important considerations, such as autonomy and quality of life. The registered manager told us as a result of their new systems they had seen an overall reduction in the number of incidents in the home.

Staffing and recruitment

- There were enough appropriately trained staff available to ensure people's needs were met. We observed a high number of staff on duty who were highly effective in providing people with assistance, support and companionship whenever they needed it. People living at Highstone Mews Care Home were supported by the same core group of staff, which meant they consistently received good continuity of care.
- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

Using medicines safely

- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence to administer medicines.
- People's medicines were ordered, stored, administered and disposed of safely, in accordance with good

practice guidelines.

- People received their medicines, as prescribed.
- The management team completed regular audits of the medicines management systems, to identify potential safety issues and ensure good practice guidance was followed. Where audits identified improvements were needed, they were acted on.

Preventing and controlling infection

- The home was kept clean and hygienic with good infection control practices followed. Checks were undertaken by the management team to ensure good practice was consistently followed.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider truly cherished their workforce and provided a comprehensive system of staff support and employee benefits to encourage high quality care and staff retention. For example, the provider offered staff a philanthropy fund for them to access during times of hardship. Over the last 12 months we heard many positive examples where staff had benefitted from this scheme and had helped them maintain a safe home-life, which meant they could continue to work at the service unaffected.
- Training was planned in a person-centred way around the needs of each individual as well as the training needs of staff. Information on the individual learning style of staff was used to develop bespoke training that worked for them. Staff had an excellent knowledge of the people and topics we asked them about demonstrating this approach was highly effective.
- Staff felt very confident speaking with their managers or peers for advice during planned meetings or informal discussion. Managers were committed to supporting their workforce to develop their skills and responsibilities. We heard examples where staff had progressed to management positions or had been supported to continue their professional development elsewhere.

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

- The building was fully adapted to meet people's individual needs. People had real influence in how the building and their rooms were decorated contributing to every aspect of its design. We saw the building was decorated to a high standard throughout and was highly personalised.
- Since we last inspected the provider had completely reformed the home's environment, including the dementia and upstairs units. The provider considered best practice and liaised with a range of health professionals, people and their relatives as part of the refurbishment process. People living with dementia felt safe in their environment and we saw tactile panels, memory boxes, murals and walls which could be drawn on in chalk to stimulate activity and discussion. People chose murals which had significance to them, such as scenes depicting local points of interest in Barnsley.
- The improvements to the environment genuinely impacted positively on people's lives. One room had been converted into a sea mural room on the residential unit with calming sound effects, gentle soft lighting, soft cushions and blankets. This room was accessible for all but was designed with sensory impaired people in mind or for people who were not able to mobilise around the unit. Another example was the café area where people and their relatives could sit and enjoy a hot drink. The café was open to the community as well.

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

- People benefitted from a service with strong links to local healthcare services, and practices for joint working with different health professionals were well-established and effective. We spoke to several visiting professionals during the inspection and they all gave very positive feedback about the service.
- Through good integration of technology people had autonomy to manage appointments to see their GP in person or via video-link when they wanted. People were encouraged and supported to speak with their GP via video-link as waiting times were often reduced.
- In addition to residential care, the service provided intermediate care for up to 15 people and as such, carers frequently worked alongside external health professionals to support people to recover and increase their independence before they returned home or found a more permanent placement.
- We saw people who received intermediate care consistently achieved good health outcomes as a result of the care and support provided by Highstone Mews Care Home. For example, during the inspection we saw one person who was preparing to leave the service to go back home. Their entire care team showed out in the reception area to make a 'fuss' over them leaving and to say their goodbyes. It was evident from the person's smile and shared laughter they were very happy with the support they had received.
- Discussions with staff confirmed they were passionate about providing high-quality care and told us the service regularly went out of their way to celebrate and promote people's good health. One staff member said, "You see them when they come in and next minute they are up and about. It's just amazing. We encourage them to be independent and get back home."
- The service had adapted areas of the service to support visiting health professionals, such as physiotherapists and occupational therapists, to complete their assessments and rehabilitation exercises with people. For example, during the inspection we saw a working kitchen area where assessments or rehabilitation exercises could take place to support people to be independent in their own home.

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

- The service supported people to eat, drink and maintain a balanced diet. Although meals were predominantly provided at set times during the day, they also catered for people flexibly outside of these times to ensure people's needs were consistently met.
- During the inspection we received some mixed comments about the quality of the food which we shared with the management team. We also fed back the lunch-time meal experience in the upstairs dining rooms could be further improved by staff consistently communicating effectively with people and supporting higher levels of social inclusion. For example, we saw missed opportunities for quality social interaction and one person told staff their food was sour but this was not acted on. In the downstairs dining room, we observed a much more positive meal experience. The management team assured us they will continue to seek and act on people's feedback about the meal options available.
- The home had nominated hydration champions and hydration stations throughout the home so people were able to access drinks and snacks throughout the day and night.
- Plans for eating and drinking were developed collaboratively with health professionals, people and their representatives. The kitchen team had systems in place to ensure people's eating and drinking preferences were known and respected.

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- Consent was consistently sought from people before they received a service. Where people were unable to consent, the service was working within the principles of the MCA and care was delivered in the least restrictive way 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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. 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

- Staff spoke about people with kindness and compassion.
- We observed staff interacted with people in a positive way. Staff were able to provide effective reassurance to people when they became upset or anxious.
- The home completed daily 'dignity checks' which were usually carried out by senior care assistant. These checks focussed on things like had a person received personal care to a high standard and were their hair and teeth brushed; were they well-dressed and was their clothing appropriately cleaned and ironed. Any findings and actions taken by senior care assistant were documented. Observations and feedback from the inspection confirmed people were very well-cared for.
- Equality and diversity was at the forefront of the service. Equality champions were in place and LGBT rights were promoted in creative ways. The home had an equality and diversity mural with the contact numbers for support groups in the local area relating to protected characteristics. Staff and the management team had created a safe space where people and staff were able to be themselves without any discrimination or prejudice.
- The service and staff fully supported people's spiritual or religious requirements and these were identified during the admission process. Information about local sites for prayer or communal gatherings were displayed around the home. We heard lots of positive examples where staff had gone above and beyond to support people's faith. For example, the service obtained a religious blessing sign to be placed outside a person's room who belonged to that faith. This person and their family were very appreciative of this unprompted gesture.
- The provider told us they recruited staff based on their skills, values and passion for good care, not because of their background.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and encouraged people to make decisions about their care. We observed staff asked people what they wanted to do during the day and how they would prefer to spend their time. Staff regularly moved around the communal areas of the home to engage with people. This ensured everyone had regular opportunity to indicate if they needed or wanted anything.
- People's relatives were involved in planning and reviewing their family member's care, when people were unable to make their own decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. One staff member said, "It is just amazing to see

people go from saying 'I cant do this or that' to them doing it all themselves." We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves. One person said, "Staff let me do what I can for myself and they always check if there's anything I want."

- Staff promoted people's dignity and they spoke about people with genuine respect. People's relatives told us staff made sure people were always well-presented and their family member's dignity was maintained.
- People's privacy was respected. Staff understood the need for personal information to remain confidential. Any information that needed to be shared with other staff was discussed in private.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives, staff and visiting health professionals all said the service provided good quality care and people consistently experienced positive outcomes as a result of living at the home. A visiting district nurse said, "Everyone seems well looked after and staff know people well. Staff are really friendly and welcoming."
- People's care needs were assessed, and clear and detailed plans of care were put in place. People who stayed at the home for intermediate care also had care plans to support care delivery, but these contained less person-centred information about their likes, dislikes and what was important to them.
- Without exception staff reviewed people's care regularly to ensure information about people's needs was accurate and up to date. However, we saw limited evidence to show people, their relatives or representatives were consulted as part of this process.
- Despite our concerns around some people's care plans and care reviews, we saw no evidence this impacted on people as care was provided by the same core group of staff who possessed an outstanding knowledge of people's individual needs, values and beliefs. We discussed our findings about people's care plans with the management team and they assured us they would take quick action to address our feedback.

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

- Activities coordinators told us they provided a varied programme of activities and spoke to people to ascertain their interests and preferences to facilitate personalised activities for groups or on a one to one basis. Carers were also encouraged to facilitate social interaction and activity outside of planned events and protected time for activities. However, some people's feedback showed improvements were required in this area.
- People commented, "Activities? Don't make me laugh. They want you to sit in the lounge and watch television", "I went once but I'm not really interested. I do know what is happening" and "The coordinators are very good. They have things like coffee mornings, bingo, school visits and they take her out. There is a monthly leaflet that gives activities."
- We discussed our findings with the management team and they assured us they would continue to use their existing mechanisms to seek and act on people's feedback about the activities provided. After the inspection the service sent the CQC evidence to demonstrate our site visit was not a typical day at the home and they do provide a varied range of social events and activities available to people.
- The service posted pictures of recent events and activities at the home on their social media page and was only accessible by family and friends. This helped people's relatives and friends feel more connected with their family member and what they got up to at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and management were passionate about ensuring everyone in the home had a voice. The provider advertised around the home their commitment to translating any document to a person's chosen language and due to the high levels of diversity within the staff team they were able to provide on-site translation services in 24 different spoken languages. We heard one staff member who spoke a number of languages was re-deployed from one of the provider's other care services to Highstone Mews so they could meet the communication needs of a person living there.
- People's communication needs were recorded and staff knew how to communicate with them and meet their needs. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints.
- Information on how to complain was clearly displayed in the home.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff received training in the provision of end of life care. They worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses.

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 the last inspection this key question was rated requires improvement. At this inspection this key question has improved to 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

- Checks were comprehensive and completed regularly by the management team to monitor and improve the quality of the service. We saw clear evidence managers were able to question practice through their audit systems. However, meal-time audits did not identify the same concerns we encountered at inspection and audit findings did not always lead to a recorded action plan. After the inspection the registered manager took steps to address our comments about audits.
- In the main, audits were effective at maintaining a good quality care service and the home benefitted from a strong and stable leader who had worked at the service for many years and for the last two inspections shown ongoing and sustained compliance with the regulations. One visiting professional said, "This is one of the best homes I visit and I'm not just saying that. I enjoy coming here as staff are so helpful."
- We were satisfied the registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts. Staff at all levels were clear about their roles and responsibilities.

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

- The provider's ethos, vision and values were exceptionally person-centred. The managing director said, "Our philosophy is everyone has a life worth celebrating. We are not about profit or growth, we are about the people, and everything else will follow."
- The provider was very outward looking and the senior management team were continuously searching for opportunities to learn good practice, work with others and improve people's experience of care. The provider had collected a number of awards for their achievements at the home, such as Best of Barnsley Dementia Care Awards and regional winner in the Great British Care Awards.
- The provider was very proud of their workforce and had taken a number of creative steps to make sure staff felt valued, supported and secure within their roles, which we saw positively influenced staff retention and staff turnover rates were significantly below sector average. The managing director said, "We want to attract the very best in the sector. We really want staff to progress within the organisation and retain people. We have a lot of staff who have been with us for a long time and it is because we look after our staff."
- Staff were highly motivated and proud to work at the service. They all described it as an excellent place to work and said the management team were extremely supportive. Staff were supported to maintain good health and wellbeing, for example, supporting them to maintain their cultural beliefs and promoting good

mental health. Staff were strongly supported to develop further skills and knowledge including leadership skills.

- We observed a positive, welcoming and inclusive culture within the home. Everyone was complementary about the way the registered manager led the service. A staff member commented, "[Registered manager] has always been there. Even things about my home-life, she is just a great manager. If we've got a problem, they'll sort it. They always make time for staff. They are lovely."
- The registered manager and provider were committed to being open and honest if anything went wrong and learning from any incidents or complaints. All staff told us they were confident the registered manager and provider would act on any concerns they raised. One person said, "The staff are all very welcoming and I feel we can talk open and honestly. That goes all the way through from the office to the support staff."

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

- People's feedback was sought through a variety of mechanisms, such as meetings, reviews, manager rounds and surveys. Surveys were sent out regularly to assess people's level of satisfaction with the service. With the exception of the activities provision and food choices available, we received very positive comments about the service.
- Staff and management meetings were held providing opportunity for information sharing as well as enabling staff to share their views and ideas.

Working in partnership with others

- The service had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service. We saw lots of positive examples where thoughtful engagement initiatives had increased the home's relevance in the community, much to the benefit of the people living there.
- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.