

Highcliffe Care Centre Limited

# Highcliffe Care Centre

## 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: Highcliffe Care Centre provides accommodation and personal care for a maximum of 60 older people, including people who live with dementia or associated conditions. The service accommodated 52 people at the time of the inspection.

People's experience of using this service: There were four breaches of regulation made at the last inspection with regard to good governance, need to consent, safe care and treatment and fit and proper persons employed. At this inspection it was found improvements had been made to the service and it was no longer in breach of its legal requirements.

People were safe and they told us staff were approachable. Staffing levels were sufficient to meet people's needs safely and flexibly. Staff knew about safeguarding procedures.

Appropriate checks were carried out before they began work with people. People received suitable support to take their prescribed medicines.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming. People and their relatives were involved and supported in decision making. People's privacy was respected and their dignity maintained.

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 a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support. People were supported to access health care professionals when required. People had food and drink to meet their needs.

Risk assessments were in place which identified current risks to people as well as ways to reduce those risks. There was an open culture of learning when things go wrong. Staff worked well with other agencies to ensure people received appropriate care.

Activities and entertainment were available to keep people engaged and stimulated. People's views and

concerns were listened to and action was taken to improve the service.

The manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

The home was being refurbished and people were very positive about the changes taking place. Plans were in place to ensure it was becoming better designed to promote the independence and involvement of people who lived with dementia.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The service was rated requires improvement (4 April 2018) and breaches of regulations were found. At this inspection improvements had been made and the service was no longer in breach of its legal requirements.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection and to follow up that improvements had been made.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Highcliffe Care Centre

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by an inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Highcliffe Care Centre is a care home that provides accommodation and personal care. People in care homes receive accommodation and nursing or personal care as 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 operated from one purpose-built building.

A manager was in post who had very recently started as manager of the service. They were in the process of applying to be registered with the Care Quality Commission. This means that the provider, and manager when registered, are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This was an unannounced inspection.

**What we did:** Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could

not communicate with us.

We reviewed information we held about the service, about events which the provider is required to tell us about by law.

We contacted commissioners to seek their feedback. We received no information of concern. We spoke with 11 people, the regional manager, the manager, deputy manager, six support workers, one team leader, the activities co-ordinator, three relatives and a visiting professional. We reviewed a range of records. These included six people's care records and three people's medicines records. We also looked at five staff files to check staff recruitment and training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.



## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- At the last inspection legal requirements were not met as risk was not well-managed and equipment and safety checks were not carried out regularly. At this inspection we found improvements had been made. People received safe care and treatment and the service was no longer in breach of its legal requirements.
- Risk was well-managed.
- Systems were in place to ensure the premises and equipment were safe to use and well maintained.
- Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency. People had individual emergency evacuation plans in place if people needed to be evacuated from the building in an emergency.
- Care plans provided some guidance for staff for the management of behaviours that challenged when a person may become distressed. They described triggers of what may upset a person but did not detail how staff could distract or calm the person. They did not provide guidance to staff at what stage prescribed 'when required medicine' may be administered to help calm the person. There was a protocol for the use of 'when required' medicine as part of the medicines policy, but it was not linked to individual care plans. We discussed this with the manager who told us it would be addressed. One relative commented, "The behaviour team are working with staff."
- Systems were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as risk of falls or choking. Where people required equipment to keep them safe, these were in place and appropriately maintained.

Staffing and recruitment.

- At the last inspection legal requirements were not met as robust vetting systems were not in place to ensure fit and proper persons were employed. At this inspection we found improvements had been made.
- People were protected as systems were in place to ensure only suitable people were employed to work with people.
- There were enough staff deployed to support people safely. People and relatives told us that there were enough staff available. One person told us, "There are enough staff and they are around when needed."

Systems and processes to safeguard people from the risk of abuse.

- People were cared for safely. People and relatives told us people were safe at the service. Their comments included, "I feel safe, staff come when I call" and "There are staff around."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns thoroughly.
- The manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

#### Using medicines safely.

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records showed people received their medicines regularly.
- Staff completed training to administer medicines and their competency was checked regularly.
- The management team completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.
- The manager told us the community pharmacist and staff from the home were planning to spend time going over their electronic medicines systems as there had been a recent delay in receiving some medicines from the pharmacist when prescriptions had been submitted.

#### Learning lessons when things go wrong.

- A system was in place to record and monitor incidents to ensure people were supported safely. Staff knew how to report accidents and incidents.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.

#### Preventing and controlling infection.

- Measures were in place to control and prevent the spread of infection.
- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available to help reduce the spread of infection.
- Housekeeping staff followed cleaning schedules to ensure all areas were regularly cleaned. One person commented, "The place is clean, the cleaning staff come around every day."



## 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the last inspection legal requirements were not met around the need for consent where a person did not have mental capacity. At this inspection we found improvements had been made and the service was no longer in breach of its legal requirements.
- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- When people could not make a decision, staff completed a mental capacity assessment and the best interest decision making process was followed and documented. One relative commented, "I do all the signing of paperwork, they [staff] don't do anything without asking."
- DoLS applications had been made when required.

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

- Before people received care, their needs were assessed to check that they could be fully met. Care plans were developed for identified need, so staff had guidance on how to meet those needs.
- Staff used nationally recognised tools to assess areas of risk such as pressure ulcers, nutritional and falls risks.

- Staff completed daily accountability records to record any interventions carried out with people. For example, where positional turns were carried out to prevent pressure ulcers.

Supporting people to live healthier lives, access healthcare services and support.

- People had good access to a range of healthcare services. People were registered with a GP and received care and support from other professionals, such as the behavioural team, dietician and speech and language therapist. One relative told us, "The GP and mental health team are very involved, they ring me with any queries."

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. They were positive about the food. Their comments included, "The food is really good, the chef bakes cakes for the coffee shop" and "We have proper meals, lamb hotpot, mince and dumplings, all fresh and nice."

- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. One relative commented, "[Name] is weighed weekly, they've put on one kilogram."

- Some improvements were required to help all people enjoy a positive dining experience. We observed in both dining rooms better organisation was required to staff deployment to ensure all people received their meal whilst it was hot and without waiting a length of time. One staff member gave full assistance to three people at the same time and it took over an hour and a half for them to receive their meals, by which time their meal was cold and unappetising.

- Loud, contemporary music was playing which did not provide a calming and tranquil atmosphere to encourage people to eat.

- People were shown the different meal options on plates at lunchtime, so they could choose which they wanted at the time. When people were served, and they didn't want the offered options, they were provided with an alternative.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with senior staff.

- People were referred for any specialist advice and support from different health professionals in a timely way. Staff followed professionals' advice to ensure people's care needs were met.

Staff support: induction, training, skills and experience.

- Staff received training to ensure they had the skills and knowledge to carry out their roles and meet people's needs. New staff completed an induction before working as a permanent member of staff. This included shadowing experienced members of staff.

- Staff told us and records confirmed they received regular supervision on a one-to-one or group basis, and had an annual appraisal.

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

- The premises and environment were designed and adapted to meet most people's needs. Some improvements were identified for people who lived with dementia to promote their orientation, independence and involvement. The regional manager and manager told us of the changes that had already been introduced and further plans to keep people stimulated and engaged. We received information straight after the inspection to show the improvements that had been made such as calendars, clocks and accessible information to keep people involved.

- A reminiscence lounge had been created and furnished traditionally with memorabilia. There were plans to create a life skills kitchen and cinema for people.

- There was a programme of refurbishment, but some communal areas of the home were showing signs of wear and tear. We discussed this with the manager and received an action plan to show how this would be rectified in a timely way.
- Corridors were wide enough for easy wheelchair access. People's bedrooms were personalised with items they had brought with them.

## Our findings

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

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.

- People and relatives told us, they were treated with kindness and compassion. Their comments included, "I'm quite comfortable the staff are very good", "Staff listen and do things the way I like them done" and "Staff do little jobs for me, I put a bet on and staff bring back my winnings."
- There was a caring and friendly atmosphere in the home between staff and people. Staff knew people well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.
- Staff training was planned about person-centred approaches, to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- There was a wealth of information about people's social history, likes and dislikes which all helped people to receive person-centred care.

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

- People were involved in daily decision making and staff encouraged them to express their views and wishes. One person said, "It was good to be involved in my care plan." People's records advised staff how to communicate with them.
- Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.
- Some people were familiar with their care plan and family members felt involved in the care of their relative and were kept informed. Their comments included, "We have a meeting about my care" and "They [staff] don't keep me in the background, I get involved with everything about [Name]."
- Some information was provided in ways which people could access and understand and promote their involvement. We advised information such as menus, activities and an orientation board could be pictorial to promote people's involvement where they no longer read. The registered manager told us this would be addressed.
- Advocates were used when required. Advocates support people to express their views and choices relating to their own individual care. The manager told us that people had relatives who advocated on their behalf if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering. One person told us, "Staff always knock on my door. They help me get ready and like me to dress up in pretty blouses, as it's quite warm here. I choose what I want to wear."
- Care records were written in a respectful way and people's confidentiality was promoted.
- Staff supported people to be independent. One person said, "I carry on with my own life." People were encouraged to do as much as they could for themselves. One relative commented, "[Name] can decide for themselves what they do. Staff encourage them to wash their own face."

## Our findings

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

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.

- At the last inspection legal requirements were not all met as people's care records did not accurately reflect their care needs. At this inspection we found improvements had been made and the service was no longer in breach of its legal requirements.
- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the person.
- Care plans were in place to promote and support people's health and well-being. They provided some information to guide staff's care practice. However, they did not give detailed instructions of what staff needed to do to help maintain the person's independence and deliver the care in the way the person wanted. Monthly evaluations of people's support needs took place, but changes were not always recorded in care plans.
- Three nutritional care plans did not accurately reflect people's current needs and a care plan where there was a risk of falling did not contain guidance to mitigate the risk. We discussed this with the manager who told us it would be addressed immediately.
- Staff completed a daily accountability record for each person and recorded their daily routine and progress to monitor their health and well-being.
- People's care records described support people needed to enable staff to understand their wishes and when people were unable to communicate verbally, how staff should observe their facial expressions to gauge their preferences.
- People had access to a range of group activities such as games and exercise classes along with entertainment and external trips. The manager had identified that activities needed to be more individual and meaningful for people who lived with dementia and changes were being introduced. A relative told us, "Some people are getting more individual time now." An activities co-ordinator was available each day and staff also provided activities for people. Links with the community were being developed.

End-of-life care and support.

- Relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves. Information was available about the end-of-life wishes of people.

- Detailed information was collected as to how to keep the person comfortable and maximise their wellbeing. Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.
- Some people's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) wishes that was in place for them with regard to their health care needs.

Improving care quality in response to complaints or concerns.

- A complaints procedure was available. Systems were in place to acknowledge and respond to any complaints
- People told us they would speak with the provider, registered manager or senior staff if they had any concerns. Their comments included, "I'm not one for complaining but I would be the first if I needed to" and "My family would complain if they had to."

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- A new manager had been recently appointed who had a good oversight of what was happening in the service. In the short time they had been in post they were getting to know the people using the service, their relatives and staff.
- Changes had been made. The service was no longer in breach of its legal requirements. Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- There were many compliments evidenced about the staff and care provision at the home and the changes made by the new manager. Comments included, "The home is very good, nice atmosphere. The staff are approachable and friendly", "It's early days but the new manager seems fine, he's introduced the birds and fish tank" and "I would recommend the home."
- The manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- No incidents had met the criteria for the duty of candour.

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

- There was a positive culture where staff and management took pride in the care and support that they provided.
- The manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The manager worked well to ensure the effective day-to-day running of the service and ideas to promote the well-being of people. The manager, deputy manager and team leader had an organised schedule of work and clear lines of accountability were being developed with them.
- Staff and people said they were supported. They were positive about the manager. They all told us the



manager was approachable and they were listened to. Comments included, "I'm very well supported" and "The manager is on the ball, he follows up. It's good for the residents."

- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks.
- The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service, staff and relatives.

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

- Staff meetings were held regularly. Staff told us they were listened to and it was a good place to work. One staff member commented, "I like working here."
- Relatives and people were involved in decisions about care and were encouraged to be involved in the running of the service.
- There was a residents committee. Meetings were held with people and relatives to inform people and gather their views. Weekly newsletters were available with quizzes and informed people what was happening on this day historically and socially.

Continuous learning and improving care; working in partnership with others.

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- Staff communicated effectively with a range of health social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.