

Unity Homes Limited

# Highgrove House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Highgrove House is a residential care home providing personal care to up to 43 people. The service supports older people and people who may be living with dementia or a physical disability. At the time of the inspection there were 40 people living at the home.

The home is set over 2 floors and has communal areas available for people to use. Visitors can access the garden and car parking.

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

We have made a recommendation about the management of some medicines. People were kept safe, and looked after by enough staff that knew people well. A relative said, "[My relative] is well looked after, the carers are brilliant." Risks to people's health, and environmental risks were assessed and monitored. The home was clean and comfortable. The registered manager monitored incidents to make sure any lessons were learned to improve outcomes for people.

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.

People were supported by staff that received good levels of induction and training and people's needs were assessed holistically. People spoke positively about the food and were supported to eat and drink healthily. People's wider healthcare needs were met by external agencies when required.

We found a positive culture at Highgrove House and improvements had been made regarding the governance of the service. Staff kept in touch with people and their relatives, and relatives spoke highly of the support given. One relative said, "They ring me up straight away if anything happens, they are very caring."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 June 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service on 28 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they 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, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highgrove House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our well-led findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Highgrove House

## 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 Health and Social Care Act 2008.

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 undertaken by an inspector 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

Highgrove House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highgrove House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During the inspection we spoke with 3 people that used the service and 7 relatives. We spoke with 10 members of staff including the registered manager and care staff.

We looked at a range of records including 3 sets of care plans and risk assessments, medicine records, and health and safety documents. We looked at 3 staff recruitment records, audits, rotas and policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was a maintenance manager who checked the environment regularly and arranged necessary improvements or changes. Nurse call bells were now in place in people's bedrooms however the call bells had been removed from the communal area. The registered manager immediately retrieved these.
- People were protected from the risk of fire. We checked health and safety records and found that necessary checks and certificates had been made and were in date.
- The registered manager assessed risks to people's health and wellbeing, and these were reviewed regularly.

### Using medicines safely

At our last inspection the provider failed to effectively implement systems to assess and monitor the safe use of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Some improvement was still required regarding the recording of some medicines.

- Staff recorded when they added thickener to people's drinks, however, did not always record the amount added.

We recommend the provider consider current guidance about the recording of thickener added to people's drinks.

- Staff signed medicine records to show that people were supported to take their medicines as prescribed, and recorded when topical creams were being applied.
- Staff had access to guidance about medicines which were prescribed 'as and when required'.

- The registered manager regularly completed medicines audits and checked staff competencies.
- The registered manager arranged medicines training for staff, and this was in date.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a thorough safeguarding policy which was in date.
- The registered manager provided training to staff, and this was up to date. Staff could describe what actions they would take if they had safeguarding concerns.
- A relative told us, "It is a very safe environment for [my relative] to be in."

#### Staffing and recruitment

- People were supported by enough staff that had been recruited safely.
- The registered manager made the necessary safety checks including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe with less reliance on agency staff. The provider recently completed a recruitment initiative to increase the numbers of permanent staff.
- Relatives commented there was good continuity and consistency of staff. A relative said, "I have confidence in the staff, and they are well trained."

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visiting in line with guidance.

#### Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- There was an incident recording process and the registered manager reviewed incidents to analyse any themes.
- Any lessons learnt were shared with staff to improve practice.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider failed to seek consent and assess people's mental capacity to make specific decisions. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Records we checked showed that people's mental capacity had been assessed for specific decisions, including the decision to administer medicine covertly. Covert medicine is usually given without the person's knowledge, for example disguised in food or drink. This was an improvement following the last inspection.
- The registered manager made DoLS applications where required and monitored these.
- The registered manager arranged MCA training, and this was up to date.

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

- People's needs were assessed before they moved to the home and the registered manager included

relatives to put together care plans and risk assessments.

- The registered manager regularly reviewed people's care and support needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had the right training, skills and experience.
- The registered manager provided inductions and appropriate training, and staff were encouraged to complete further training.
- Staff told us they completed training and felt they were equipped with the right knowledge and skills to do their job.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink to maintain a balanced diet.
- Staff had good knowledge about people's dietary requirements and the registered manager reviewed people's needs regularly.
- Staff referred people to dieticians to make sure they received the right care and support.
- One relative said, "There are a lot of food options", another said, "The food is excellent, the cook is excellent and provides wonderful food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies and supported people to live healthy lives and access further support.
- The registered manager worked alongside other professionals to make sure people's healthcare needs were met. This included GPs, social workers and other health care agencies.
- Staff had good knowledge about people's wider medical and health needs and care plans contained relevant information.
- People were supported to access their healthcare appointments and access local amenities to support their mental wellbeing.

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

- The home had a comfortable feel and people were encouraged to personalise their bedrooms.
- The communal areas were bright and lively and had a welcoming atmosphere.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We saw that governance systems had been improved following the last inspection. There was a schedule of audits which the registered manager monitored and used to improve the service. Improvements had been made in environmental safety checks, medicine management records and assessing people's mental capacity.
- The registered manager had a good understanding of risk and reviewed risk assessments regularly.
- The registered manager made statutory notifications to the relevant bodies when required to do so.
- The registered manager monitored performance and made spot checks to the service.

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

- People benefitted from being supported by staff that enjoyed their jobs and we observed positive relationships between staff and people that used the service.
- Relatives spoke highly of the service and felt that people achieved good outcomes.
- A relative said, "I see the manager and can chat", and another said, "I see the manager regularly and there are a lot of things going on."

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 was aware of their responsibilities regarding the duty of candour.
- Staff kept people and relatives up to date regarding any issues or concerns. One relative told us, "They let me know right away if anything happens."

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

characteristics

- The registered manager engaged well with people, their relatives and staff.
- People and their relatives received weekly newsletters and we saw evidence of residents' meetings and satisfaction questionnaires.
- Relatives were invited to fill in questionnaires, however most relatives we spoke to said they had not filled in any surveys.
- The registered manager commenced wellbeing meetings for staff.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning to improve care and worked in partnership well with others.
- The registered manager was involved in local forums and received updates relating to care.
- The service had links with the local community such as schools, the church and shops, to support people's wellbeing.