

Sunplee Ltd

# Highbarrow Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

What life is like for people using this service:

The provider needed to ensure that any issues with people's care were identified and that action was promptly taken to make improvements.

There were positive examples of how people's risks were managed to help keep them safe. However, the lack of effective monitoring systems impacted on the quality and safety of people's care.

Some people had to wait for the support they needed and there was no effective approach to identifying the staffing levels required.

Staff and the registered manager knew people well however, documentation did not always reflect what they told us.

People mostly felt happy with the care they received. Staff were kind and considerate towards people and knew their preferences, likes and dislikes.

We have made a recommendation that the provider reviews the way they gather people's feedback, to ensure people's voice is heard.

People were involved in planning and reviewing their care. However, reviews and checks were not always effective in identifying issues and ensuring action was taken.

The service met the characteristics of Requires Improvement in most areas;

More information is in the full report.

Rating at last inspection: Requires Improvement (published 10 October 2017)

About the service: Highbarrow Residential home is a residential care home. It accommodates up to 22 people in one adapted building. At the time of the inspection 22 people were living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At the last inspection in 2017, we asked the provider to take action to make improvements. Some action has been completed however further improvements are required. This is the second consecutive time the service has been rated Requires Improvement.

Enforcement: Two breaches of regulations were identified during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Follow up: We will request an action plan from the provider to understand what immediate action they will take to improve the quality and safety of care provided to people.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Highbarrow Residential Home

## **Detailed findings**

### Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns, serious injuries and deaths that had occurred at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from commissioners of the service.

During the inspection, we spoke with eight people who used the service and five relatives. We did this to gain their views about the care and to check that standards of care were being met. Some people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in communal areas and we looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four members of care staff, the cook, the deputy manager, the registered manager and the provider. We also spoke with four visiting professionals. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing levels:

- There was no effective system in place to ensure that staffing levels were determined to meet people's needs. People's individual dependency levels were assessed but this information was not used to adapt the numbers or deployment of staff.
- One person said, "I know they [staff] are very busy. They haven't enough staff, you can wait 20 minutes, they're run off their feet." They told us one morning they were not helped to be fully dressed and ready until 11.55, which they found frustrating.
- We observed another person did not come into the lounge until 10.40. They said, "I've been awake since it was dark and have only just been helped to get up. I have not had a drink since last night. I have not been offered a drink or my breakfast yet, I'm starving".
- We observed staff were busy supporting people. A staff member said, "We [staff] could do with extra staff at times. If we are getting people up there may not be anyone to supervise the lounge".
- During the afternoon, we heard raised voices between people who used the service in the lounge. There were no staff present. An inspector went into the lounge to prevent an incident and staff shortly followed.
- The above evidence showed that staff were not always deployed sufficiently to meet people's needs in a timely way. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We shared our findings about staffing with the registered manager and provider. Following the inspection visit, they sent us information to show how they would implement a new dependency tool, to help inform staffing levels.

Assessing risk, safety monitoring and management:

- At the last inspection in 2017 we found that there were not effective systems to ensure that risks to people were effectively assessed, monitored and reviewed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found that enough improvements had been made so the provider was no longer in breach of this regulation. However, further improvements were required.
- People told us staff helped them to stay safe. One person described how staff supported them to walk and had arranged new equipment for them which made them feel secure.
- There were systems in place to monitor accidents and incidents and ensure that suitable action was taken afterwards. However, we found these were not always followed. Daily records showed a person had fallen. No incident form had been completed to make the registered manager aware of the fall so they could ensure necessary action was taken. The person got the medical attention they needed, but their falls risk

assessment and care plan had not been updated following the fall to minimise the risk of it happening again.

- When a risk was identified, it was suitably assessed and plans were in place to minimise people's risks. Staff were aware of these and followed plans in place. For example, one person was at high risk of falls. They had equipment in place to minimise the risks including a sensor mat to alert staff when they were mobilising. When falls had occurred, they had been referred to a specialist service to provide further advice and support and had been reviewed by appropriate health professionals.

Using medicines safely:

- At our last inspection in 2017 we found that the provider had not ensured medicines were administered accurately and in accordance with the prescriber's instructions. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found that enough improvements had been made so the provider was no longer in breach of this regulation. However, further improvements were required.
- There were now individual protocols in place to guide staff on how and when to administer medicines prescribed on 'as required' basis (PRN). However, one person was prescribed PRN medicines for agitation. The protocol in place lacked detail about what techniques staff should try before resorting to medicine administration, which meant there was a risk of them receiving the medicine too regularly. The person had not regularly been administered the medicine but improvements were required to the guidance in place for staff to ensure consistent and appropriate medicines administration. Following our feedback, the provider took action to update the person's PRN protocol.
- Some people were prescribed topical creams. Topical creams administration records (TMARs) showed these were not consistently applied as directed by the prescriber. No checks of TMARs had been carried out to ensure people were receiving their creams as prescribed. We raised this issue with the provider who immediately implemented additional checks and put an action plan in place to address the issue.
- We saw prescribed creams left out in a person's bedroom when people who used the service were living with dementia. This meant that people could have accessed medicines which were not prescribed for them and this was not safe practice.
- Medicines stock control was inconsistent. We checked stocks of some people's medicines and found they did not always tally with the Medicines Administration Records so we could not be sure people were receiving their medicines as prescribed and as recorded.

Supporting people to stay safe from harm and abuse, systems and processes:

- People felt safe. One person said, "I feel safe the staff help me." A relative said, "I feel [family member] is safe here. I can relax in that knowledge."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns. A staff member said, "If I saw anything I was worried about like abuse I would go straight to the senior or manager."
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.
- The registered manager had reported incidents of concern to the local safeguarding authority when required. Concerns and allegations were acted upon to protect people from harm.

Preventing and controlling infection:

- We observed that all areas of the home and equipment looked clean and hygienic.
- Staff understood the importance of infection control and we observed them following safe practices during

the inspection, such as using personal protective equipment (PPE) when required.

Learning lessons when things go wrong:

- When things had been identified as going wrong, lessons had been learned. The registered manager had taken learning from a recent experience and arranged additional training for staff in a particular area.
- However, the systems in place to monitor safety and quality were not always effective in identifying issues in a timely way so that actions could be taken and lessons consistently learned.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience:

- We saw one member of staff supporting people to move but the provider could not show us the staff member had received practical training in how to do this safely and effectively. The registered manager said she had shown the staff member how to safely support people with moving. However, the registered manager did not hold a current 'train the trainer' qualification to ensure they were providing the correct guidance and support.
- There was a training matrix in place which showed some gaps in staff training. There were action plans in place to address these gaps. However, the lack of moving and handling training for one staff member had not been identified and there was no plan in place to provide practical moving and handling training for the staff member.
- Staff told us they had induction training when they started work at the home. A staff member said, "I have worked in care for many years but I still had an induction here". Another staff member told us, "I had an induction I have also nearly completed the care certificate". The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.
- When people had particular needs, specific training from health professionals was arranged for staff.
- Staff told us they received supervision and felt supported.

Ensuring consent to care and treatment in line with law and guidance:

- Staff asked people for their consent before they supported them.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People's capacity was considered and assessed when required. However, a new template had been introduced which did not clearly show how decision specific mental capacity assessments had been completed. The provider was responsive to our feedback and said they would review this.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Supporting people to eat and drink enough with choice in a balanced diet:

- Some people required their weight to be monitored because of risks associated with their nutrition. However, people were not always consistently weighed as directed in their care plans. This meant there was a risk that people could lose weight without this being identified in a timely way, which may cause a delay in suitable action being taken. Following the inspection feedback, the provider implemented new guidance for the weighing people.
- People said the food was satisfactory. One person said, "The food is ok." Another person told us, "The food is fairly nice." Food was home cooked and nicely presented.
- People were shown a plated choice of the meals on offer. This helped people make an informed choice.
- People had access to plenty of snacks, hot and cold drinks including fresh fruit.
- Eating and drinking care plans provided staff with the information they needed about people's specific needs and risks, such as consistency of food and drinks. Staff followed these plans to reduce risks to people.

Staff providing consistent, effective, timely care:

- The systems in place to support staff to provide consistent and effective care required strengthening.
- Staff attended handover sessions at the start of each shift and told us they got the information they needed to provide effective care to people.
- However, handover records contained limited information and there was a risk staff may not have all the information they needed.
- The provider had recognised this issue and there were plans in place to introduce a new handover template which would prompt staff to consider all the information they needed to provide consistent, effective, timely care.
- People told us they had access to healthcare professionals when they needed it and that staff arranged this for them if necessary.
- People had access to a wide range of health and social care professionals and staff referred to professionals for guidance when needed.

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

- The environment met people's needs. However, some areas of the home were cool. People were provided with portable heaters to help them keep warm when this was required.
- People liked their bedrooms and were able to personalise them as they chose.
- The provider had plans to make significant changes to the design of the service and told us this would improve the size and suitability of communal areas.

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

- People's needs were assessed, planned for and regularly reviewed to ensure they received support that met their changing needs.
- People's involvement in developing their support plans was encouraged to ensure their preferences were met. People's diverse needs had been considered as part of a pre-admission assessment, including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staffing levels impacted upon people's experience of living in the home. Some people told us they had to wait for support which caused them frustration. One person told us they took pride in their appearance and being up, washed and dressed, with their hair brushed in the morning was important to them. They said they were disappointed because sometimes staff would start to support them to get dressed then would be called away to support other people.
- The provider was unaware of this feedback from people who used the service.
- We recommend that the provider reviews their systems and processes for gathering and addressing people's feedback to ensure that people's voices are heard.
- Other people told us they were treated with kindness and compassion. Comments included, "The staff are very good, very nice, we have a sing-song and they all get on very well together, they're a nice crowd. They do look after you well, on the whole", "[Staff] look after me well. They're very good. How could you ever argue with such kind people" and "All the [staff] are nice."
- A relative said, "The staff are very kind and caring." Another relative said, "The staff are really good, supportive, friendly and compassionate."
- People received the emotional support they needed. We saw several examples of staff providing kind and considerate support. One person told a staff member they were not OK. The staff member knelt next to the person and discreetly spoke with them. They held the person's hand and comforted them until the person started to smile.
- Records showed people had been asked what name they would like to be called. Some people had chosen to be called very different names to their formal one. We heard staff consistently using people's preferred name which showed respect.

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

- People could choose when they wanted to be alone and this was respected by staff.
- Care plans were written in a way which encouraged people's independence.
- Staff supported people to choose what clothes they wanted to wear. Some people chose to have their hair styled and their nails painted and staff helped them to do this in the way they liked.

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

- People told us and we saw people were offered choices. One person said, "I always tell staff what clothes I want to put on".

- People were encouraged and supported to make their own choices. For example, at lunch time, people were shown two plated meals. This appealed to people's sense of smell and a visual prompt helped them make an informed choice.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Some people said they would like to see more activities at the home but that they were happy with the level of care they received to meet their needs. One person said, "The hairdresser comes in once a week. I have my hair done. I like that."
- The registered manager told us the activities coordinator had recently left the service and they would be recruiting another.
- We saw people playing a game of bingo and one person was pleased to show us the chocolate they had won.
- A Christmas party was taking place at the service alongside a birthday celebration for one person. The person was delighted to receive a birthday cake and people were enjoying the party and the singer who was entertaining people.
- People and relatives told us they were involved in developing and reviewing their care plans. One person said, "I am asked by staff how I want to be supported." A relative said, "I have always been involved in doing [family member's name] care plans."
- Care plans highlighted how people wanted to be cared for, their likes, dislikes and wishes. Staff were aware of this information and used it to provide personalised care.

Improving care quality in response to complaints or concerns:

- Complaints were investigated and responded to in line with the procedure in place and lessons were learned following investigations.
- A person said, "I would tell the staff if I was worried or concerned."
- A relative said, "I would be happy to speak with staff or the manager if I had a complaint. I don't have any complaints though".

End of life care and support:

- At the time of the inspection there was no one who was receiving end of life care.
- People's wishes were considered and professionals were involved in planning and delivering people's care when this was appropriate.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- At the last inspection the registered manager and provider did not have effective systems in place to check the quality and safety of the services people received and to drive continuous improvements. At this inspection, we found that improvements were still required and there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Systems were not operated robustly and effectively to ensure issues were identified and action taken to make improvements. We found a number of issues during the inspection that had not been picked up by audits. For example, medicines audits did not consider topical creams administration. Therefore, no action had been taken to make improvements in this area and the provider could not be sure people were receiving their topical creams as prescribed.
- A care plan check sheet was in place to be completed monthly. However, this was a tick box and did not show how the quality or content of the care plans and risk assessments had been checked. We also saw these were not consistently completed each month.
- Checks of care plans were not always effective in identifying issues. For example, we found that some information in Personal Emergency Evacuation Plans (PEEPs) was generic or confusing. One stated, "Immobile at times but can be mobile – behaviour." There was no clear explanation as to how staff should support the person to evacuate in the event of an emergency.
- Some care plans contained contradictory information. One person's moving and handling plan said their transfer ability should be assessed daily due to unpredictable behaviour. However, their mental health care plan had no mention of the behaviours. It was not clear what the 'unpredictable behaviour' was. These issues had not been identified and therefore no action was taken to make improvements.
- There was no check of daily records. One person had a fall documented in their daily notes but no accident and incident form had been completed. The daily records were not checked so this had not been identified and the person's risk assessment had not been reviewed following the fall.
- People's weights were not consistently monitored at the same time each month. We saw some people had been weighed in December and some hadn't. The registered manager told us that people would not be missed however there was no system to check people had been weighed as required so we could not be sure this would be done. One person was prescribed supplements and on a fortified diet due to nutritional risks. They had not been weighed for six weeks. The registered manager said their weight was stable and there was a low risk, however this rationale was not documented and because there was no system regarding weighing people, we could not be assured when this person would be weighed. The lack of

effective system in place meant there was risk that suitable action to manage people's risks would not be taken when required.

- This was the second inspection in a row where the service has been rated as requires improvement. This shows that the provider has been unable to implement effective systems to monitor and improve the safety and quality of care provided to people.
- This evidence shows a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider was responsive to our feedback and told us about some changes they were going to implement following the inspection. However, we were unable to assess whether the planned improvements would be successful at addressing the shortfalls we identified. We will check that their plan has been implemented effectively during our next inspection.

Leadership and management:

- There was a registered manager in post.
- At the last inspection the registered manager had not always notified us of events that they are required to by law.
- At this inspection we found we had been notified as required.
- The last CQC rating was clearly displayed in the service, as required by law.
- Since the last inspection, a deputy manager had been appointed to support the registered manager. They told us they were working on implementing new systems to improve the quality and safety of the service but these were not yet fully embedded in practice.

Engaging and involving people using the service, the public and staff:

- People and relatives knew the registered manager and provider and felt they were approachable.
- A person said, "The manager is helpful and friendly". A relative said, "I know who the manager is, I feel they are approachable and friendly."
- Staff felt supported by the management team and told us they were approachable and responsive to feedback.
- The registered manager told us how they had implemented a bi - monthly newsletter for people and families to keep them updated on developments at the service.
- People's feedback was sought via surveys and action plans were developed in response to this feedback.

Continuous learning and improving care; Working in partnership with others:

- Staff had plans in place for their training and development. Where training gaps were identified, most staff had plans in place to address these.
- The registered manager worked in partnership with other professionals and agencies. For example, specific training was arranged for staff from a health professional to meet the specific needs of a person who used the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to monitor and improve the quality and safety of the service were not effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was no systematic approach to determine there were enough staff, suitably deployed to people's need. This meant some people had to wait for the support they needed and lounges were not always supervised when required.