

Mr & Mrs D H Willcox

Highcroft Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Highcroft Nursing Home is a care home which provides personal and nursing care for up to 23 people. Seventeen people were living at the service at the time of our inspection. The service is located in a large detached house, and all levels are accessible via a lift and external access.

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

We were assured that people were protected by the prevention and control of infection. This included staff safely using and disposing of personal protective equipment (PPE), safe visiting practices and isolation guidance which followed government guidance.

Medicines were safely managed and administered. People had individual plans for 'when required' medicines and regular checks took place to ensure medicines were managed in line with legal requirements.

People were protected from the risk of harm, and people's relatives told us they felt their family members were very safe at Highcroft Nursing Home. Regular checks were carried out, and staff had received training in safeguarding and reporting concerns. There were enough staff to keep people safe, and staff knew people well.

Staff, relatives and people who lived at the service told us there was a positive culture which was person-centred, open, inclusive and empowering. This supported people to enjoy good health and wellbeing. People and relatives, we spoke with were very happy with the care they received. Staff we spoke with were proud of the care and service they provided and felt well supported by the management team.

There was effective communication and the management team understood their responsibilities. The service appeared organised and well run. Systems and processes were in place to regularly check quality and safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 20 March 2021).

Why we inspected

We carried out an inspection of this service on 25 November 2020, with follow up visits on 27 November and 10 December. Breaches of legal requirements relating to infection prevention and control were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highcroft Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Highcroft Nursing 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Highcroft Nursing 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 before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and service manager. We spoke with five other staff, including nursing, care, housekeeping and catering staff. We spoke briefly with some people who lived at the service during our inspection.

We reviewed a range of records relating to the management of the service, including policies and procedures, checks and audits.

We considered all this information to help us to make a judgement about the service.

After the inspection

After the inspection, we spoke with the relatives of six people who live at the service. Their comments have been incorporated into this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection, we found that infection control procedures did not always protect people from the risk of the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found required improvements had been made and there was no longer a breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People isolated for 14 days on admission to the service in line with current government guidance for care homes.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. This included putting on, taking off and disposing of PPE in line with guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was exceptionally clean, and laundry and waste management were in line with best practice.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. This included through regular monitoring and staff training.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- At our last inspection it had been noted that individualised plans were not in place for the use of prescribed 'when required' (PRN) medicines. Best practice guidance recommends this information is documented to ensure the medicine is administered as intended and any changes or concerns are monitored. At this inspection, each person had an individual PRN plan in the medicines records and their individual care record.
- People's medicines were reviewed regularly. This helped to make sure they were not taking unnecessary medicines.
- Regular audits were carried out to ensure medicines were managed safely and in line with legal requirements. Any shortfalls were identified, and action taken where necessary.

- Medicines were safely stored in line with guidance. Systems were in place to safely receive, administer and dispose of medicines.
- Registered nurses received regular training in medicines management and administration to ensure they remained competent in this task.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm.
- People's relatives told us they felt their family members were very safe at Highcroft Nursing Home. Comments included, "Yes, [Name] is completely safe" and, "I have absolutely no worries about them".
- Staff had received training and told us how they kept people safe and would report abuse or concerns. Staff were clear they would act if they had concerns. Comments from staff included, "If there was something, I would raise it, but there are no concerns" and, "All the staff are very vocal, we will speak out if there are any issues. I find it easy to speak with managers and would always do that".

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe at Highcroft Nursing Home. One person said, "They do everything for me here" and a relative said, "They think of everything. We couldn't ask for more."
- The environment and equipment were regularly checked to ensure they were safe. This included fire safety, personal emergency evacuation plans and equipment safety checks. Findings were recorded and monitored by the management team.
- Staff accessed individual risk assessments, and felt they had enough information to ensure they were able to support people safely.

Staffing and recruitment

- People and relatives told us there were usually enough staff on each shift to spend time with them so they did not feel rushed. There was a relaxed and unhurried atmosphere during our visit.
- There was a low staff turnover, and some staff had worked at the service for many years. When new staff were recruited, processes were in place to ensure recruitment checks were completed. These gave assurance that new staff were suitable to work in the service and provide safe care and support.
- During the recent coronavirus outbreak at the service, it had been difficult to cover some shifts when staff were off sick or isolating. Agency staff had been used to ensure people were safe. The management team and staff were proud of their response to the outbreak. They said staff were flexible, dedicated and committed. Comments included, "The staff were amazing. We were so proud of what we achieved" and, "We really had to rely on each other. The team was great".

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents in the service.
- Incident forms were completed and regularly reviewed, and these were analysed by the registered manager. Actions were taken where necessary to change practice or learn from incidents.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff we spoke with told us they enjoyed working at the service and some staff had worked there for many years. The management team and staff were committed to providing high quality care. Staff told us, "We give the best quality of care here. It's easy really, I'm so proud", "The standard of care is one of the best things about this place" and, "This is the top end of care homes. We have high standards. I would be more than happy for my mum to live here".
- People, relatives and staff all spoke positively about the staff team and the management of the service. One relative said, "All the staff know about [Name] and what they're like. Nothing is too much trouble. I can't praise them enough." Other comments included, "We are delighted with the care [Name] is getting. It's wonderful" and, "My relative arrived almost dead and it's because of the staff they're still alive. Not only that, they're now spritely and enjoying life".
- Relatives told us that the service kept them up to date and communicated regularly. This had been particularly important when it had not been possible to visit family members due to the restrictions of the pandemic. Comments included, "We're always in contact, they keep me up to date" and, "They text, send photos, and we've done video calls. I couldn't ask for more".
- Relatives said staff communicated with them about incidents or changes affecting their family member. One relative told us, "[Name] has just had a video call with the GP today, and straight away [staff name] called me to let me know how it went".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and had been open with families, the Care Quality Commission and other agencies as necessary.
- There had not been any recent complaints made, but a procedure was in place and relatives told us they would feel able to raise concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team understood their responsibilities, and the service was organised and well run.
- Staff felt well supported by the management team. They told us, "The managers are very good. I can't say a bad word against them". Other comments included, "Managers are supportive" and, "[Name] is so good,

they helped everyone get through the outbreak. They make a huge difference".

- The relatives we spoke with highly praised the staff and managers at Highcroft Nursing Home. Comments included, "[Managers] are totally accommodating. Nothing is too much trouble. I can't praise them enough" and, "The owners are absolutely wonderful".
- Policies and procedures were in place to provide guidance and support to staff. The policies we reviewed reflected current legislation and best practice where relevant.
- A system of audits and monitoring was in place to check quality and safety. A range of checks were carried out including accidents and falls, infection prevention and control and medicines management. These checks were monitored and regularly reviewed by the registered manager. This helped ensure the service complied with legislation, guidelines and best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spent time with people and aimed to give them choice wherever possible. The registered manager spent time regularly with each person who lived at the service to seek their views and opinions. The chef spoke with people every day to check their views and preferences about food and their dining experience.
- Relatives felt well informed and said the communication from the service was good. When relatives had not been able to visit their family members during the pandemic, staff had supported people to keep in touch regularly.
- Staff felt able to raise concerns or make suggestions to the management team at any time and told us action was taken where possible. Staff meetings took place, and minutes from the most recent meeting showed matters such as staffing, infection prevention and control and the needs of people living at the service had been discussed.

Continuous learning and improving care

- The registered manager had regular contact with other similar services in the local area. This enabled them to share challenges, best practice and learning across services.
- The service had received many compliments and thank you cards from people and their relatives. One read, "[Name] was treated with kindness and respect and counted many of you as friends." Another family had sent a card stating, "Thank you for all you did for [Name]. The care and attention was excellent".

Working in partnership with others

- Staff worked alongside health and social care professionals to ensure people received safe and effective care. For example, there was regular contact with GPs and tissue viability nurses when required. Due to restrictions during the pandemic, there had not been many physical visits taking place, but remote consultations were available.
- Other health professionals, such as dentists, speech and language therapists provided specialist support as required.