

Hawthorne Care Limited

# Highbury 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Highbury Residential Home is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection.

Highbury Residential Home accommodates up to 27 people in one adapted building. People had their own bedroom with en-suite toilet and sink.

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

People were not always kept safe and did not always receive medicines in line with best practice and protocol guidance. Despite concerns with medicine management people and relatives told us they felt safe.

Staff were not trained in the Mental Capacity Act (MCA). People's movements were restricted by staff and were placing people under levels of restriction that were unnecessary and disproportionate. Assessments were in place to identify people's risks, but they were not consistently person-centred.

The culture within the service was not always caring and people's needs were not always met. However, people and their relatives said staff were very caring.

Staff knew people well, but care plans were not always person-centred. End of life care was provided by staff who were passionate about ensuring people had a dignified and pain free death, as well as caring for and supporting relatives.

The introduction of a new manager had improved staff morale. However, governance systems and processes failed to identify and address concerns. Opportunities for learning were missed.

People were supported to have choice and control of their lives, but staff did not always support them in the least restrictive way possible and in their best interests. Staff had not always received training to ensure people were supported in this way. Policies and systems in the service did not always support this practice.

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

The last rating for this service was Good (published 8 September 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see all sections of this full

report.

You can see what action we have asked the provider to take at the end of this full report.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> .	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> .	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> .	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> .	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> .	<b>Requires Improvement</b> ●

# Highbury 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 (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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Highbury 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 Registered Manager had de-registered on 03 February 2020. From this date the service did not have a manager registered with the Care Quality Commission. This meant the provider was legally responsible for how the service was run and for the quality of the care provided. A manager had been recently appointed and told us they intended to register with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. Information was gathered from the local authority prior to inspection. We also contacted Healthwatch for information.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight staff members including the manager, deputy manager, two senior care workers, three care workers and the cook. We also spoke with three professionals who were visiting the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We reviewed three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

After the inspection

We liaised with the provider to seek clarity on evidence found. We reviewed certificates for fire safety and legionella testing.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant 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.

### Using medicines safely

- Processes were not consistently followed to ensure safe and appropriate administration of medicines. Medicines Administration Record (MAR) sheets were not reliably completed.
- Some people needed to take their medicines 'as required'. Staff did not always follow guidance for administration. Staff did not always record why people needed medicine on an 'as required' basis. People may have been at risk of being administered medicines that were not required.
- Some people needed their medicines to be given hidden in food. The service had not sought advice from people's GP or pharmacist regarding how to administer the medicine safely. This meant staff were not aware whether there were any foods or drinks that could not be given with prescribed medicines. There was a risk that people could have experienced adverse side effects or medicine may have become ineffective.
- There was no visual guidance in place to instruct staff where to apply creams and lotions.
- Risk assessments highlighting dangers associated with flammable paraffin-based creams were not in place.
- Medicines audits were not completed. This meant the provider was not able to identify any medicines errors and implement systems and processes to reduce any risks.

Medicines systems and processes were not effective or safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received medicines training. Senior staff told us they had received training and competency checks. Staff were observed administering medicines to people from a locked medicine trolley.

The manager was responsive and addressed some concerns during the inspection, and the following day.

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

- People told us their relatives were safe. One person said, "We can go to bed at night knowing that [person] is safe." Staff were aware of how to safeguard people and would "Alert the manager" if they were concerned.
- Staff were aware of whistleblowing procedures. They told us they were confident to whistle blow if management did not respond to poor practice. A whistleblowing policy was in place which staff could access.

### Assessing risk, safety monitoring and management

- People's risks were identified and assessed, but not in always in a person-centred way. Risk assessments did consistently reflect individual need. For example, some risk assessments had the same mistake printed on them which made them appear to be copied from one person to another.
- Care plans and risk assessments were stored in filing cabinets in the main office. Daily notes were kept in a locked cabinet so staff could access them as required.
- Environmental checks were regularly undertaken; however, we identified an area of exposed piping that was very hot to touch. This put people at risk of being scalded.
- Call bells and pressure mats were used to improve safety of residents. One person spent time in their bedroom in the day and used the call bell to seek support when needed. This promoted the person's wellbeing and independence.

#### Staffing and recruitment

- People were supported by a consistent staffing team. Staff told us they knew their working pattern in advance.
- Relatives told us there were enough staff. Staff reported current levels as being adequate.
- Recruitment processes were in place. Staff records were viewed which indicated staff had been recruited safely.

#### Preventing and controlling infection

- The premises were clean and hygienic. Cleaning staff worked every day to maintain the cleanliness of the service. One disused bath and one disused shower in communal bathrooms were not kept clean. The bath and shower were stained with marks and dirt. We were told the bathrooms were not used however one bathroom door was unlocked and the toilets were freshly cleaned during inspection.

Environments where care and treatment were delivered were not always maintained and clean. This was a breach of a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management were shown the bathrooms where all areas needed to be cleaned.

- Staff followed infection prevention and control protocols. Staff used personal protective equipment (PPE) such as gloves and aprons when delivering personal care. PPE and hand sanitiser were situated at many stations around the service.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns with management. An incident policy was in place but there was no evidence of a robust recording and review process to identify or share lessons learnt.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's movements were restricted. Some people who were seated had tables and mobility equipment in front of them which restricted their movements. We also observed a person being told to sit down when they wanted to get up.

- Staff had received MCA training, but only 4 out of sixteen care staff were up to date with training. This meant not all staff had received refresher training of the MCA and people's movements were restricted unnecessarily.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the manager sent us documentation showing that staff had received MCA training between April 2018 and June 2019. 12 staff however were overdue refresher training. The manager said MCA refresher training would be provided to all staff.

The manager advised that MCA training would be delivered to staff. The provider must ensure this training takes place without delay to ensure people using the service are not subject to any unlawful restrictions on their movement.

- Some MCA assessments and best interest decisions were in place. DoLS applications were made and a register of authorisations was in place.

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

- People's physical, emotional and social needs were assessed. Pre-admission assessments informed care plans but did not consistently incorporate people's life histories and experiences.
- Staff were knowledgeable about people. Staff adapted their approach based on individual need.

Staff support: induction, training, skills and experience

- Staff did not always have the skills and abilities required to undertake their role. For example, they had not all received refresher training about the MCA.
- Staff told us they had received training relevant to their roles, but at the time of inspection there was no evidence of any training records to corroborate this. Since inspection the manager has sent us a training matrix which evidences that staff have not consistently received refresher training relevant to their roles.
- Staff told us they received an induction when starting work. A staff member told us, "I feel trained to do my job."
- A training matrix was not in place at the time of inspection, and staff could not recall training completed.
- Supervision and appraisals were not consistently offered to staff. Some staff had received supervision, but others had not.

At the time of inspection there was no evidence staff had received all the relevant training required for their roles. This may have placed people at risk of harm. This was a breach of regulation 18 (Staff skill and training) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since inspection the manager has provided a training matrix which evidences that while staff have received training, refresher training has not been completed. The manager was responsive and advised that a new training provider had been approached. They told us they had planned supervision with all staff.

- Staff worked well together as part of a team. A staff member told us, "We have a fabulous team, we are very supportive of each other."

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

- People told us "The food is lovely." People ate together in the dining room but could choose to eat in other areas. Staff assisted people needing help with eating and were flexible to their needs. People were able to ask for alternative meals to the daily menu, and drinks were available throughout the day.
- The cook was knowledgeable about people's dietary needs. The cook was able to identify people on particular diets or those with allergies and catered accordingly for this.
- People's weight was monitored, and nutritional risk assessments were completed to ensure relevant advice from health professionals was sought as required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with outside agencies to provide effective and timely care. Visiting health care professionals told us, "[Staff] are responsive to people's health problems, and act on advice given." A relative told us, "Staff are reactive to [person's] needs and health."
- Staff worked to provide consistent care. Staff appropriately shared information with health professionals and completed hospital passports for people. These documents provided key information that could be

shared with hospital staff if people ever needed to be admitted.

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

- Signage was displayed on bathroom and toilet doors to help people orientate themselves around the service.
- The manager told us there were plans to redecorate and declutter the communal areas to make the environment more suitable for people living with Dementia.
- People were able to decorate their bedrooms. People had personalised their bedrooms with photographs and items that were important to them. Each bedroom door replicated a front door with a number, letter box and door knocker. This assisted people to locate their bedrooms.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services. Staff made timely referrals to health care professionals as and when people's needs changed. A visiting healthcare professional told us, "Staff are responsive to people's problems."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The culture in the home wasn't always caring. Staff did not always respond in a timely manner to people's needs. We saw staff telling two people they could not be taken to the bathroom while other tasks such as paperwork were completed. One person was observed becoming distressed when their request to use the bathroom was denied. This had significant negative impact upon the person's wellbeing and dignity.

Due to training and knowledge not being maintained people were experiencing unnecessary and disproportionate restraint. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Interactions between people and staff were positive. A relative told us staff were, "Very caring, I could not wish for better care."
- People felt there was a friendly home like atmosphere. Relatives told us the service was more like a "Guest house" than a residential service.
- Staff told us people's differences and diverse needs were respected and met. People were supported to attend religious services and a faith leader visited to conduct a monthly service to those who wanted to partake.

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

- People were offered choice and were supported to make decisions. People's cognitive ability varied but staff continued to offer choice. One staff member told us "I always offer different choices at breakfast, even though [person] has the same option every day."
- Relatives were involved in people's care. Staff kept in touch with relatives and shared relevant information with them. A relative told us, "The home communicates with me and tells me how [person] is, we work closely together."
- Advocates visited the home to ensure people's voices were heard. Advocates are independent individuals who support people to share their views when it is difficult for them to do so.

Respecting and promoting people's privacy, dignity and independence

- Staff worked to promote independence. Staff encouraged people to complete tasks they were able to and offered assisted when needed. A relative told us staff, "Work with [person] to help find their routine."
- Staff respected people's privacy and dignity. Staff told us they carried out personal care with dignity and talked through how they would deliver personal care in a respectful way.

- Interactions between staff and people were warm. A relative told us, "[Person] is always laughing." Key workers were assigned to everyone where people could raise concerns or discuss changes, they wanted which was empowering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always personalised. Some care plans had information that appeared to have been copied from one person's record to another. Some care plans had been completed on paperwork that had other people's names written on them.
- Daily logs evidenced care was task orientated rather than person centred. Staff recorded what support people had received rather than people's presentation or response. The manager knew quality of the daily logs were poor and had created an example of good practice which had been shared with staff.
- Staff knew people's histories and preferences because of consistency within the staff team. A relative told us, "Staff know [Name] well enough. They [staff] all chat and have a laugh with [person]." Staff knew people well, but this information was not consistently reflected in people's care plans.
- Families were involved in people's care. Some people were not able to engage in assessment processes due to health reasons, and families were involved in these stages. Relatives felt staff communicated well and listened to ways to support people. A relative told us "I know the tactics, I know [person] and the staff use them." This improved the quality of care that people received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was not consistently provided in an accessible format. Some assessments were in pictorial form, but the majority were not. The manager was aware this practice was not predominant and planned to establish use of accessible information formats.
- Staff were observed to consider people's level of understanding when communicating. Some people had limited communication and staff adapted their approach to involve them and improve levels of understanding.
- People were provided with information which helped to orientate them. A notice board was updated daily with time specific information, and photographs of staff were displayed in the dining room. A more detailed notice board was available for relatives to access.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were arranged for people. There were long periods of time however where there were no activities, and people were not engaged in meaningful activities.

- Relatives were encouraged to bring their pet dogs in when visiting. One relative told us they brought their dog twice a week. People were observed reacting to the dog, and the joy and happiness people experienced was very visible.
- People's birthdays were celebrated. Parties were held with birthday cakes and photographs from the day were displayed for people to see and enjoy. Important occasions events were celebrated throughout the year.
- Relatives and friends were encouraged and welcomed to visit people. There were quiet lounges and separate seating areas for people to have private visits from their relatives. People also had access to a secure garden with suitable access for those with mobility needs
- Relatives told us that parties took place at key times in the year and they were invited to attend.

#### Improving care quality in response to complaints or concerns

- People told us that they had not raised any complaints, but they could if needed. A complaints policy was displayed but there was no evidence of a complaints log or audit. The manager was aware of this and planned to improve how complaints were reviewed.

#### End of life care and support

- Not all people had funeral plans and end of life wishes recorded. The manager planned to review this for all the people in the service.
- Policies and processes were in place to support people at the end of their lives. The service worked collaboratively with relevant health care professionals to ensure people had a dignified and comfortable death.
- Families received ongoing support from staff following the passing of their relatives. Relatives were encouraged to speak to staff and were invited to celebrations the service held. The deputy manager told us, "Staff are amazing. I pride myself in our end of life care".
- At the time of inspection no-one was receiving end of life care.

# 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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not have a registered manager. However, a new manager was in post and had begun the process of registering with CQC.
- Governance processes were not followed. Policies and procedures were in place but had not been followed.
- Quality assurance systems and processes failed to identify; a lack of current MCA training, an absence of MAR audits, an absence of medicine protocols, an absence of staff supervision and appraisals, an absence of incident logs and an absence of complaint logs.

People were at risk of harm as systems and processes were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they felt supported by the provider and that there were resources available to provide staff and people with what they needed.
- Staff felt supported by the new manager. They told us the manager listened to them and was approachable.
- Staff understood their roles and the management structure. Staff told us they reported to the management team and shared concerns and information with them.

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

- The culture within the service was not always person-centred. Staff were not aware their actions impacted negatively upon people's wellbeing. A failure in training, governance and leadership impacted negatively upon staff potential to improve people's quality of life.
- Staff felt a significant change to morale and culture occurred with the introduction of the new manager. A staff member told us, "Morale is much better under the new manager."
- Management listened to staff ideas. Staff were encouraged to share ideas and help shape the service. Staff told us the new manager listened to suggestions which impacted positively on the team.
- Staff described positive team working. A staff member said, "Everyone brings something different; I have never worked with such a fantastic team."

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 manager had an open-door policy with all staff and people. Staff corroborated this stating that management were approachable.
- The manager understood their responsibility in duty of candour, and was aware that incidents such as abuse, serious injuries and deaths needed to be notified to the Care Quality Commission (CQC).

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

- Team meetings and meetings for people were held. Staff and people had an opportunity to share ideas and raise concerns with the manager. Quality assurance surveys had been completed by staff, but the new manager had not been able to collate results.

Continuous learning and improving care

- There was no evidence of continuous learning or improvement to care. The manager was aware of the importance of developing these areas and had plans to improve the delivery of support and care.

Working in partnership with others

- Staff worked collaboratively with health care professionals. Staff were in regular contact with the GP and community nurses to provide appropriate care to people. Visiting health professionals told us, "Staff listen to advice and we work together."

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were exposed to the risk of harm as care and treatment was not always provided in a safe way. Regulation 12(1).
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were exposed to practice that was disproportionately restrictive and impacted negatively upon their wellbeing. Regulation 13(1).
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People were exposed to risks from areas that were not always maintained and cleaned. Regulation 15 (1).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People were exposed to risk of harm due to very poor governance and lack of oversight of the service. Regulation 17(1).

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People were exposed to risk of harm due to staff not receiving all training relevant to their roles.

Regulation 18(1).