

Mr Diwan Suresh Chand

Highcroft Care Home

Inspection report

13-17 Rectory Road
Walthamstow
London
E17 3BG

Tel: 02085210427

Date of inspection visit:
10 July 2017
13 July 2017

Date of publication:
18 September 2017

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

Highcroft Care Home is a care home without nursing that provides personal care for older people some of whom may be living with dementia. It is registered for 23 people but at the time of this inspection there were 18 people using the service. The home is spread over two floors and the upper floor is accessible by a lift.

At the previous inspection in April 2016, we found two breaches of legal requirements. This was because although improvements had been made, there continued to be an issue around infection control and cleanliness. The provider's auditing systems had failed to identify and action the poor hygiene. This unannounced inspection took place on 10 and 13 July 2017 and we found significant improvements had been made.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives thought the service was safe. Staff were knowledgeable about how to report concerns or abuse. The provider had a recruitment system in place to ensure the suitability of staff working at the service and there were enough staff on duty to meet people's needs. Risk assessments were carried out with management plans in place to enable people to receive safe care. The home had recently been completely refurbished to a high standard. There were systems in place to maintain the cleanliness and safety of the premises. The provider had systems in place to ensure the safe administration of medicines.

Staff received appropriate support through supervisions and training opportunities. Appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised. Staff were aware of the need to obtain consent before delivering care.

People were given a choice of nutritious menus and staff were knowledgeable about people's dietary requirements. People also had access to healthcare professionals as required to meet their day to day health needs.

People and relatives thought staff were caring. Staff were knowledgeable about how to develop caring relationships with people who used the service. People's privacy and dignity was respected. Staff had awareness of delivering care in a non-discriminatory way. People were given choices and their independence was encouraged.

Staff were knowledgeable about providing a personalised care service. Care plans were comprehensive and showed people's preferences. A variety of activities were offered which included trips outside the home. People and relatives knew how to complain and the provider dealt with complaints in accordance with their policy.

Relatives and staff spoke positively about the management of the home. The provider had systems to obtain feedback about the quality of the service from relatives and people who used the service. Regular meetings were held for people who used the service and relatives to check they were happy with the service provided. Staff had regular meetings to keep them updated on policy changes, service development and to encourage good working practices. The provider had quality assurance systems in place to identify areas for improvement.

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. There were enough staff to support people's needs. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date.

Staff were knowledgeable about safeguarding and whistleblowing procedures. People had risk assessments in place to ensure risks were minimised and managed. The provider had carried out a major refurbishment program which was completed to a high standard. People were protected from the risk of infection. The provider carried out regular building safety checks.

There were appropriate arrangements in place for the administration and management of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received support through training and supervision.

The provider was aware of what was required of them to work within the legal framework of the Mental Capacity Act (2005). Appropriate applications for Deprivation of Liberty Safeguards had been applied for and authorised. Staff were aware they needed to obtain consent from people before giving care.

The service assisted people to liaise with healthcare professionals as needed. Staff were aware of people's nutritional needs and people chose what they wished to eat.

Is the service caring?

Good ●

The service was caring. People and relatives told us staff were caring and spoke positively about the service. The atmosphere in the home was calm and friendly.

The service had policies about privacy, dignity, independence and choices. Staff were knowledgeable about these policies and were aware of people's preferences. People were given a guide book about the standards of care they could expect from staff.

Is the service responsive?

Good ●

The service was responsive. Staff had a good understanding about people's individual needs and about how to deliver personalised care. Care records were comprehensive, personalised and reflected people's preferences.

People were offered a variety of daily activities which included trips outside the home. Relatives told us they knew how to make a complaint if they were not happy with the service but had not needed to. The provider dealt with complaints in accordance with their policy.

Is the service well-led?

Good ●

The service was well led. The service had a registered manager and relatives and staff gave positive feedback about the management of the service.

The service had a system of obtaining feedback about the quality of the service by asking people and their relatives to complete a feedback survey. Regular meetings were held with people and their relatives who used the service to check they were satisfied with the service provided.

The provider held regular meetings with staff to keep them updated on service developments. The provider also had systems in place to regularly check the quality of the service provided and issues identified were dealt with appropriately.

Highcroft Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 13 July 2017 and was unannounced. Two inspectors visited the home on the first day of inspection and one inspector visited on the second day. Before the inspection, we reviewed the information we held about the service including notifications and improvement action plans the provider had sent us since the last inspection and the previous inspection report. We spoke to the local authority to get their views about the service.

During the inspection we spoke to the proprietor, the registered manager, the cook, two care staff and six people who used the service. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed four people's care records including risk assessments and care plans and three staff files including recruitment and supervision. We also looked at records relating to how the home was managed including medicines, policies and procedures, building safety and quality assurance documentation. After the inspection we spoke with two relatives of people who used the service.

Is the service safe?

Our findings

At our previous inspection in April 2016, we found the service did not have suitable arrangements in place to keep the premises clean and maintain infection control. During this inspection we found this issue had been addressed.

The provider had carried out a major refurbishment programme which had been completed to a high standard. Bathrooms had been fitted with new baths, toilets and tiling. Bedrooms had been fitted with new furniture and sinks. The kitchen had been fitted with new industrial shelving. The home had been painted throughout and all flooring had been replaced. Then refurbishments meant it was easier for cleaning of all areas of the home to be done. The provider had purchased two clothes drying machines which meant clean laundry was no longer draped over radiators to get it dry. The provider had also employed an extra cleaner to help maintain cleanliness levels within the home. This meant that people were now protected from the risk of infection.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, an electrical installation check had been done on 20 November 2015, and portable electrical appliances were checked on 5 January 2017. A fire equipment test had been done on 16 September 2016 and the service carried out fire evacuation drills every three months which were up to date. This meant the provider had systems in place to ensure the safety of people on the premises.

People and relatives told us they felt the service was safe. The provider had an up to date comprehensive safeguarding adults and whistleblowing policy which had been reviewed on 3 April 2017. Staff were knowledgeable about recognising abuse and reporting concerns. One staff member said, "Basically I would report to the manager, local authority, CQC. Whistleblowing is confidential." Another staff member told us, "Whistleblowing is if you are not happy with the way someone is being treated and I felt nothing is being done about it, I could report to the manager or a senior, yourselves [CQC], or safeguarding team."

Staff confirmed there were enough staff on duty. One staff member told us, "At the moment, yes [there are enough staff]. We're all working together." Another staff member said, "Yes, but may need an extra person if working with staff that are not competent." Records showed there were enough staff on duty to meet people's needs. We observed nobody had to wait long for assistance.

Safe recruitment checks were made. We saw there was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, had produced confirmation of their legal entitlement to work in the UK and had been given written references. Records showed staff had criminal record checks carried out to confirm they were suitable to work with people and there were arrangements in place to get regular updates. The above meant people were supported by enough suitably competent and qualified staff to meet their needs.

People had risk assessments as part of their care plans regarding their care and support needs. Risk assessments contained risk management plans and these were reviewed monthly. For example, one person

was at high risk of absconding and their risk management plan gave clear guidance to staff of steps to take to reduce this risk. The risk assessment stated, "Staff to check on [person] every half hour when he is in his room. Ensure all windows and doors are securely locked. When [person] is in the main lounge or conservatory, one staff must observe him at all times from a distance but within sight of staff. Please ensure that doors are locked when visitors leave." We observed that staff did this in a discrete manner. Risk assessments for people included moving and handling, physical and emotional needs and personal care. This meant the provider had systems in place to identify and mitigate risks to ensure people received safe care.

The provider had a medicines policy which gave clear guidance to staff of their responsibilities regarding medicines management. Staff responsible for administering medicines had received up to date medicines training. Medicines were stored in a locked medicine trolley in a locked room. Medicine administration record (MAR) sheets for medicines taken daily were completed correctly. This showed that people received their medicines as prescribed and there were no gaps in the records.

People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. PRN medicines that were not supplied in blister packs were in date and clearly labelled. Reasons for giving PRN medicines were documented on the back of the MAR charts. Medicines that needed to be used within a certain timescale had an opening date. We noted that the medicine fridge temperature was recently not within the recommended temperature range. Records showed the provider had taken immediate action by reporting the fault to the supplying pharmacy who was arranging for a new fridge to be delivered.

Is the service effective?

Our findings

Relatives told us they thought staff had the skills needed to care for their family member. One relative said, "Yes they do [have the skills]. She is very well looked after." Another relative told us, "Yes they have the skills needed."

New staff went through an induction process when they began working in the service. This included completing an induction pack which was signed off by management and shadowing experienced staff for at least two weeks. Records showed that new staff completed the Care Certificate with guidance from a senior member of staff. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.

Training records showed that staff had completed refresher training in first aid, health and safety, and moving and handling. Staff had also received training in 'The Significant 7'. This is a toolkit designed to support care home staff to identify health deterioration earlier in people who used the service. The training also supported people to receive care at the home rather than a hospital admission. The training plan for the remainder of 2017 showed mental capacity, diet and nutrition, person centred care and dementia care refresher training sessions had been scheduled. This meant the service was provided by suitably qualified and competent staff.

Staff confirmed they received regular supervision every two months and records showed these were up to date. One staff member told us, "Supervisions. They can be useful. They are useful constructive criticism." Topics discussed in supervisions included choking risks, moving and handling, review of work performance, Training and the staff member's strengths and weaknesses. This helped areas of concern to be identified so that staff could improve their performance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection there were 16 people under DoLS because they required a level of supervision at home and in the community that may amount to their liberty being deprived. Records showed assessments and decision making processes had been followed correctly.

The registered manager and staff demonstrated they had awareness of what was required of them to work within the legal framework of the MCA. One staff member told us, "Mental capacity is if somebody is not able to retain information or make a decision, they may be deemed not to have capacity. DoLS is then used to keep [the person] safe. You need [a person's] consent for everything. You get consent by asking them." Another staff member said, "It's whether the person has got the capacity to make decisions themselves. [DoLS] are put into place to safeguard the [person]. You need to get consent all the time so you ask for everything."

People told us they liked the food. For example, one person told us, "The food is okay. I am woken up every morning with a nice cup of tea." Relatives spoke positively about the food. One relative told us, "Yes it is good. [People who used the service] always get a very good selection and it's varied. [Family member's] put on weight." Another relative said, "Yeah the food is good. [Family member] is eating very well."

Care records documented people's food preferences. For example, one person's care plan stated, "I should have less carbohydrates and more fresh fruit and fibre." Another person's care plan stated, "I have no dietary needs. I love food and enjoy my meals with good appetite. I have no preference in meals." During the inspection we observed lunch being served and saw the food was generous in portion size. People were seen to enjoy the meal which was evident by the chatting throughout the meal and clean plates at the end. There were enough staff on duty to ensure that people could have assistance where required. We observed people were frequently offered drinks during the inspection.

The cook was knowledgeable about people's dietary requirements and preferences. For example three people required a soft diet and one person did not eat pork. Kitchen records contained details of people's allergies. The cook explained they used food items with no added sugar such as jelly, mousse and fruit in its own juice for people with diabetes.

The cook told us people could have what they wanted to eat. Menus were nutritious and showed at least two choices for each meal. Staff were observed asking people in the morning about their food choices. The cook told us she made sufficient quantities of each option so that people could change their mind.

Records showed the service had been inspected by the food standards agency on 8 December 2016 and been given a rating of "5". This meant the service was very good at hygienic food handling, at keeping food preparation and storage areas clean and with management of food safety. We saw the kitchen contained a variety of healthy food and snacks and were safely stored. For example dried foods were kept in closed containers and refrigerated foods that were in use were labelled with the opening date. Records showed fridge and freezer temperatures were documented and were within the safe range. The above meant food was stored appropriately and people's nutritional and hydration needs were met.

One person told us, "They will always get someone like a GP if you need to see someone." Records showed that people had access to healthcare professionals as required. For example, professional visit records indicated people had regular access to district nurses, chiropodist, psychiatrist and optician. This meant people were given appropriate support to manage their health needs.

Is the service caring?

Our findings

People told us staff were caring. Responses included, "Staff are friendly", "Staff are good and helpful" and "The carers look after me." Relatives also told staff were caring. One relative told us, "[Care staff] are brilliant. I can't fault them. [Family member] is very well cared for." Another relative said, "Yes they are [caring]. We have got no worries. Definitely happy with the service 100%. [Family] are satisfied that [person] is being looked after. It's peace of mind for [my family]."

During the inspection, we observed staff engaged people in conversation and there was a warm, friendly and calm atmosphere. People were observed enjoying the jovial banter with staff. One person during lunch was using bad language which was distressing other people trying to eat their food. Staff demonstrated their skill by distracting the person who was using bad language and encouraging them to sing songs instead.

Staff described how they got to know the people and their support needs. One staff member said, "Reading the care plans to get the backgrounds of people. Sitting and talking with people or doing an activity." Another staff member told us, "Talk to them [the person]. Go into their history. Ask relatives [the person's] likes and dislikes. Read the care plan."

Staff demonstrated awareness of providing dignified care. One staff member said, "Make sure the doors are closed, tell them what you are doing, making sure [people] are correctly dressed." Another staff member told us, "By making sure the doors are shut. When we are entering rooms, making sure that we knock." Staff also demonstrated awareness of supporting people's sexual needs. For example, one staff member said, "Allowing people to take time out for themselves. I would not treat them, [people of different sexuality] any differently." Staff were observed to knock on people's bedroom doors or bathroom doors before entering.

There was a comprehensive policy on privacy and dignity which gave clear guidance to staff. The service also provided people with a 'service user's guide' which told people what they could expect from staff. Both of these were last updated on 3 April 2017 and informed people of their right to privacy and to entertain visitors in their rooms or to spend time alone. The above meant people were treated with dignity and respect.

The provider had a policy which gave clear guidance to staff on proving care which enabled people to have independence and choices. One staff member told us, "Giving them choice of what they wear, what they eat. If they can, dress themselves or make decisions about what they want to do." Another staff member said, "By giving them choices. You can prepare the task and offer for them to do themselves." This meant people were encouraged to have more control of their lives.

Is the service responsive?

Our findings

Staff demonstrated awareness of providing personalised care. One staff member said, "Tailoring the care to the individual, making sure where possible, their wishes are taken into account." Another staff member told us, "It's down to the individual and what they want in terms of care."

People's care records were comprehensive, person centred and pictorial. Care plans were tailored to the individual and included people's preferences. For example, one person's care plan stated, "I enjoy a bed bath and having my hair washed at the sink or shower. I like to wear perfume daily. I like to be well groomed and my clothing matching my slippers." The care plan included a detailed description of the assistance the person needed with this. People's bedrooms had been redecorated as part of the recent refurbishment works and were personalised with photographs, soft toys or items symbolising their interests such as their favourite football team.

A variety of activities were offered to people. One person told us, "Enjoy playing games in the garden." Another person said, "I go into the garden when I want to. I enjoy watching the tennis on TV. I don't really join in activities as prefer to watch." A relative told us, "They put on a birthday party [for family member]. The cook even cooked a birthday cake. They often do little outings. They took them to Southend-on-Sea the other week." Another relative said, "The girl who comes in to do the activities, she's brilliant."

The service had recently employed an activities co-ordinator who documented what activity each person participated in each day. A varied programme was offered to people which included karaoke, skittles, darts, colouring, exercises, puzzles, celebration days and trips out to the local market tea shops, picnics in the park or the seaside. Activities records contained an information sheet for each person documenting people's food and drink preferences, hobbies and interests, favourite holidays or places visited, past employment, music and television programme preferences, emotional, cultural and spiritual needs.

During the inspection, we saw activities taking place including bingo in the newly refurbished garden area. Staff encouraged people to join the activities and take an active part. Activities on offer in the morning and afternoon were displayed pictorially on a calendar. This enabled people with dementia to see at a glance what activities they could take part in. The above meant people's care took into account their choices and preferences.

People and relatives knew how to make a complaint or raise a concern. One person told us, "If I was worried about something I could always raise it with the carers." Relatives told us they would speak to the registered manager or a senior staff member if they had a concern but had not felt they needed to. The home had a complaints policy which was also included in the 'service user guide' and gave clear guidance to staff on how to handle complaints. There had been two complaints since the last inspection. Records showed these complaints were resolved in accordance with the policy and within policy timescales. This meant people could be confident their complaint would be taken seriously and dealt with appropriately.

Is the service well-led?

Our findings

At the last inspection the provider did not have effective systems to mitigate the risks relating to the health, safety and welfare of people using the service. During this inspection, we found this had improved.

The service had a registered manager who was supported by a deputy manager and the provider. The registered manager was observed to assist staff during busy periods including mealtimes. We observed people who used the service smiling as they frequently chatted with the registered manager. Relatives spoke positively about the registered manager. A relative told us, "[Registered manager] has often asked for feedback. She's always there to speak to. Very well approachable. Very helpful." Another relative said, "We can get in touch with [registered manager] anytime." Staff also spoke positively about the registered manager and told us she was a good leader. This meant the provider encouraged an open and transparent service.

The provider had a system of obtaining feedback from people and their relatives. We saw six surveys had been completed this year up to the time of the inspection. The completed surveys indicated satisfaction with the service. The provider used a pictorial version of the feedback survey to help people to understand the questions and indicate their feelings. One person had stated, "Food is always on time and presentable. No trouble at all." Another person had commented, "Like being here. Like the food." A third person stated, "Always tidy. Very homely. Very happy." One relative stated, "Staff treat [person] very well, very happy with all the help [person] gets. Staff here are very caring towards [person's] needs. [Person] is very happy here at Highcroft. We know she is getting the help, motivation and care she so needs."

The registered manager told us they held regular meetings for people who used the service and their relatives. We reviewed the minutes of the most recent meeting held in July 2017 and saw topics discussed included activities, food and mealtimes, personalisation of rooms, staff, home environment and choices. The meeting minutes showed who had attended and the contributions people made to the discussions. For example, four people said they were happy with the staff and the comments that were documented included, "Good staff", "The staff are good", "Staff are friendly and good" and "Staff are very helpful." This meant the provider had systems in place to help them improve the service and people were encouraged to help shape the service provided to them.

Staff confirmed they attended team meetings regularly and found these useful. The minutes of the meeting held on 9 January 2017 and 31 May 2017 showed topics discussed with staff included people using the service, mobile phones, task completion, night checks, record keeping, communication, safeguarding, team work, agency staff and the home environment. This meant the provider had a system to keep staff updated on policy changes and obtain feedback from staff on improving the quality of the service.

The registered manager and deputy manager carried out monthly reviews of people's care plans and monthly audits of staff training, medicines and the environment. We reviewed the audit carried out in June 2017 and saw issues had been identified and resolved. For example, a staff member was wearing incorrect footwear and it was noted that this was actioned as the staff changed into correct footwear straight away.

The provider also carried out monthly audit visits to check medicines, the environment, security, cleanliness, staff records and care plans. Records showed some of the audit visits took place at night. For example, the most recent provider check took place on 14 June 2017 at 23:00 with no issues identified. Records also showed the actions taken when issues were identified. For example during a visit on 2 January 2017, it was identified that there was soiled linen on the laundry room floor. The action outlined that the provider spoke to staff who agreed the linen should not be on the floor and immediately placed it in the dirty linen basket. This meant the provider had systems in place to monitor the quality of the service and take action when needed.