

Crown Care IV Limited

Highgrove

Inspection report

Stanley Road
Barnsley
South Yorkshire
S70 3PG

Tel: 01226288379

Website: www.crowncaregroup.co.uk

Date of inspection visit:
23 January 2020

Date of publication:
11 February 2020

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

Highgrove is a residential care service providing personal care to a maximum of 67 older people, some of whom are living with dementia. At the time of this inspection there were 56 people using the service.

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

People and their families told us they felt safe living at the service. A person told us, "Oh yes I do feel safe living here." Staff had a good understanding of safeguarding procedures. People were supported by sufficient numbers of staff. Medicines were managed safely. We found risks assessments connected to legionella and the kitchenettes needed to be further strengthened, assurances provided confirmed this would happen.

Staff received an induction and on-going training to support them in their roles. People had access to services they required to maintain their health and staff supported them accordingly. The design and decoration of the service took account of dementia best practice. People lived in a clean environment.

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.

People told us staff were caring, kind and treated them with dignity and respect. People were encouraged to develop and maintain their independence skills. Visitors were made to feel welcome. A relative said, "I can't fault this place, it's absolutely amazing and [person's name] is happy and that's all that matters."

People received personalised care. Care plans were regularly reviewed and updated to ensure they contained accurate information about people's needs. The service worked with a variety of health and social care professionals to help people achieve good outcomes and promote their wellbeing. There was a variety of activities on offer.

The positive culture of the service was led by a dedicated registered manager who knew the service very well. People, staff, relatives and other agencies said they felt the management of the service was good and their views were listened to and valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 29 May 2018). There was also an inspection on 20 and 22 May 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

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 ●

Highgrove

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

The inspection was carried out by one 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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority. 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.

During the inspection

We spoke with nine people and two people's relatives about their experience of the care provided. We spoke with nine members of staff including, the regional manager, compliance manager, registered manager, the deputy manager, four care workers, and the activity co-ordinator. We 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 records relating to the care people were receiving and the management of a care home. This included, the medicine systems, two care plans, training and supervision records, audits, records of servicing and maintenance and a sample of policies and procedures.

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 as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection in December 2017 we found people's risks were not always assessed and managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 12.

- Improvements to risk assessments had been made when assessing people's needs. Risks had been appropriately identified and assessed.
- For example, if people had increased risks in relation to pressures sores, we found specific guidelines were in place to ensure people's skin was monitored and where necessary received the appropriate treatment.
- Staff were knowledgeable and understood the risk assessments which included ways to help people stay safe, such as ensuring people used the correct mobility aids to prevent falls. Although all observations were positive, we did observe a potential poor moving and handling transfer that we intervened to ensure this was done safely. We found the management team were responsive to our comments and ensured the staff member in question received an immediate supervision with a senior member of staff.
- Overall, we found the provider had effective risk assessments in place relating to aspects of people's health and care, such as falls, diabetes and their wellbeing. However, we found the home's three kitchenettes and legionella assessments needed further detail to ensure these areas were robustly assessed. Assurances were provided shortly after the inspection these areas would soon be addressed.

Using medicines safely

- People were safely supported with their medicines by staff who had been appropriately trained.
- People had medicines administration records (MAR) in place where staff documented when people had taken their medicines. We saw the MAR were completed accurately when medicines were administered and there were no gaps in signatures.
- Protocol forms were available to be used to direct staff in what circumstances 'when required' medicines should be administered.

Staffing and recruitment

- The home had sufficient numbers of staff to meet people's needs. People's dependency was reviewed each month and used to inform staffing levels and to plan recruitment.
- We received positive comments from the staff team in respect of the staffing levels. Their comments included, "We have enough staff, as long as staff don't call in sick we are fine. If they do call in sick the

manager always try to cover the shifts", "Yes, we have enough staff" and "The home has improved, the staffing levels are now much more manageable."

- The provider followed their recruitment policy, to ensure staff employed were recruited safely and suitable to work within a health and social care setting.

Systems and processes to safeguard people from the risk of abuse

- There service had effective systems in place to safeguard people from the risk of abuse.

- There was information displayed around the service so that people and their relatives would know who to contact to raise any concerns. One member of staff told us, "I have no concerns about the home, but if I did I would certainly not accept poor practice and report it."

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene within the service.

- We found handwashing signs, suitable for people living with dementia, were displayed in toilets and wet wipes were provided outside the dining rooms.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded. These were reviewed by the registered manager and actions taken to reduce the likelihood of them happening again. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 as requires improvement. At this inspection this key question has now improved to good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection in December 2017 we found people's nutritional health was not consistently assessed or monitored. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 12.

- Staff ensured people's nutritional needs were managed well and people received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed.
- People could help themselves to snacks and drinks from snack stations that were located close to the dining rooms on each floor. The snack stations had been risk assessed appropriately to ensure people who were at risk of choking could not access the snack stations.
- Nutritional assessments were completed via the providers electronic care planning systems. We found the service had identified where people were at risk and ensure people received the right support at mealtimes.
- Lunch was organised, managed well and sufficient staff were able to support people who required help. The meals provided looked appetising and where people did not want the main meal, alternatives were offered by staff.

Staff support: induction, training, skills and experience

- Staff were well trained and new staff received an induction with additional training to enhance their skills and knowledge to meet the needs of the people they supported. One staff member told us, "I am in the process of completing my level 5 [diploma in leadership and management] so there are many opportunities here to develop."
- Staff were supported to carry out their roles fully. They received regular supervision with the registered manager during which they had an opportunity to discuss any work-related issues, such as any training needs. A member of staff told us, "I feel supported yes. I have regular chats with the deputy manager which are always recorded."

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

- The service completed initial assessments for people prior to moving into the home. These provided the basis for more in-depth plans, for example if people's short-term stays turned into long-term placements.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and

ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- The service worked well with other organisations to ensure they delivered joined-up care and support. People's healthcare needs were monitored, and action taken to address any changes in their health.
- People were supported to access routine medical support from healthcare professionals such as general practitioners. One professional told us, "It's one of the better care homes. I never have any problems when I visit. My patient's information is always readily available for me."

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.

- The service was working within the principles of the MCA.
- We found the provider had a robust oversight of the DoLS that had been submitted and when they were due to expire. We found appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.
- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One member of staff said, "Capacity is key here. I know we have DoLS in place to ensure we are correctly following the mental capacity principles."

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

- The design and decoration of the service took account of dementia best practice. For example, there dementia friendly signage was present around the home which helped support people who lived with dementia.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to. We confirmed this during the day and visiting people's rooms.
- We found people had been involved in the design and decoration of the service. For example, people had asked to have a pub area in the home and this was well used. The registered manager arranged for furniture vans to bring different chairs and tables, fabric and paint swatches, to give people choice over the decoration of the home.

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 as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be treated with respect, patience and kindness. We saw this during our observations and what people told us. For example, comments included, "The staff are very very kind and they show me lots of compassion" and "Oh yes I have no complaints, I'm very happy as they look after me in every way and I only have to ask or press this thing [call buzzer] and they come and see to me."
- We did however observe a poor observation when a staff member guided a person to sit on a chair without any cushions in place. This meant the person was unable to get out of the chair without assistance. The unit manager observed this and sensitivity intervened.
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. There were regular church services, so people could practice their chosen faith.

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

- People and their relatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected. For example, one person told us, "I feel I can ask for what I need, and it will be there."
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- During our observations we found staff were respectful of people's privacy and dignity.
- We saw staff closed doors and curtains to maintain people's privacy. We also observed staff speaking with people in a quiet, calm manner which promoted their privacy.
- The home encouraged people to mobilise around the home using mobility aids to prompted their well-being and independence.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection in December 2017 we found people's needs were not always clearly reflected in their care plans. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 12.

- People received care and support that was flexible and responsive to their needs. The provider continued to use their electronic care planning system and staff were competent in recording information.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.
- People's care plans included a detailed life story that described their individual backgrounds and interests.

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.

- The service has the appropriate care planning systems in place to meeting people's communication needs. Staff assessed people's communication needs and included these in care plans. Information referred to how people communicated and what aids they needed. The care plans also detailed how people communicated in non-verbal ways.
- Information could be altered by the service if people required in large print and picture format for people to understand their care plan.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. The service had a section in people's care plans that detailed their future wishes, including advanced decisions.
- Staff undertook training in relation to end of life care as part of their on-going training plan.

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

- People were supported to avoid social isolation. There was a schedule of planned activities. During the inspection we observed activities such as group participation with a parachute, reminiscing historic events and an organ player visited the home.
- The service had employed a full-time activity coordinator to develop the activities provided. Activities available involved in a variety of one to one and group activities including singing and dancing, exercises, arts and crafts, games, themed parties and professional entertainers visiting.
- The service completed individual social activities assessments for people, to capture their interest and preferred things to do. The registered manager and activity coordinator had developed connections with local schools, to arrange mutual visits and promote people's inclusion.

Improving care quality in response to complaints or concerns

- Complaints had been appropriately managed in line with the provider's procedure. They were managed in a timely manner and an apology given where appropriate.

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 now 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;

At the last inspection in December 2017 we found the provider did not operate effective systems and process to make sure they assessed and monitored the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were satisfied improvements had been made and sustained. The provider was no longer in breach of regulation 17.

- A variety of checks and audits were in place to help ensure the safety and quality of people's care.
- For example, there were a continuation of audits carried out in respect of care plans, staff training, medicines and health and safety. Where any areas for improvements were identified, actions were taken to address them such as when staff needed refresher training.
- Staff were knowledgeable about their working roles and responsibilities. They said the service was well managed. Staff turnover in the home was low. This meant people were supported by staff who knew them well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about the registered manager and their leadership of the service. It was clear that they were dedicated to improving and developing people's care.
- The registered manager was visible within the service. People were relaxed in the presence of the registered manager and engaged with her.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were encouraged to be involved in the running of the service. There were regular staff meetings where staff shared their views and any concerns they might have.
- The provider had a system of obtaining feedback from people using the service and relatives. The survey completed in 2019 showed overall, respondents were satisfied with the quality of the service.
- Monthly newsletters had been produced to keep people, relatives and staff up to date. 'Resident meetings' and team meetings took place.

- Managers of the provider's different services provided peer support to each other, to help mutual development and sharing of best practice, to improve people's care.
- The home received support and supported a wide variety of community and other organisations. The home was a member of the Dementia Alliance Accreditation Scheme.
- Church services took place in the home twice a month and the Friends of the Church involved people in arts and crafts classes.

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; Continuous learning and improving care

- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- The management team understood their duty of candour responsibilities. The management team were open about the areas of improvement required within the service, such as the risks connected to legionnaires disease and better risk assessments connected to the kitchenettes.