

Highcroft Care Blackpool Limited

The Highcroft Care Home

Inspection report

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Blackpool
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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 inspection visit at The Highcroft was undertaken on 14 November 2018 and was unannounced.

The Highcroft Care Home is situated in a residential area of Blackpool. Accommodation is provided in mainly single rooms. There are communal lounge areas, dining room and garden areas to the rear of the premises. Parking facilities are at the front of the home. The home is registered to provide care for up to 31 people. At the time of the inspection visit there were 28 people who lived at the home.

A registered manager was 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.

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

At the last inspection in November 2017 we rated the service as 'Requires Improvement'. This was because breaches of legal requirements were found. These related to medication issues. Furthermore, the management team failed to properly assess the quality assurance of the service provided. We made a recommendation to improve quality assurance systems.

During this inspection, we found the provider had made improvements to ensure they met legal requirements in recording and administering medication. In addition, they had addressed the recommendations from the previous inspection. There now were systems in place to undertake quality audits in a timely manner to ensure the service continued to be monitored and improvements made where required.

We observed staff administered medication with a skilled and secure approach, which the registered manager strengthened through training, a new medication system and regular audits. They now had good oversight of relevant procedures through daily and weekly auditing to ensure people who lived at the home remained safe.

The registered manager had now completed a range of quality audits to ensure a safe environment and monitor the service they provided. These for example included, medication, the building, care planning and DoLS processes. Documentation highlighted examples of where the registered manager took action to address identified issues.

Care records included an assessment of the level of risk and actions to guide staff to manage people's safety. The registered manager retained an accident book and analysed patterns to assess control measures

reduced the risk of incidents.

We saw staff supported people with their meals sensitively and respected their privacy. Staff checked they had enough to eat and comments were positive in relation to quality of meals. One person who lived at the home said, "We are lucky we have cooks who are really good."

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.

Staff had been recruited safely, appropriately trained and supported. They had skills and experience required to support people with their care and social needs.

Care planning followed a person-centred approach and people told us they were involved in this process.

Comments we received about the attitude and caring nature of staff were positive and included, "Lovely people they are so kind and helpful." Another person said, "Everybody has been so good with me. They all are a very caring bunch."

People who lived at the home told us they enjoyed a variety of activities and regular outside entertainers which were organised for their enjoyment. One person said, "We had a singer recently, absolutely brilliant." Another person said, "I do enjoy the activities like bingo and piano afternoons."

There was a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the support they received from staff and the registered manager and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included informal staff and resident meetings and satisfaction surveys to seek their views about the service provided.

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 ●

We found action had been taken to improve the safety of the home.

The registered manager now had good systems in place for administration, storing, recording and monitoring people's medicines.

The registered manager ensured staff had updated moving and handling training to ensure people were safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

Is the service effective?

Good ●

The service was effective.

People who lived at the home were consulted and gave their consent to care and treatment the service provided.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard and had knowledge of the process to follow

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

People who lived at The Highcroft told us staff were patient, sensitive and were available to spend time with them.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which the service provided.

People's care plans had been developed to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and resolved.

Is the service well-led?

Good ●

We found action had been taken to improve the leadership of the home.

A range of audits was now in place to monitor the health, safety and welfare of people who lived at the home.

Systems and procedures were now in place and checked thoroughly to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability.

Staff understood their role and were committed to providing a good standard of support for people in their care.

The 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 comprehensive inspection visit took place on 14 November 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection on 14 November 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Blackpool County Council 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 accessing the service.

As part of the inspection planning we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included five people who lived at the home, two relatives, four care staff and the registered manager. In addition, we spoke with the registered provider/owner and cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records, recruitment and supervision arrangements of staff. We also checked the environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At our last inspection in November 2017, we found the provider did not have safe medication procedures in place to ensure people received their medication safely. This was because documentation was not accurate and up to date which put people at risk. This was contrary to current guidance 'National Institute for Clinical Excellence' (NICE) guidelines.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, we found the provider had made improvements to their medication processes. The registered manager had introduced new systems to reduce the risk of incorrect recording. For example, regular daily and weekly management checks were in place. Also we checked records and found them to be up to date. Correct dosages checked measured up to the documentation kept of individuals. Protocols were in place to guide staff, for instance, about homely remedies, when required medicines and application of medicated creams. Comments from staff about the new medication system were all positive and included, "As you can see much better the hand-held terminals make it very hard for mistakes it is a lot easier and better." Another said, "Great system much better." The registered manager had good oversight of relevant procedures through regular auditing of medication processes to ensure people who lived at the home remained safe.

At the last inspection in November 2017 we found staff did not follow documented instructions on how to support people safely. We made a recommendation the service ensured staff knowledge on how to meet people's care and support needs was accurate.

At this inspection the registered manager had improved staff knowledge on moving and handling. This was by ensuring all staff had regular updated training to ensure they were aware of how to support people who required help. One staff member said, "We are regularly updating moving and handling training to make sure we do it safely."

People who lived at the home told us they felt safe and relaxed in the care of staff and the management team at The Highcroft. Comments we received included, "Plenty of people around to keep me and my [relative] safe." Also a relative said, "I feel safe knowing she is well looked after."

The registered manager had a safeguarding policy and provided training to make sure staff understood their responsibilities. This ensured they had guidance about protecting individuals from potential abuse. When we discussed related principles with them, we found they had a good level of awareness. One staff member said, "I know all about how to report abuse and the procedure to go through should I need to whistleblow."

Records we looked at included information to monitor and reduce risks associated with receiving care. These covered for example, mobility, falls, mental health, infection control and personal care. Records included an assessment of the level of risk and actions to guide staff to manage people's safety.

The registered manager documented accident/incidents and analysed patterns to assess control measures reduced the risk of incidents. We found they implemented systems to optimise opportunities for lessons learnt and introduce change.

People who lived at the home told us they were happy there were sufficient numbers of staff available to meet their needs. For example one person said, "They always seem to have time for me and don't rush about the place, even at night." We observed during the day staff were not rushing around and their comments confirmed they were satisfied with the numbers of staff on duty. We observed a calm and relaxed atmosphere throughout the day of our visit. We noticed call bells and requests from people who lived at The Highcroft were responded to within a timely manner.

Staff files we looked at held required documents, such as references and criminal record checks, before they commenced employment. The registered manager had the same good recruitment systems in place as the previous inspection.

We had a walk around the premises and found it was clean, tidy and maintained. Staff told us they had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff wore personal protective clothing such as disposable gloves and aprons to undertake their duties effectively. These were available around the home so staff were able to go about their duty. Cleaning schedules were in place and regular infection control audits had been completed to ensure good practice was followed.

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required.

Is the service effective?

Our findings

Those who lived at The Highcroft and their relatives told us staff were skilled and experienced. For example a relative said, "I come a lot and see what is going on. The staff appear to do a lot of training and it shows because they know what they are doing with [relative]." A person who lived at the home said, "They know what they are doing. Mind you they should with the amount of training they do."

The registered manager had a wide-ranging training programme to enhance and develop staff skills. Courses included, safeguarding, fire and environmental safety, infection control and moving and handling. A staff member confirmed training was good and support from the registered manager was always there to attend courses and develop their individual skills. They said, "The training is very good I am doing my National Vocational Qualification (NVQ) level 5 at the moment." The registered manager supported staff through regular supervision, which assisted them with their development.

We looked at arrangements the home had taken to meet the communication needs of people with a disability, impairment or sensory loss. The registered manager told us they assessed each person on admission and would implement systems, such as large print for people who had sensory impairment. During our walk around the building we saw rooms with pictures were displayed on doors to help people who lived with dementia navigate about the home. A staff member stated, "Some people suffer with dementia it helps them more."

We looked at evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at The Highcroft received effective care because staff had a good understanding of their care needs. This was evidenced by talking with staff and people who received care.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. A relative also told us they involved them in the discussions. The relative said, "They keep me up to date and act straight away if something is wrong." Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

When we discussed nutrition with the registered manager, people and their relatives they confirmed they had choices and sufficient meal portions during the day and night. Comments were good and included, "We are lucky we have cooks who are really good." And, "Great food cannot fault the quality." We arrived at breakfast time unannounced and observed staff supported people with their meals discreetly and sensitively. They checked they had enough to eat and were patient with people. This support continued at lunchtime. Care records held nutritional assessments and relevant guidance to assist staff to reduce the risks of malnutrition. People were frequently weighed and we noted staff acted to continue to meet each person's requirements, such as referral to their GP. The kitchen was clean and tidy, with a good stock of fresh food and appropriate equipment. The 'Food Standards Agency' had awarded The Highcroft their highest rating of five stars following their last recent visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Records we reviewed contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives if appropriate. When we discussed the principles of consent with staff, we found they had a good level of awareness.

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place to meet the assessed needs of people with mobility needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The registered manager identified people who benefited from a DoLS in order to safeguard them through effective mental capacity assessments. We found records and procedures followed the MCA Code of Practice, such as legal authorisation applications and best interest documentation. On the day of the inspection people were not restricted or deprived of their liberty and moved around the home at their will.

Is the service caring?

Our findings

We spent the day observing interactions between staff and people in their care and talking with them. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. Comments we received were positive and included, "Lovely people they are so kind and helpful." Another person said, "Everybody has been so good with me. They all are a very caring bunch." In addition a third person said, "They are very caring all the time."

We looked at people's care records and found evidence they had been involved with and were at the centre of developing their care plan. Relatives also had input where appropriate. Care records contained information about their needs and any support required as well as their wishes and preferences. Daily records completed were up to date and informative for staff to follow. This enabled new staff to be aware of a person's daily needs and how they were feeling. A staff member said, "The care plans are really good and kept up to date daily so we know how residents are." We saw evidence to demonstrate care plans had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their current needs.

The registered manager and staff supported people to maintain their lawful rights as set out in the Human Rights Act 1998. For example, they assisted those who lived at The Highcroft to retain their 'Freedom of thought, conscience and religion', Article 9 of the act. They achieved this through recording each person's spiritual needs and helping them to access relevant services.

The registered manager and staff documented people's diverse needs and assisted them to maintain their different requirements. For example, they recorded each person's religious preferences. This contained details about whether they were practicing and how they wished to maintain their spirituality. We saw equality and diversity was extended to all personnel and training was provided for staff.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff were sensitive and respected people's own privacy. For example we observed staff knocked on doors before entering. Also, when staff sat and talked with people they did so at the same level and maintained eye contact when they engaged with them and used soft, caring tones. A staff member said, "Always respect the person and we do enjoy sitting with residents and chatting about the day ahead and things." One person who lived at the home said, "They are so kind and make you feel comfortable by just sitting with me and chatting." Staff also addressed people as they wanted to be, for example their preferred name. People had their bedroom doors closed if they chose to and their relatives were offered private space to visit them. This was confirmed by people we spoke with.

We found people were encouraged to bring in their own photographs, ornaments and furniture to make this their own personal home. A staff member said, "They are encouraged to bring things that are special to them. This is their home."

We spoke with the registered manager about access to advocacy services should people require their

guidance and support. They had information details should people and their families require the service. We noted these were on display in the hallway of the home. This ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

The Highcroft employed specific activity co-ordinators so that people could follow their chosen hobbies and also keep people stimulated through regular activities. These included, board games, bingo and also outside entertainers such as singers. Comments we received from people who lived at the home about daily events and activities included, "We had a singer recently, absolutely brilliant." Another person said, "I do enjoy the activities like bingo and piano afternoons." In addition another person said, "We have an activity person who is very good."

Records we looked for people who lived at The Highcroft were detailed and staff used a person-centred approach to plan and support people. Care records contained physical, mental, social and personal health needs. Also care documentation contained individual's history and preferences. These included people's wishes about personal care, how they wished to be known as and sleeping arrangements. Staff told us the more information provided help them get to know people better.

Staff told us they were encouraged to spend time socialising and were encouraged to sit and talk with people. One staff member said, "At no time does the manager mind when we sit and chat with the residents. In fact she encourages us to do that."

The registered manager provided information in documentation to inform people about how to make a complaint if they chose to. In addition, the complaints process was available in the premises should relatives/friends require guidance. The policy included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC.

Care plans of people who lived at The Highcroft had been reviewed on a regular basis. The registered manager involved people and their families where possible in this process. One person who lived at the home said, "We do go through things together." A relative commented, "They always involve me with any reviews or updates."

People's end of life wishes had been recorded in their support plan so staff were aware of these. The registered manager informed us staff had been trained in end of life care and staff we spoke with confirmed this. This confirmed the registered manager understood the importance of providing end of life support and how this should be delivered and people cared for.

At the time of our inspection, none of those who lived at The Highcroft received end of life care. However, records we reviewed contained information about each person's preferences in the event of their death. Details included, for example, their religious needs and the identified representative responsible for dealing with relevant matters. This provided staff with important information to guide them in the person's end of life requirements.

Is the service well-led?

Our findings

At the last inspection in November 2017 we had recommended the provider improved their quality and monitoring systems to ensure they monitored and continued to improve the service and maintain people's safety. We found at this inspection they had addressed the issues.

The registered manager had now completed a range of quality audits to ensure a safe environment and monitor the service they provided. These for example included, medication, the building, care planning and DoLS processes. Documentation highlighted examples of where the registered manager took action to address identified issues. For example a person who lived at the home had a significant weight change. This was found during a care plan audit and action was taken to monitor the person weekly and provide support necessary. Documentation detailed when this was to start and time limits to completion. This showed the commitment to improve and monitor the service for the benefit of people who lived at The Highcroft.

We found The Highcroft had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of people they supported. This was confirmed by talking with staff, relatives and people who lived at the home. In addition the provider/owner had a 'hands on' approach and was experienced in caring for people they supported.

We found evidence the management team worked with other health and social care agencies in the ongoing improvement of people's lives. They ensured this assisted the service to follow current practice and provide a quality service. This meant people's safety and wellbeing was maintained. For example, they engaged with medical services such as GP surgeries, district nurses and social services.

The registered manager was visible within the home and staff commented how supportive the registered manager and owner was. Staff told us the leadership was very good and they felt supported in their roles and duties. One staff member said, "[Registered manager] is very supportive not just in work but for whatever concerns or private issues you may have." Other comments included, "The support from both is fantastic. They are always available to talk with." Also, "I have kids so [registered manager] sorted my work around them. She is very approachable and will help out if possible."

People who lived at The Highcroft and relatives told us they felt the home was managed well and was organised and staff were always willing to help. For instance, a relative said, "The staff and management are brilliant the place is run for the residents."

The registered manager and owner had systems to seek the views of relatives and people who lived at the home. This included an annual satisfaction survey. These forms checked, for instance, care delivery, meals, staff attitude and management support. Responses from the last survey in August 2018 were complementary about the home and support received. For instance, one person wrote when questioned about the quality of the building, 'I like my new carpet in my room.' The registered manager informed us any negative comments would be analysed and acted upon.