

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: 25 July 2014

Date of Publication: August 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Requirements relating to workers	✓ Met this standard
Staffing	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sunplee Limited
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

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Requirements relating to workers	6
Staffing	7
Supporting workers	9
Assessing and monitoring the quality of service provision	11
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	13
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 25 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

The concerns we received were that some staff working at the home had not had the proper recruitment checks or any training and that there were not enough staff on duty to meet people's needs. At the time of our visit 13 people were using the service. We looked at staff recruitment and training records and the staff rotas. We spoke with staff, people using the service and one person's visitor and a visiting professional. We also spent time in the communal areas of the home to observe the staffing levels in place and looked at the quality monitoring systems in place to check if the service was well led. We used the information we gathered to answer the following questions.

Is the service safe?

One staff member did not have a criminal record bureau (CRB) check on file at the time of the inspection. The provider sent evidence after the inspection that demonstrated that this check had been undertaken. This meant that the appropriate recruitment checks were in place to ensure people were cared for by staff that were safe to work with them.

None of the people who used the service raised any concerns regarding the numbers of staff on duty although they did confirm that there had been occasions when they had to wait for staff support.

We observed three occasions when there was no staff member in the communal lounge and one occasion when a person had to wait fifteen minutes to be supported to use the toilet. No assessment tool was in place to determine the staffing levels based on people's needs. Following the inspection the provider produced a tool to determine staffing levels based on people's needs. However this was ineffective as it underestimated the level of need of people in the home.

Is the service effective?

There were some gaps within the records seen regarding staff training and supervision, but we saw that this was being addressed by the new manager and provider to ensure

staff were supported appropriately.

Is the service well led?

A new manager had been in post for one week at the time of our visit. We saw that actions had been taken by the new manager to monitor the standards in place at the home and identify where improvements were required.

All of the people using the service told us that the new manager was approachable and friendly. Some staff we spoke with felt it was too soon to make a judgement about the new manager. One person said; "She has only been here a week so it's difficult to say what I think, she seems ok." Other staff told us that they believed the home was more organised. One person said; "It seems more organised now, everyone knows what they're doing, it wasn't very organised before. I have been asking for certain training since I started and now it's been booked."

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

What we have told the provider to do

We have asked the provider to send us a report by 18 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The appropriate checks were in place to ensure people were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at this outcome because we received concerns that indicated that recruitment checks had not been done for some staff working at the home. We looked at the recruitment records of four staff. This included two staff recently employed and two staff who did not have Disclosure and Barring Service (DBS) check at a visit in June 2014 undertaken by the local authority's quality monitoring officers.

Three of the four staff files had DBS checks in place. The staff file that did not have a DBS check in place was also identified at the quality monitoring officer's visit in June. This member of staff's records indicated that a Criminal Records Bureau (CRB) check, (now known as the Disclosure and Barring Service (DBS) check) had been undertaken when they began working at the service in 2009, as an adult first check was on file to evidence this but there was no CRB check or number recorded.

We saw that this person had not signed the disclaimer on their application form to confirm they did not have any criminal convictions. There was no evidence on this person's records to demonstrate that this had been identified and explored. We saw that a DBS application form was on this person's file along with the required identification documents. The manager advised us that this member of staff was due to complete this application form on the day of our visit. We have now been provided with evidence that demonstrated that a CRB check had been undertaken and received in 2009.

Within all four staff files seen there was evidence of full employment histories, two written references and evidence that identification documents had been obtained prior to starting work. Three of the four staff had completed health declaration questionnaires prior to commencing work. The provider may wish to note that one member of staff had not completed this. This meant that it had not been ascertained that they were fit to work.

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

Our judgement

The provider was not meeting this standard.

The staffing levels in place had not been determined by assessing the needs of the people using the service to ensure their needs were being met in an effective way.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at this outcome because we received anonymous concerns that there were not enough staff on duty to meet people's needs during the day.

At the time of our visit 13 people were using the service; three people required two staff to support them with their mobility needs. The staff rotas demonstrated that three care staff were on duty throughout the day and two staff were on duty at night. This meant that at night there was the potential that people had to wait at night for staff support.

The staff rotas stated that the manager worked 40 hours a week but the manager's actual working hours were not recorded on the rota. This meant that there was no evidence to demonstrate the hours worked by the manager.

The provider told us that they were currently overstaffed for the numbers of people using the service. However our observations indicated this was not the case. We asked the manager and provider how staffing levels had been determined; this was because we observed three occasions of between five and ten minute intervals when no staff were present within the lounge area. We also observed that one person had to wait 15 minutes to be supported to use the toilet, as although a member of staff was present in the lounge, they had to wait for a second staff member to be available to support this person. We observed that this person was becoming anxious as they needed to use the toilet. We were advised by the manager and provider that no tool was in place to determine staffing levels based on people's needs. Following the inspection the provider produced a tool to determine staffing levels based on people's needs. However this was ineffective as it underestimated the level of need of people in the home.

The care staff on duty also had the additional role of preparing sandwiches and hot snacks for the teatime meal. This meant that whilst this task was being undertaken only two care staff were available to support people.

None of the people who used the service raised any concerns regarding the numbers of

staff on duty; however they did tell us that they sometimes had to wait for staff support. One person said; "Sometimes the staff are busy and people have to wait it's just the way it goes." Another person said; "The staff are lovely and they work hard, sometimes people have to wait if the staff are busy."

One person's visitor was available to speak with on the day of our visit. This person said they had no concerns regarding the staffing levels and stated that there was usually a member of staff available in the lounge during the day.

We spoke to one visiting professional who said that they did not think there were sufficient staff on duty to meet the needs of people using the service.

Staff we spoke with told us they generally felt the staffing levels were sufficient but said that an additional member of staff would ensure people's needs were met effectively. The anonymous concerns we received stated that staff had raised concerns to the anonymous person regarding the numbers of staff that were available to meet people's needs. The anonymous person also said that they had observed insufficient staffing levels at the home.

An activities coordinator worked at the home for six hours a week, divided over three days. The activities coordinator was not on duty on the day of our visit and we did not observe any activities taking place. The provider told us that the people who used the service had said they did not want activities every day. None of the people we spoke to raised any concerns regarding this and we saw that several people spent some of their time reading, however we also observed some people sleeping during the afternoon, which could be due to lack of social stimulation.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Although some gaps were seen within staff training and supervision, this was being addressed to ensure staff were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Since our last visit on the 2 May 2014 there was a new manager in post at the home. We saw that although the manager had only been in post for just over a week, out of the four staff files looked at three had received supervision with the new manager. Supervisions are an opportunity for the manager and a staff member to meet on a one to one basis or observe the delivery of care. Supervisions can be used to talk about work practices, training needs, care and welfare of people using the service and other issues which impact on their role. The training matrix recorded the last date of staff supervision; however staff files seen did not reflect information recorded on the training matrix, which showed that staff had received supervision in March, April or May 2014.

Prior to the new manager starting the frequency of staff supervisions seen in staff files varied, one person had received one other supervision session in 2014, one person had no other supervision record on file for 2014 and one person employed since February 2014 had no record of supervision on file.

We saw evidence in the staff files that demonstrated that staff completed the skills for care common induction standards.

Training records showed that staff were generally kept up to date with training relevant to their job; this included essential training to ensure staff worked to current practice guidelines. However the training matrix showed that there were some gaps in people's training. For example two care staff had no date recorded to show when they last received moving and handling training, five staff had no date to demonstrate when they last received health and safety training, one staff member had no date recorded to show when they last received fire safety training and one member of staff was out of date with this training, with a date recorded of June 2012. Fire training is required on an annual basis.

A training plan was in place that showed the training booked up to April 2015. This included moving and handling for all staff in July 2014. We saw from this training plan that the gaps seen on the training matrix were included. This demonstrated that training was booked for these staff to ensure they were updated.

The training matrix showed that the majority of care staff had undertaken training about the Mental Capacity Act and further training was booked in August 2014. Two staff had received training in dementia awareness and a further five staff were booked onto this training in October and November 2014.

The training matrix demonstrated that six staff had achieved a diploma in health and social care and one person was undertaking this training. The training plan demonstrated that further staff were due to sign up to training in a level two and three diploma in health and social care in August 2014.

Staff we spoke with told us that they were aware of training booked and confirmed that they had received supervision recently. Some staff told us that they were unable to comment on the new manager as she had only been in post a week; other staff told us that they had seen positive improvements and said that the new manager was supportive and effective. One member of staff said; "It seems more organised now, everyone knows what they're doing, it wasn't very organised before. I have been asking for certain training since I started and now it's been booked."

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

At our visit in May 2014 people using the service and visitors confirmed that the provider visited the home on a regular basis. At this visit people we spoke with confirmed this was still the case and the provider was at the home on the day of our visit.

At our visit in May 2014 we looked at minutes of meetings that had been held with people's visitors; these minutes showed that the provider had discussed recent concerns that had been identified and we saw that people were given an opportunity to discuss any concerns they had. At this visit the one person's visitor we spoke to told us they had no concerns regarding their relative's care and said; "I think he is looked after very well and always seems happy when I visit."

The new manager confirmed that a meeting for people using the service and their relatives was booked for the 31 July.

We did not look at satisfaction surveys and audits at this visit, as these were looked at during our visit in May and we saw that systems were in place to gather the views of the staff and people using the service.

We saw records to demonstrate that the new manager undertook a daily walk around the home; this was to monitor and identify any issues or concerns and to enable people using the service an opportunity to have a chat and raise any issues with her.

We saw that observations of staff competency had been undertaken for new care staff and observations of medication administration for two staff that administered medication; this was in addition to medication training.

Monthly care audits had been undertaken by the new manager on two people's care files, these audits included any actions identified and the date that these were to be completed by. The manager advised us that she intended to audit all care files on an on-going basis.

An infection prevention quality improvement tool had also been completed by the new

manager. This included all areas of infection control and included actions identified and completed; such as wheelchairs had been cleaned and two new wheelchairs had been ordered. A new toilet cleaning schedule had been put in place by the new manager. Other areas covered included the use of personal protective equipment, hand washing procedures, laundry services and waste disposal practices.

At our visit in May 2014 we saw that audits were in place regarding accident 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. We did not look at these audits again at this visit.

At our visit in May 2014 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.

We looked at a workplace inspection report which had been undertaken by the provider in July 2014, this identified works required and actions identified.

We looked at the training plan which demonstrated that actions had been taken to identify the training required for the staff team.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: No effective assessment tool was in place to determine the staffing levels needed in order to safeguard the health, safety and welfare of people using the service. Regulation 22

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
