

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Highbarrow Residential Home

Toothill Road, Uttoxeter, ST14 8JT

Tel: 01889566406

Date of Inspection: 02 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Sunplee Limited
Registered Manager	Miss Tina Ann Gibbons
Overview of the service	Highbarrow Residential Home can accommodate 22 people. They are not registered to provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other authorities. We talked with other authorities.

What people told us and what we found

In this report, the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

This was an unannounced inspection. At this inspection we also followed up on issues we identified at the last two inspection visits in August and November 2013. We found concerns at the two previous inspections in relation to the care and welfare of people using the service and with the staffing levels in place to support people. At the time of this visit 14 people were using the service. We looked at two people's care records and spoke with these people to get their views on the quality of support they received. We also spoke with the staff that supported them. This is known as pathway tracking and helps us to understand the outcomes and experiences of a selected sample of people. We also spoke with five other people that were using the service and one person's visitor.

Is the service safe?

People told us they felt safe and had no concerns regarding the staff that supported them. One person told us; "I feel very safe with the staff, they are all lovely." Another person said; "I feel much safer here than I did at home, this is a nice place and I have never felt unsafe here."

Staff spoken with had a good understanding regarding the level of support each person required to maintain their safety and well-being.

Information within care plans and risk assessments demonstrated that people were supported to maintain their safety whilst keeping as much independence as possible.

Two care staff were on duty at night. Information within people's records confirmed the level of support they required in the case of fire or other emergency situations. At our last visit we were advised that one member of staff lived within the grounds of the home and

could be available to provide additional cover at night. However this person also covered night shifts, which meant that on these occasions this additional cover would not be available. Although the manager confirmed that they were on call and could be available at the home within 15 minutes, this time frame would not be effective in an emergency situation. The provider may wish to consider if the current night staffing arrangements would be sufficient to maintain people's safety in emergency situations.

Is the service effective?

Discussions with people using the service and information in care records showed that people's needs and preferences were being met.

People spoken with confirmed that staff respected their wishes and supported them as needed. People confirmed that they were consulted about their care plans and involved in decisions about the support they received. One person told us, "I manage most things myself but the staff are always checking with me that I'm ok and I am consulted about things."

Since our last visit the staffing levels during the day had increased. Along with the manager of the home there was three care staff on duty. This enabled one member of staff to remain in the communal lounge when it was occupied, whilst the other two care staff supported people with their care needs as required.

The staffing levels at night had not been increased at the time of our visit and there was two staff on duty at night. Out of the 14 people using the service, three people required the support of two staff with hoisting for personal care needs. Although the majority of people told us that staff attended to them promptly, there was the potential that some people may have to wait at night for staff support.

Is the service caring?

We observed a positive working relationship between the staff and the people they supported. People using the service said that they like the staff and confirmed they did a good job. One person said; "Without exception all staff are very kind and helpful." Another person told us; "The staff are all very good, they work hard and are always kind and friendly."

People's preferences and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People we spoke with told us that if they had any concerns or worries they would tell a member of staff or a family member.

From our observations we saw that people using the service appeared relaxed and comfortable with the staff on duty and were able to openly express their opinions and preferences.

We saw that staff responded promptly to ensure people's needs were met, for example when people requested support to use the toilet staff responded and we observed staff treating people respectfully, ensuring their dignity was maintained.

Is the service well-led?

Since our last visit a new manager had been appointed. People who used the service, visitors and staff spoken with were very complimentary regarding the new manager.

The visitor spoken to confirmed that meetings were held at the home on a regular basis to keep relatives up to date with any issues and how these were being addressed.

The visitor spoken with told us; "She [the new manager] has made such a difference because she's so approachable and available." This person also confirmed that the owner of the home was also available on a regular basis to discuss any concerns or issues.

Staff were clear about their roles and responsibilities and spoke positively about the management support they received. Staff told us that they were being provided with monthly supervision sessions and team meetings and confirmed that they found these beneficial in undertaking their job.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Information in people's care records clearly demonstrated that their preferences and choices had been sought in all areas of care and support. This included people's preferences regarding sleeping arrangements, such as how many pillows they preferred on their bed, their night time routine and day time routine and people's preferred rising and retiring time. People's preferences regarding food and drink, their interests and hobbies and their religious and faith preferences were also clearly recorded.

Faith services were held at the home every three weeks and people spoken to confirmed that they were able to participate in these as they wished. One person told us; "Most of the time I join in but there are some occasions when I choose not to."

From our observations we saw that people using the service appeared relaxed and comfortable with the staff on duty and felt able to openly express their opinions and preferences.

People we spoke with confirmed that staff supported them in a dignified way and ensured their rights were respected. One person told us; "The staff are polite and always courteous towards me." Another person said; "They [staff] are all very nice, I get on very well with all of them and they are always polite to me."

People confirmed that they were able to follow their preferred routines. One person told us, "I spend some time in the lounge but I do like a bit of time alone in my room as well. I can get about without any help and the staff respect that." Another person told us; "I prefer to stay in my room, I've always preferred my own company but occasionally I go and socialise, there's no set rules here, you can make your own mind up."

People confirmed that they were able to choose where to take their meals. Some people confirmed that they preferred to eat in their rooms; others confirmed that they ate in the dining room. One person told us; "You can choose, I have lunch in the dining room but like my breakfast and tea in my room."

A wall calendar was on display in the main lounge which promoted memory enhancement and helped people to orientate with the present day. The wall calendar used pictures and words to confirm the day, date, month, season and current weather conditions.

People were supported to maintain their skills and independence by the staff team. People's needs were assessed and any areas of identified risk had plans in place to demonstrate how these areas of risk were to be managed to ensure people were supported in a safe way. One person was able to use the chair lift to go up and down the stairs independently and we saw that a care plan and risk assessment was in place regarding this. This enabled the person to maintain their independence and autonomy.

People using the service were supported to maintain their appearance and dress according to their preference. We observed that people's clothes were laundered and ironed to a good standard and people were supported to accessorise their appearance to demonstrate their individual sense of style. This showed that staff supported people as needed to maintain their dignity and individuality.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The new manager had re written everyone's care plans; this was to ensure the information provided was up to date and reflective of the support people received. We saw improvements had been made within people's care plans. Records were organised, up to date and contained all the relevant information to enable staff to provide the right support. As care plans had recently been re written the majority had not yet been reviewed. Some care plans had been reviewed when people's support needs had changed, this was to ensure their effectiveness in providing care, treatment and support was maintained.

We observed a positive working relationship between the staff and the people they supported. People using the service said that they like the staff and confirmed they did a good job. One person said; "Without exception all staff are very kind and helpful." Another person told us; "The staff are all very good, they work hard and are always kind and friendly."

We saw that staff responded promptly to ensure people's needs were met, for example when people requested support to use the toilet staff responded and we observed staff treating people respectfully, ensuring their dignity was maintained.

People's needs were assessed. We saw that where a risk had been identified a support plan was in place to demonstrate how these areas of risk were to be managed to minimise the level of risk to the person. However this information was not recorded on risk assessments to demonstrate that the actions taken had reduced the level of risk. This was discussed with the manager who confirmed this information would be included on risk assessments.

There was evidence of continuity of care with other care providers, such as visits from doctors, district nurses and appointments with opticians, dentists and other health professionals as required. This demonstrated that people's healthcare needs were monitored and met.

At our last visit we identified concerns regarding fire doors as they were not alarmed, which meant that people using the service could leave the building without staff being aware. This had resulted in one person being injured as they had left the home through a

fire door without staff being aware. The manager confirmed that the advice given by the fire officer regarding fire exit doors has been followed to ensure people's safety is maintained.

External entertainers visited the home on a regular basis and an activities coordinator worked at the home for six hours a week, this was usually divided over three days. On the day of our visit a quiz was taking place and the majority of people chose to participate in this. People told us they enjoyed the activities and spoke highly of the activities coordinator. One person told us; "The activities person is very good, we have a variety of activities." Another person said; "The activities are good, I enjoy them." All of the people that we spoke with thought that sufficient activities and entertainment was provided at the home.

We spoke to the manager about people accessing community facilities as people spoken to told us this did not happen. Several people said that in the past trips out had been undertaken. One person said; "We used to go out but not anymore, unless you go with your family." The manager confirmed that a trip had been organised to a local garden centre at the end of the month and said that she was planning to organise further trips out over the summer period.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Appropriate policies were in place regarding safeguarding adults. Information on whistleblowing was also available so that staff wishing to report concerns externally had sufficient information to do so. Staff spoken to were able to tell us where policies were kept and knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them.

Since our last visit the home had been under review from the local authority, following several safeguarding concerns regarding people's welfare and safety. The local authority had monitored the support people received and had worked closely with the provider and staff to ensure people were supported in a safe way.

None of the people using the service raised any concerns regarding the support provided. People told us they had a good relationship with staff and confirmed that they were supported in a safe way. One person told us; "I feel very safe with the staff, they are all lovely." Another person said; "I feel much safer here than I did at home, this is a nice place and I have never felt unsafe here."

The relative that we spoke with did not raise any concerns regarding the support provided and confirmed that they were confident in the staff to provide safe care and support.

Following a recent visit from the local authority it had been identified that one person accessed the fire escape to smoke a cigarette. This fire escape was accessed from the French windows of their room. The structure of this fire escape caused some concern regarding the person's safety. Although alternative smoking facilities were available to this person, they had declined in using them. We saw that work had been undertaken on this part of the fire escape to reduce the risk of harm to this person. An external door bell had also been fitted on the French doors to ensure this person could alert staff if they accidentally locked themselves out of their room. This demonstrated that the risks to this person had been assessed and actions taken to reduce the risk of harm. From information in this person's records regarding their capacity and discussions with this person, it was evident that they clearly understood the risks and accepted them.

The manager confirmed that no monies were held in safe keeping for people that used the service at the time of our visit.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

Although there was adequate qualified, skilled and experienced staff to meet the needs of the people using the service at the time of our visit, night staffing levels need to be monitored on an ongoing basis to ensure people's welfare and safety is maintained.

Reasons for our judgement

At our last two visits we left a compliance action because we had concerns about the number of staff on duty to meet people's needs at all times of the day and night.

Since our last visit the staffing levels during the day had increased. As well as the manager there were three care staff on duty. This enabled one member of staff to remain in the communal lounge when it was occupied, whilst the other two care staff supported people with their care needs as required. The manager told us that further staff had been recruited and confirmed that this would increase the staffing levels during the day to four staff.

Since our last visit the staffing levels at night had not increased and two staff were on duty at night. At the time of our visit 14 people were using the service, three people required the support of two staff with hoisting for personal care needs and this meant there was the potential that people had to wait at night for staff support. One person told us that at night they sometimes had to wait when they rang their call bell. This person told us; "Sometimes I have to wait about ten minutes for staff to come but they come as quickly as they can." Other people we spoke to confirmed that in general staff attended to them promptly.

We discussed the current night staffing levels with the manager and confirmed that this needs to be monitored on an ongoing basis to ensure people's welfare and safety can be effectively met. The manager confirmed that this would be done to ensure the staffing levels could effectively meet any increase in numbers and the dependency of people using the service.

Information within people's records confirmed the level of support they required in the case of fire or other emergency situations. At our last visit we were advised that one member of staff lived within the grounds of the home and could be available to provide additional cover at night. However this person also covered night shifts, which meant that on these occasions this additional cover would not be available. Although the manager confirmed that they were on call and could be available at the home within 15 minutes, this time frame would not be effective in an emergency situation. The provider may wish to consider if the current night staffing arrangements would be sufficient to maintain people's safety in

emergency situations.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

From the records seen there was evidence to demonstrate that quality monitoring systems were in place and being developed by the new manager to ensure the services and support people received was effective.

People spoken to confirmed that the provider visited the home on a regular basis. One person using the service told us; "The owner comes here quite a lot and has a chat with us, I think that's very good."

The visitor spoken with also confirmed that the owner of the home was available on a regular basis, to discuss any concerns or issues with them. They told us that meetings had been held to discuss recent concerns identified by the local authority. This visitor told us that they were happy with the support provided to their relative and told us that they felt the new manager was doing a good job. They said; "She [the new manager] has made such a difference because she's so approachable and available." This visitor told us that the new manager ensured that any concerns or questions they had were promptly addressed and told us. "It makes such a difference when you have a good manager and the staff team are very good. Everyone is approachable."

We saw the minutes of meetings that had been held with people's relatives. This enabled people to raise any issues or concerns they had and ensured they were aware and kept up to date about recent concerns and actions that had been taken to address these.

Staff meetings were held on a monthly basis and discussions with staff and minutes of meetings were seen to confirm this. Staff spoken to told us that they had seen an improvement in recent months. One member of staff said; "Things are definitely improving, we all work really well as a team and the manager is very approachable." Another staff member told us; "The staffing levels have improved which gives us more time with people and we now get regular team meetings and supervision." The records seen demonstrated that staff supervision was taking place each month.

Surveys had been sent out to staff to get their views on the running of the home and any suggestions for improvement. At the time of our visit three staff surveys had been returned

and the manager told us that actions had been taken, to follow up on improvements suggested. For example two staff had stated that a ramp was needed to enable easy access to the garden. The manager confirmed that a ramp was being made for this purpose.

Surveys had been prepared and were due to be sent out to people's visitors and visiting professionals. The manager told us that meetings for people using the service had not been undertaken in recent months but confirmed that these had been undertaken in the past and would recommence. One person using the service confirmed that they had chaired previous meetings and said they were happy to continue in this role.

Records were in place to demonstrate that health and safety was monitored appropriately, such as monthly medication audits, fire safety, kitchen audits, infection control and housekeeping and maintenance audits. We also saw that care audits were undertaken on a monthly basis.

Audits were in place regarding accidents and incidents, such as falls for each person using the service. This information was recorded, analysed and acted upon as required. We saw that people had been referred to the falls clinic when needed to support them in maintaining their safety.

Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed. This included electrical and gas safety checks, fire alarm tests and fire risk assessments.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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