Mr Allan Wayne Law and Mrs Julie Law

Highpoint Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Highpoint Lodge Residential Care Home on 18 May 2016, the inspection was unannounced. The service was last inspected in September 2013; we had no concerns at that time.

Highpoint Lodge is a family run residential home that can accommodate up to 11 older people. On the day of our inspection 10 people were living at the service. The service is required to have a registered manager and there was one in post. 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.

Care plans contained risk assessments which identified when people were at risk, for example from falls. Risk assessments were regularly reviewed and updated to reflect the current situation for the people they were about. Guidance for staff did not always contain detailed information on the action staff were directed to take when undertaking care.
Staff had received appropriate training to carry out their roles. However, refresher training in health and safety had not been provided in a timely way. Staff supervision processes were not taking place as stated in the service policy and there were inadequate records for staff supervisions.

Medicine Administration Records (MAR) were clear and accurate. This meant it was possible to establish how much medicine people were receiving and whether the amount of medicine in stock tallied with the amounts recorded.

The providers had oversight of the service and people. People and staff told us they were available and approachable. Staff told us, "I don't think I would want to work anywhere else. It's such a personal, family orientated home. Management were supported by a team of 10 carers. In addition the staff team included the second provider who acted as both the cook and maintenance person. There were clear lines of accountability and responsibility. There were sufficient numbers of staff to meet people's needs.

People and relatives told us they considered Highpoint Lodge to be a safe environment and that staff were skilled and competent. People, relatives, staff and professionals spoke of the service as having a 'family' feel and terms such as 'homely' and 'friendly' were frequently used. There was a relaxed and friendly atmosphere in the service. People chatted and joked together and with staff. One person told us, "This is a splendid place. I could not say a single bad thing about it. I am very well cared for here."

Pre-employment checks such as Disclosure and Barring System (DBS) checks and references were carried out. New employees undertook an induction before starting work to help ensure they had the relevant knowledge and skills to care for people. Most training was regularly refreshed so staff had access to the most up to date information. However we found that certain training required by the service's policy had not been carried out in a timely fashion.

The service had not made any applications for Deprivation of Liberty Safeguards (DoLS) authorisations to the local authority because no-one living at the service required this. Training for the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) was included in the induction process and in the list of training that required regular updating. The registered manager and staff demonstrated an understanding of the principles underpinning the legislation. For example, staff ensured people consented before giving personal care. Mental capacity assessments had been completed as required.

The premises were clean and odour free. People were able to use a shared lounge or stay in their rooms as they chose. Improvements to parts of the building were on-going, for example the outside of the building was being painted during our visit. Regular maintenance of the premises was carried out.

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. Staff had received safeguarding training and were confident about reporting any concerns.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices

There were sufficient numbers of suitably qualified staff to keep people safe.

Is the service effective?

Requires Improvement

The service was not consistently effective. Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people. However, refresher training was not completed in a timely way.

The service's policy and procedure for staff supervision were not adhered to. There were no records kept for staff supervision.

People saw health professionals when they needed to so their health needs were met.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People were able to make day to day decisions about how and where they spent their time.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good

The service was well led. There was a positive and open culture within the staff team.

Staff said they were supported by the providers, one of whom acted as the registered manager.

People told us the providers were very approachable and they were asked their opinion about the service, which was listened to and acted on.

Highpoint Lodge

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 checked 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 18 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information we held about the service including any notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at two people's care plans, four people's Medicine Administration Records (MAR), two staff files, staff training records and other records in relation to the running of the home. We spoke with the two providers, one of whom was also the registered manager and four other members of staff. We also spoke with eight people who lived at Highpoint Lodge and one external professional.

Good

Is the service safe?

Our findings

People told us they considered Highpoint Lodge to be a safe environment. One person told us, "I couldn't fault it at all. It has everything I could possibly want and they are such wonderful people." Another person told us, "I am very well looked after here, I feel very safe. Staff do everything in their power to look after me and keep me safe."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. If they were not satisfied with the response from management staff knew how to escalate concerns outside of the organisation.

Care plans included risk assessments which identified what level of risk people were at from various events such as falls and trips, bathing and showering, choking and pressure sores. Where someone had been identified as being at risk there was a description of the action staff should take to minimise it.

We checked a sample of Medicine Administration Records (MAR) and saw these were clear and accurately recorded. People received their medicines when they needed them and told us they were happy with the way the service managed their medicines. Medicines were stored appropriately. A lockable medicine refrigerator was not available for medicines which needed to be stored at a low temperature. We saw the service had stored medicines that required cold storage in a domestic fridge. However, medicines were not stored in lockable storage within the fridge. We spoke with the registered manager about this and were told the service would purchase lockable storage immediately. Records showed the temperature of the fridge was consistently monitored. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The amount of medicine held in stock tallied with the amount recorded.

When giving people their medicines staff explained what the medicine was and ensured it had been swallowed before moving to the next task. All staff with responsibility for administering the medicines had received the appropriate training. Regular medicine audits were carried out by the registered manager to ensure the records were properly recorded.

When people required assistance from staff to move around the building or transfer from standing to sitting they were supported safely. Staff carried out the correct handling techniques and used appropriate equipment. Staff were unhurried and focused on the task, offering encouragement to the person while staying alert to any trip hazards or other people moving around.

People were supported by sufficient numbers of suitably qualified staff. The service employed 11 staff in total, 10 of whom were carers. During the inspection four carers were on shift supporting people. Ancillary staff, such as cleaning staff, were also employed. People and visitors told us they thought there were enough staff on duty and staff responded promptly to people's needs.

A professional with experience of visiting the home told us that in their experience staff were attentive to people's needs and, "always available to help when required."'. People had individual call bells to request support if they needed it. People said staff responded quickly if they required any assistance and we saw this was the case. We saw people received care and support in a timely manner. A person who lived at the service told us, "I love it here. They look after me very well. The girls are great. You only have to push the button and they are with you, day or night."

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

Accidents and incidents were recorded, investigated and action taken to keep risks to a minimum. The premises had been risk assessed to make sure avoidable risks or hazards had been identified and action taken to avoid the risk. For example, cleaning products and detergents had been stored appropriately and locked in the laundry to keep people safe.

Maintenance was ongoing and a maintenance record was completed. On the day of inspection we saw the building had scaffolding erected. This was because the exterior of the building was being painted. The interior of the service was regularly visually checked by the provider to make sure all maintenance was up to date.
Fire safety and emergency evacuation plans were in place to protect people in the event of an emergency. Fire evacuation procedures and fire bell checks were carried out at regular intervals.

The kitchen was clean and well maintained. The service had been inspected by the Food Standards Agency and achieved a level five rating. This was the highest rating that could be awarded.

Requires Improvement

Is the service effective?

Our findings

People were cared for by staff who were skilled in delivering appropriate care. It was clear from our discussions with staff that they knew people well and understood how to meet their needs. One person told us, "I have all that I need here. I choose how I spend my days. I can mix with other people if I feel like it or I am free to spend my time reading or doing craft work as I see fit." People told us they believed staff to be competent. One person told us, "The staff here are simply splendid. You couldn't ask for a more pleasant group of girls."

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Before starting working unsupervised the registered manager assessed them for competency and confidence. One staff member told us, "I am well supported to do my job here. We get enough training and we can go to [registered manager] about anything at any time."

The registered manager told us all new staff would be supported to complete the Care Certificate. This replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. One existing staff member was currently working on completion of the Care Certificate. We saw this person's Care Certificate folder and verified the work had been completed.

There was a training plan in place to help ensure staff skills were regularly refreshed and updated. The registered manager was qualified to provide health and social care training such as moving and handling. We were told this qualification required renewal and were told this would be arranged. We saw health and safety training was out of date. The registered manager told us they were aware of this and had arranged for refresher training to take place in the areas required. Manual handling training had been arranged for the same day as the inspection took place. The registered manager rearranged the training for an alternative date.

Staff said they received regular supervisions and annual appraisals and felt well supported by management. Staff told us supervisions were either face to face individual meetings or observations of individuals working practices. However, these were not held on a formal basis. We found the providers policy on supervision was not specific to Highpoint Lodge or in line with the practice which was occurring. The policy stated formal supervision would be held every two months. Staff told us the frequency of formal supervision was much less than this. We also saw that records of supervision provided no details of what had been discussed or observed.

We recommend that the providers put in place a supervision policy which is specific to practice at Highpoint Lodge and appropriate records of supervision discussions are kept.

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 people 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. We found that applications for DoLS authorisations had not been made to the local authority because they were not required.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. We saw evidence that formal mental capacity assessments and best interest discussions had taken place for people when required. The registered manager and staff demonstrated an understanding of the principles underpinning the MCA.

Staff spoke of the importance of allowing people to maintain choice and control in their everyday lives. Comments included; "Everyone here is able to make their own decisions about most things and we respect this. If someone doesn't want to do something we will leave them and return and check on them later." People told us they felt they had control over their own lives. One person said, "I make my own decisions. I decide how I spend my days and staff respect that. It's not home but I'm happy living here."

People told us the food was of a good standard and the portions were generous. There was always a choice of meals and if anyone wanted something other than what was offered it could be provided. One person commented, "The food is very good, there is a good choice and if I don't like something, they'll get me something else."

We observed the lunchtime period and saw the majority of people chose to eat in their rooms. People told us they preferred to do this but knew they were welcome to eat as a group in the dining room if they chose to.

People had access to external healthcare professionals such as dentists, chiropodists and GP's. Care records contained records of any multi-disciplinary notes and any appointments. The registered manager and staff told us they had developed good relationships with local GP's and the district nurse team. People told us a GP was always called out if their family member became unwell.

Good

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care they received at the service. One person told us, "I love it here. They look after me very well", "The food is brilliant. The staff are really attentive. I couldn't wish for a better place. A professional who visited the service told us, "I think they are really good here. Very helpful."

People were familiar with all the staff as well as the providers. Staff told us, "[The registered manager] is always making sure people get what they need. Listening to people is really key to meeting their needs and everyone has a personal relationship with the providers here."

Staff had an understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. One staff member told us how they worked with people to offer the appropriate level of support that was acceptable to each person. A staff member told us, "I don't assume anything, but always ask because everyone needs a different level of care."

People's privacy was respected. Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal ornaments in their room. Some people had chosen to bring their own furniture into the service. This helped people develop a sense of ownership for their own private spaces. When showing us around the building staff knocked on people's doors and waited for a response before entering.

People were supported to maintain family relationships. People told us they were able to have visitors whenever they wanted and they were always made to feel welcome by staff. Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. The registered manager encouraged families to share information with them to help build comprehensive pictures of each person's social history. Staff told us, "[Registered manager] is always making sure people get what they need. One person has a volunteer who will take them out once a month for a coffee."

People were encouraged to share their views and experience of living at Highpoint Lodge. People told us they could do this informally by talking with staff and also by completing a satisfaction questionnaire. For example, we saw service review forms completed by people who lived at Highpoint Lodge. Topics covered included people's views of their rooms, food and the activities offered. Responses about these areas were positive. One person commented that they were "very happy with everything."

Good

Is the service responsive?

Our findings

People who wished to move into Highpoint Lodge had their needs assessed to help ensure the service was able to meet their needs and expectations.The registered manager told us most people decided to use the service following personal recommendation. The manager would meet with people, and their families if appropriate, to discuss people's individual needs and requirements.

Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Care plans were an accurate and up to date record of people's needs. The records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example there were sections on mobility, communication, medication, social needs and night time routines. This meant staff had a complete picture of any issues which might have an impact on people's well-being.

We noted direction for staff about how to perform certain tasks was not always specific. For example, in the case of a person requiring support with equipment used to administer asthma medication, it was unclear how the staff member should support the person to use the equipment.

Care plans were regularly reviewed, at least monthly and more often where required, to help ensure the information remained up to date and relevant. People confirmed they were included in the review process.

There were systems in place to help ensure staff were kept informed of any changes in people's needs. Daily records were consistently completed and there was a handover between different shifts. Information from daily records was monitored to identify any patterns that might indicate a change in people's well-being. Any small changes to people's care plans were discussed at handover meetings.

We saw that the majority of people who lived at Highdowns Lodge chose to spend most of their time in their rooms. We spoke with the registered manager about what daily activities were available to people, to ensure people were not at risk of social isolation. The registered manager told us the topic of activities was frequently reviewed. People were offered opportunities to take part in activities with others but everyone had stated they did not want to take part in group activities. People told us this was the case. However, people who had stated they wanted more activities for themselves had been provided with suitable opportunities. For example, one person had their own volunteer visitor who had agreed to take the person out for coffee or lunch. Other people took advantage of regular visits from a hairdresser and religious services which were brought into the service.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints ongoing at the time of the inspection. Relatives told us they would approach a member of the management team if they had any worries.

Good

Is the service well-led?

Our findings

The providers of the service were involved on a daily basis with how the service was run. Staff at the service told us, "It is hugely well managed" and "It is managed in a way that ensures everyone gets a really good standard of care. It is homely, safe and personalised." People living at Highpoint Lodge also said the service was well managed and spoke warmly of how the providers attended to their needs.

There were clear lines of accountability and responsibility within the service. The providers were supported by a team of staff, most of whom had worked at the service for a considerable period of years. Staff spoke confidently about their roles and were aware of who was responsible for the various aspects involved in running the service.

The registered manager had oversight of the service and was an integral and visible presence who also undertook caring shifts at the service. They explained that doing this work allowed them to have a real understanding of how the service was running. Staff were highly supportive of the manager. One staff member commented, "The manager is very hands on. I don't have one negative thing I could say about her. She is just very, very supportive."

People, staff and other professionals all described the service in terms associated with family and friendliness and support. For example an external professional said; "I think they are really good here. The most supportive place I've seen." The service was a family run business which prided itself on high rates of staff retention and providing a personalised, relaxed service. This was evident in the atmosphere within the service.

Staff had daily meetings to discuss any concerns regarding people or staff and said they felt well supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. Families were asked for their opinion and experience of the service on an annual basis. Results from the last survey were positive.In addition relatives were able to talk to staff about how the service was supporting people when they wished to.

There were systems in place to monitor the quality of the service provided. Audits were carried out by the providers on all recording systems for example, medicines, care plans, infection control and accident and incident records. Policies and procedures for a wide range of areas were in place.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Mobility equipment was regularly serviced to ensure they were fit for purpose. We checked appropriate maintenance and servicing of equipment such as the lift had been carried out.