



Inspection Report on

Highgrove Residential Home

**Highgrove
Hawthorn Rise
Haverfordwest
SA61 2BA**

Date Inspection Completed

27/01/2022

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About Highgrove Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Highgrove Residential Care Ltd
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service which partially achieves the Active Offer. Some staff are able to communicate in Welsh but signage and documents are only available in English at present.

Summary

People who have made Highgrove their home are cared for in a comfortable; clean and well maintained property.

They are safe and the environment is reasonably homely; calm and well-organised.

The Responsible Individual (RI) is also the manager. They are supported by a deputy manager. Both are experienced; professional and share the values for the home. They have a good knowledge of people living and working in the home.

The staff are motivated, professional and committed to providing high quality care. One told us *"Their needs are always put first"* and another said *"I love it – the people I work with and care for"*. This commitment to person centred care was corroborated by our observations which were friendly and relaxed.

People are able to things that are important to them to help make their days meaningful.

Well-being

People are safe and protected from abuse and harm. Staff know the action they must take if they suspect a person is at risk. They have confidence the manager and their deputy will take the appropriate measures to report any concerns, and also take the steps necessary to safeguard people.

Access to, and exit from the home is controlled by staff, which ensures only those with a legitimate reason for being in the home are allowed in. Care workers are proud of the way Covid has been managed in the home to safeguard people. All staff wear the appropriate PPE (personal protective equipment) and visitors are required to show evidence of a current negative lateral flow test (LFT).

People enjoy good relationships with those who care for them. One care worker described their relationship with their colleagues and those they care for as *"like family"*. We saw some friendly, relaxed and professional interactions which showed us a rapport has been built between those living and working in the home.

One person was complimentary about the efforts made by the staff, in particular the activities co-ordinator to try and involve and motivate people.

Staff have a good knowledge of people; their likes and dislikes and what is important to them. Staff are motivated to provide people with good quality care regardless of their area of work, for example, the laundry worker recognises their important role in helping to enhance people's well-being and remains motivated in their job

People have some control over their day-to-day lives. They choose when to go to bed and when to get up. There is a choice of meals and people are encouraged to take part in activities.

Care and Support

Care plans and daily records are held as paper documents. Care workers told us they find the records helpful and have time to read them. We found care plans and risk assessments are detailed. Most have a document called "My care at a glance". This contains information about a range of areas including where the person's needs are greatest; the person's background; what staff must do to maintain the person's safety and how they communicate.

We saw care records are reviewed and weight charts, where applicable, are maintained. Daily entries are person centred.

People's physical health needs are met. Referrals are made to specialists as necessary and we saw people who are cared for in bed have pressure area care. Care workers say there are enough pressure relieving mattresses and cushions and we saw repositioning charts are completed. Care workers know how to recognise signs of skin damage and also know how to report any concerns. Care workers are up to date with Moving & Handling training and they told us they have the equipment they need.

There is an understanding of the importance of good nutrition. The kitchen has maintained its maximum rating of five from the Food Standards Agency. The kitchen is well equipped and we were told everything is in good working order. Fresh food is delivered from local suppliers and there is little reliance on processed food.

People have a choice of meal and catering staff have a good knowledge of people's likes and dislikes. On the day of the inspection, one person was known not to like what was on the menu so the chef prepared a suitable alternative.

One person described the food as "good" but another said it was "iffy". All of the staff consider the food to be of a very high standard describing it as "great" and "lovely".

The cupboards are well stocked and food is available outside of meal times.

Birthdays and other special events are celebrated and a cake had been made for one person who was celebrating a birthday.

The lunch time meal appeared appetising and the portion sizes appropriate. Lunch appeared a sociable time with most people eating their meal in the dining room. Some people require assistance and care workers told us they have enough time to assist people. We have asked the provider to make sure the language used is person centred when describing people who need assistance.

People are able to do some things which matter to them. An activities co-ordinator is employed and care workers are very positive about their contribution to people's care describing them as "*Brilliant. Always looking for things for people to do*". Time is spent with people receiving care in bed, either reading to them or just holding their hand. A number of people were engaged in a group activity, making bird feeders and people were clearly enjoying themselves.

Environment

People live in a home which is suitable for their needs. It is well maintained, comfortable and clean. Bedrooms are on the ground and first floor and there is a lift for people to move between floors.

There is a small and a large lounge and a dining room for people to relax in.

Furnishings are in good condition and the home is generally well decorated. There is an ongoing programme of maintenance and refurbishment and the carpets are due to be replaced imminently. This will enhance the environment and make it easier for staff to keep the area clean and also for staff using wheelchairs and other aids.

Some people have personalised their bedrooms with photographs, ornaments and soft furnishings.

There is a visiting pod outside which is also used for meetings.

The housekeeping and laundry staff are well thought of by their colleagues and everyone we spoke with is satisfied with the standards of cleanliness throughout the home.

People are safe from anyone unauthorised from entering the home as visitors are required to be allowed entry by a member of staff. Visitors are also required to provide evidence of a current lateral flow test (LFT) to reduce the risk of Covid 19 being taken into the home.

Equipment and services are maintained. Certificates are available to show hoists and beds are serviced. The service of the fire alarm system is overdue but this is because of the pandemic. Weekly checks are made of the emergency lighting and fire-fighting appliances.

Leadership and Management

The manager attends the home most days and much of the day-to-day running of the house is carried out by the deputy manager, who feels well supported in their role. Both the manager and the deputy have a good knowledge of people living and working in the home. They share the values of the home in respect of person centred care.

People and those caring for them find the manager and deputy supportive and they are able to speak to them about any ideas or concerns they may have. One care worker described the deputy manager as *“on the ball, really good”*. Another spoke about the support they have to maintain a good work-life balance. The deputy manager, in turn, is very positive about the staff team, describing them as *“Fab... amazing”*.

There are some effective governance arrangements to monitor quality. Reports are available which shows the views of people; their relatives; staff and other professionals have been sought. Responses received are all positive.

There are enough staff on duty. Care workers told us they are not rushed and care takes as long as necessary. They feel they work well as a team and can rely on each other. We saw care workers were busy but the atmosphere was calm. Call bells were answered in a timely way. The hours worked are monitored by the manager and deputy to ensure no one works excessively.

People are complimentary about those caring for them. One described the staff as *“fantastic”* and another said they are *“lovely”*. One person told us they like to have *“have a joke”* with the staff.

Care workers feel they have the training necessary to enable them to effectively carry out their duties. The training matrix shows most staff are up to date but there are some gaps where training is yet to be completed or is overdue. Most care workers are up to date with Moving and Handling training and they say they are not asked to carry out any duties they do not feel either safe or competent to do. Certificates are available in staff files and these do not always correspond with the training matrix which should be updated to provide an accurate record of the training done by staff.

Staff are appointed following a safe recruitment process. There is evidence of references from previous employers as well as safety checks (DBS). Photographic identification was available in the files we looked at and records show supervision is largely carried out every three months as set out in the regulations. Care workers told us they find supervision helpful and say they get balanced feedback about their work. Records show staff get this feedback as the supervisor in one instance recorded *“great bonds formed with the residents. W is really excelling in their role”*.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

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