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Highbury House Care 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 25 April and 3 May 2016 and was unannounced.

At the last inspection in October 2015 the registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and was rated as 'Inadequate'.

During the last inspection, we found multiple breaches of legal requirements. This was in relation to safeguarding people from unsafe care, abuse and improper treatment, dignity and respect; premises and equipment; infection control; staff recruitment; staffing; record keeping; consent and capacity; governance of the home and notifications to the Care Quality Commission (CQC).

As a result of our findings the service was placed in 'special measures' by CQC. This report only covers our findings in relation to the latest inspection. You can read the report from our last inspections in October 2015, by selecting the 'all reports' link for Highbury House on our website at: [www.cqc.org.uk](http://www.cqc.org.uk).

During this inspection on 25 April and 03 May 2016, we found the provider had made improvements and was meeting the fundamental standards inspected with the exception of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

During this inspection the service had demonstrated improvements and is no longer rated as inadequate for any of the five key questions. As a result of the improvements made, the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in future inspections.

Highbury House is located in South Shore, Blackpool. The home is registered to accommodate up to 28 people who require assistance with personal care. The property is a large detached house with accommodation over two floors. There is a passenger lift for ease of access and the home is wheelchair accessible. The majority of the bedrooms are single occupancy and en-suite. There are private parking facilities at the front of the building and garden areas at the rear. During this inspection there were 24 people living at Highbury House.

There was not a registered manager in place. The previous registered manager left the service after the last inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A new manager had been appointed in February 2016. She was in the process of applying to be registered with CQC.

People told us they felt safe at Highbury House. Procedures were in place and risk assessments completed to reduce the risks of abuse and unsafe care. However recruitment and selection practices were not always carried out safely which put people at risk of being cared for by unsuitable staff.

People said there were enough staff to support them well and give them help when they wanted this. Staff had been trained and had the skills and knowledge to provide support to people they cared for. They received regular support and supervision from senior staff.

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. People were given their medicines as prescribed and they were stored safely.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. The environment was well maintained, clean and hygienic. There were no unpleasant odours. People told us the home was much cleaner than previously.

We saw the manager and management team had improved the care provided to people in the home, particularly people living with dementia.

Most of the people we spoke with were positive about the meals but three people felt there was a lack of choice. We observed staff interaction and support given to people during the lunchtime meal. Only two staff were on hand to serve meals, assist people with their lunch and try to calm one person exhibiting behaviour that challenged.

People we spoke with told us staff were caring and helpful. They told us they were treated with respect and valued. We saw staff behaving in a respectful way.

We looked at activities to encourage people to interact and socialise. We saw steps had been taken to develop activities, although these were still limited. We asked what people did during the day. One person said "word search/puzzles, I like reading." Another person told us "Sometimes my [relative] takes me shopping, otherwise just sitting here watching the traffic."

We recommended the registered provider continued to develop suitable person-centred activities within the service and in the community.

People said they knew how to complain. However four relatives told us complaints were not always resolved to their satisfaction. They said they found it difficult to get answers to concerns and did not get a positive response if they expressed concerns.

We recommended the registered provider and management team developed a responsive and reflective complaints practice.

People told us the manager was approachable and supportive and listened to their views. Although undated we saw that surveys were sent to people who lived at the home, relatives and staff.

The manager showed us the quality assurance audits the management team had completed. We saw a number of improvements had been made as a result of these. However we needed to see these were

established to be confident the service was well-led.

## 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 consistently safe.

People told us they felt safe living at the home but suitable arrangements were not in place to ensure safe recruitment practices were followed.

We reviewed medication administration and practices at the home and saw appropriate arrangements were in place for storing, recording and monitoring people's medicines.

Staffing levels were sufficient to meet the needs of people and staff were appropriately deployed to provide safe care.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves.

People were offered a variety of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

**Good** ●

### Is the service caring?

The service was caring

People we spoke with told us that staff were kind and caring. They told us they were happy and satisfied with the care and support they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

**Good** ●

Staff took into account people's individual needs when supporting them.

### **Is the service responsive?**

The service was not consistently responsive

Staff had started to provide social activities but these were not fully established. Staff were welcoming to people's friends and relatives.

Relatives felt concerns and complaints were reacted to negatively and not always resolved to their satisfaction.

People and their relatives said staff had started to involve them in care planning.

**Requires Improvement** ●

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

Care practices and procedures were not yet established in order to be consistently well-led.

The new manager understood their role and was committed to providing a good standard of support for people in their care. However they needed to fully establish and consistently and rigorously ensure systems and quality checks were completed.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Although not all these were recorded.

People who lived in the home, their relatives and staff had started to be able to give their opinions on how the home was supporting them. People told us the provider and staff team were approachable and willing to listen to them.

**Requires Improvement** ●

# Highbury House Care Home

## Detailed findings

### Background to this 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 was planned to check 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.

This inspection took place on 25 April and 3 May 2016 and was unannounced. The inspection team consisted of two adult social care 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. The expert by experience for the inspection at Highbury House had experience of services for older people and people living with dementia.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered provider, the newly appointed manager of the home, six members of staff on duty and ten people who lived at the home. We also had contact with five relatives.

We looked at care and the medicine records of four people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

At the last inspection in October 2015, we found that care was not safe and people who had high care needs were not given enough support. We asked the provider to take action to make improvements and this action has been completed. On this inspection people said they felt safe and comfortable at Highbury House. One person said, "I feel safe here. It feels cosy and there's always someone around."

Relatives told us there had been changes 'for the better' in the home and they felt their family members were safe. People told us they were able to relax in one of the lounges or the conservatory or in their bedrooms as they wished. We saw people were relaxed and at ease with staff who interacted with people at regular intervals.

There were procedures in place to protect people from abuse and unsafe care. At the last inspection risk assessments were not always in place. Where they were completed they were not informative. At this inspection we looked at three care records and found these had risk assessments in place. This included risk assessments on people leaving the home unnoticed. These provided guidance for staff. Any accidents or incidents, complaints, concerns, whistleblowing or investigations had been discussed and evaluated for lessons learnt.

Staff were aware of how to raise a safeguarding concern and where relevant had done so. We asked staff how they would deal with unsafe care or a suspicion of abuse. They were able to tell us the steps they would take to reduce the risk for people from abuse and discrimination.

At the last inspection we asked the provider to take action to make improvements on how they supported people whose behaviour may challenge services. This action has been completed. We talked to the manager and staff about the strategies in place for managing behaviour that challenged. They said risk assessments had been completed and they had guidance to help staff provide consistent responses to behaviour that challenged.

We looked at the care records of two people who had behaviour that challenged on occasions. There was guidance on how to support people in different situations. This included how to de-escalate behaviours that challenged. We also observed staff as they dealt with verbal abuse and disruption at a mealtime. Staff remained pleasant and patient throughout, trying ways of diffusing the person's anger and also reassuring other people affected by the behaviour.

When we last inspected the home, there had been several incidents where people who were at risk if alone outside, had left the home unnoticed. Since then the provider had taken action by increasing staffing levels during the evening, when many of the incidents occurred. The provider also organised for an area part of the garden to be made secure so people could spend time outside with limited supervision. We were told people were no longer trying to leave the home as they were able to walk around the garden. Care records seen confirmed this.

At the last inspection there was a breach of regulations relating to staff recruitment. There were still issues on this inspection. We looked at the recruitment and selection procedures the provider had in place. This was to check people were supported by suitably qualified and experienced staff.

We looked at the records for four members of staff. Staff had completed an application form and an employment history. However the management team had not made the appropriate DBS checks for one member of staff. These checks were introduced to stop people who have been barred from working with vulnerable adults being able to work in such positions. The management team told us they were confused over the transferability of DBS checks. An updated online check was not made before the person started work in the home as senior staff said they did not realise this was necessary.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider has failed to operate safe and effective recruitment procedures to ensure that persons employed are of good character.

The DBS check was made immediately following the first day of the inspection. Where there were issues relating to a prospective member of staff's previous employment or past, there was no written assessments of risk or decisions made. References had not been consistently obtained before people started work or sought from their last employer or a senior person in an organisation. This was contrary to the home's recruitment procedure. These omissions reduced the safety of staff recruitment in the home.

We looked at how the home was being staffed. We talked with people who lived in the home, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. We did this to make sure there were enough staff on duty to support people throughout the day and night. At the last inspection there were not enough staff to support people and they were not deployed safely.

On this inspection there were mixed comments about staffing levels. We asked people if there were enough staff to meet their needs. One person told us, "No, because sometimes they take a long time if you want to go to the toilet, but sometimes they're quite quick." However another person disagreed, They said, "Do we have enough staff? I would say so, they cater for my needs." One relative commented "Staff numbers seem low. More staff at busy times would be good as more could be done with residents." Another relative had noticed an improvement in staffing levels. They told us, "There are enough staff now, the staff quotas have improved."

We saw there were sufficient staff on the inspection to support people who currently lived at Highbury House and give them assistance when they needed this. We observed staff meeting the needs of people. They were not rushed, except at lunchtime when supporting people and had sufficient time to support them safely. A relative told us, "They look after [my family member] and they're very caring, it's homely and friendly. The only concern is when they are short of staff."

We saw records confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

Call bells were positioned in rooms so people were able to summon help when they needed to. People told us staff assisted them whenever they needed help. One person said "It depends what the staff are doing, I have to wait, but it's not too long."

We looked at how medicines were managed. We spoke with people about the management of their medicines. They told us staff supported them with medicines well. We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. There were regular audits to monitor medication procedures. And to make sure people received their medication as prescribed.

Written guidance was in place for medicines prescribed 'when required', to help ensure consistency in their use. This provided staff with information about under what circumstances 'when necessary' (PRN) medicines were to be given. This gave staff information so they were clear about the reasons people needed to take 'when necessary' medicines.

We observed staff giving people their medicines. We saw that the member of staff gave each person their medicines, made sure they had taken them as prescribed, then signed for that person's medicines. We saw from talking to staff and checking staff training records that staff dealing with medicines had received medicines training. These measures reduced the risk of error.

On the last inspection of Highbury House we found poor cleanliness and infection control practices. On this inspection equipment and the environment was well maintained, clean and hygienic. There were no unpleasant odours and staff used personal protective equipment safely and effectively. The dining room, lounge and corridors had been redecorated as had several bedrooms. New carpets had been fitted to corridors and a lounge and new flooring in other rooms. This made the environment bright and pleasant to be in. One person said "It's clean now and well looked after." A relative said "it's getting better, it was a bit neglected at one point, but the toilet works now." Another relative commented, "Previously cleanliness was poor. There has been a good improvement in the environment in recent weeks."

## Is the service effective?

### Our findings

Most people we spoke with were satisfied with the food and drink. A relative said, "The staff asked [my family member] what they did and didn't like when they came in." Six people told us they enjoyed the meals provided. One person said "I get plenty to eat. I'm quite happy with the food." Another person told us, "The food's alright, I can't complain." However one person said, "Some things I don't like so I don't have it. They'll always make you some toast but here's no choice of meal." "During the inspection drinks were regularly provided to people. However a relative told us they were concerned about access to drinks. Another relative told us "There's no drinks in [family member's] room or the lounge, but they get a cup of tea and a biscuit between 2 and 2.30."

We saw specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. There was information about each person's likes and dislikes and staff were familiar with each person's dietary needs. There was specialist equipment and contrasting crockery to assist people with their meals. Special diets were provided and staff were aware of the people who for example were vegetarian, needed a low fat diet or fortified foods.

The dining room was very pleasant and there was music playing. We asked people what they were having for lunch and they said they didn't know. There were no menus visible to remind them. There were napkins on the tables, and salt and pepper shared between the tables.

We observed the staff interaction and support given to people during the lunchtime meal. People who had a soft diet were served first. Everyone had the same meal of sausage, creamed potatoes, carrots and green beans followed by rhubarb crumble and custard. Staff told us they informed people about alternatives. One of the inspection team ate with and chatted with people over lunch. People told us the meal was enjoyable and plentiful. One person said, "The food here is good. I enjoyed this."

There were only two staff serving lunch and at times there was only one member of staff in the dining room. This reduced the quality of the mealtime experience. The manager who was administering medicines during the meal helped some people to cut up their food. However this risked distracting her from the medicines round. One person needed the toilet part way through lunch which reduced staffing available in the dining room further. Another person was behaving in a disruptive manner. Staff dealt with this effectively but managing this behaviour took time away from other people. One person was sat on their own. They frequently put small amounts of food down the side of the foot plate of their wheelchair. This was unnoticed by staff as they were busy providing or supporting people with meals.

We recommend the provider looks at staffing deployment and care practice during mealtimes.

We saw the management team had been working on making the home more dementia friendly. They had arranged for specialist support to advise and assist with changes. They had also contacted dementia organisations for advice and information. Signs were in place to assist people in finding their way around the home. Specialist contrasting equipment to assist in orientation was in place. Staff were enthusiastic

about the changes. Activities had been developed to interest people in their environment. A variety of interesting posters, pictures and artefacts were placed on the walls of the communal areas.

Staff told us they received supervision and appraisal and felt supported by the management team. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. A member of staff said, "We have started supervision now. We talk about care and training."

People said they could see a doctor or health professional whenever necessary. They told us staff monitored any health issues and supported them to have regular health checks. Care records seen reflected this. One person told us, "Yes – I see the doctor and also an optician who visits." A health and social care professional told us that care had improved and staff listened to advice."

People told us they were confident that staff were well trained and knew what they were doing. One person said, "They seem OK to me." A member of staff told us, "There have been big changes here."

There had been concerns about the lack of staff training to assist staff with their role at the last inspection. However since then the management team had made sure the training was up to date for all staff. They told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Other training included Safeguarding vulnerable adults Mental Capacity Act and Deprivation of Liberties, dementia, fire safety, and infection control. We talked with staff and saw the training matrix which identified when training had been completed and when training needed renewing.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so.

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 were being met. The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the Mental Capacity Act and DoLS. We spoke with staff to check their understanding of these.

Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to enable staff to assess people's mental capacity and the action to take where there were concerns about their ability to make decisions for themselves.

People we spoke with told us they had the freedom they wanted to make decisions and choices. They said

staff gave sufficient time if they were being asked to make any decisions. They said staff did not restrict the things they were able, and wanted, to do.

We saw the management team had made DoLS applications for people who had restrictions placed on them for their own safety. They had also informed CQC as required about any DoLS applications that had been authorised. This showed us staff were working within the law to support people who lacked capacity to make decisions and manage risk.

## Is the service caring?

### Our findings

At the last inspection people were not always getting care that respected their privacy and dignity. On this inspection people we spoke with told us staff were caring and respectful. They said staff were supportive and caring and they felt their dignity was promoted and they were treated with respect. One person said, "The staff are very polite and talk to me in a nice way." Another person told us "They are marvellous, very good, I don't know where they get the patience." Relatives said the care had improved in recent months. One relative told us, "The staff are great, I've no complaints now."

People told us they felt staff protected their privacy and dignity by knocking on bedroom doors before entering and shutting doors when they were receiving personal care. One person said, "The staff are lovely and very respectful." Another person said, "They are never rude or sharp when I ask for something." We spent time in all communal areas of the home observing staff interactions with people. We saw good communication from staff and pleasant interactions. We saw staff talked to people in a friendly, polite manner and met people's individual needs around privacy and dignity.

There were mixed views on how quickly people's requests for help were met. One person said, "The staff come quickly when I ask for help. Although I occasionally have to wait if they are dealing with other residents." Another person told us, "It depends how busy they are but they always try." Two relatives said they had seen people had to wait a long time for assistance to use the toilet. However on the inspection we saw staff responded to requests for assistance quickly and sensitively.

We observed staff talking with people as they went about their duties. People were relaxed with staff. One person said, "The staff listen to me and chat to me." Another person told us, "They chat a bit but not as long as you have chatted to me." A relative said staff spent time talking with people. They told us "They do. Especially in an evening."

People told us the things they liked about the home. One person said, "I'm not on my own and it's quite comfortable here" another person told us, "One's left on one's own to please one's self." Relatives comments included, "It's easy to come and go and it's homely." And "The friendliness and the homeliness."

There was Information about independent advocates available if people required their guidance and support. One person had an advocate involved with them to assist with making decisions. This meant they could be represented by someone independent of the home to act on their behalf if needed.

Links with and support from health and social care services were in place. We had responses from external agencies including the local authority contracts and commissioning team and health care professionals. Comments received from other professionals suggested that the service was improving and staff team listening to ideas for improving and developing the service. These responses helped us to gain a balanced overview of what people who lived at Highbury House experienced.

## Is the service responsive?

### Our findings

At the last inspection people were not always getting care that was flexible and responsive. We asked the provider to take action to make improvements and this action has been completed. On this inspection people we spoke with told us staff were responsive to their needs.

People told us the staff were quick to assist them when they needed help. There was a pleasant atmosphere when we inspected with good staff interactions. Staff were more in evidence than at the last inspection. We saw them assist people and involved in activities. We saw staff laughing and chatting with people. They had also increased the social and leisure choices they offered.

People were given more opportunities to develop and follow the routines they wanted. We saw people had started to have increased choices about the time they rose in the morning, the food they would like, and when to retire at night. One person said, "I get up when I want at about 8 and I go to bed between 9.30 and 10.30." Another person told us, "The staff come and check on me then let me lie in bed, I can have breakfast in bed." One relative told us "[My family member] does have choices. I've come at times and they are still having breakfast, having chosen to stay in bed later." However another relative said "sometimes [my family member] might think they are under pressure to go to bed. They don't like to go too early."

People visiting the home said they could visit their family member or friend whenever they wanted. They told us there was a relaxed atmosphere and they always felt welcome. We asked people if there were restrictions on times family and friends could visit. People told us they could visit at any time. One person said, "When they want I think. My family pop in when they're passing." Another person told us, "My family can just turn up whenever they want." All the relatives told us they could visit when they wanted.

We had been concerned at the last inspection over the limited and infrequent social and leisure activities available. On this inspection we saw that social and leisure activities were being developed, although still limited. We saw a member of staff offering to put nail polish on people's nails. We also saw that a trip had been arranged for the day after the inspection.

There was a new activities coordinator who worked in the home two afternoons a week as well as more staff on an evening shift. We were told by one person, "Not much goes on, although things are starting up now." Another person said "I watch TV. There is entertainment now and again about '2ish' every so many weeks." A member of staff told us, "The increase in staff and help with activities means we can spend more time with people." Staff told us there were activities including board games, bingo, arts and crafts, pamper sessions and music sessions. However people told us these were only recent and not every day.

We asked people how they spent their time during the day, People felt although some leisure activities had started they were still few and far between. One person told us "The television goes on and we have to choose a programme." Another person said "Sometimes I go walks, (inside) I read the paper, I don't do anything else." Others said "Nothing." One person told us they would like to do more, adding, "I miss having something to do like hoovering or dusting."

Relatives told us and stated in the recent surveys they had completed for the home that there were none or few social and leisure activities available. Adding they would like more frequent activities to be provided. One relative said "They've just started with activities, but it's not got going properly." Another relative commented, "We feel there is not enough done to stimulate residents. We get the impression they are just doing very little. [The staff] need to break the mundane cycle for them." Other relatives told us there had been a quiz on the Queen's birthday, colouring activities and sometimes a sing song. A relative expressed concerns over the frequency of loud and confrontational talk shows being on in the lounge. They felt less argumentative programmes and more old films and music would be more enjoyable for people.

We talked about the coach trip planned for the following day. We asked people if they went out often. Several people said they went out with their relatives or friends but not with staff. One person said "I go out across the road." Another person said "No, but I haven't wanted to." However another person told us, "They don't like you to go out for a walk, and I don't think they've got the time to go out with you." Relatives made similar comments, One relative told us "She's not been out lately." Another relative said, "I know of only two excursions in two years."

We recommend the registered provider continues to develop suitable person-centred activities within the service and in the community.

The manager told us care plans and risk assessments were completed soon after admission with the person and their relatives, if appropriate. We looked at the care records of four people we chose following our discussions and observations. At the last inspection important information and guidance relating to individuals care needs was missing or inadequate. On this inspection information was in place to assist with providing personalised care. Each person had a care plan in place that gave details of their care needs, likes and dislikes. Risk assessments including nutrition, falls and pressure area management had been completed. These were informative. Where people had behaviour that challenged, guidance was in place to assist in de-escalating behaviour and providing consistent management and support. They were regularly reviewed and amended as people's needs changed. A member of staff told us, "The care plans are better, more detailed and updated." Another member of staff said, "They are more informative, with more on MCA, best interests and risk assessments. It helps me to provide care for each person properly."

People said they and their relatives had started to become involved in care planning. One person said "They [the staff] have been talking to me about what things I want to do." A relative told us the manager had discussed their family members care with them and made spoke with them whenever they visited.

Everyone we spoke with said they knew how to complain, One person said "I'd tell the one that's handy." Another person said "If it was nasty, I'd speak to one of the staff." However relatives told us the complaints were not always resolved to their satisfaction. They said they found it difficult to get answers to concerns and did not get a positive response if they expressed concerns.

Three relatives of people in the home had complained to CQC about care at Highbury House. They and another relative said they had spoken with the registered provider. They told us they had a poor response when they spoke with them or with previous managers. The registered provider and new manager said this was not the case and they had not received any complaints until informed of the concerns during the inspection. However relatives clearly perceived an unwillingness to hear and act on complaints. The manager sent us information about the complaints after the inspection.

We recommend the registered provider and management team develop a responsive and reflective complaints practice that reacts to complaints as an opportunity to learn and develop.

# Is the service well-led?

## Our findings

At the last inspection in October 2015 there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since then the registered manager had left the home and a new manager and management team had been appointed. The manager had started the process of applying to become registered with CQC.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they were comfortable with approaching the staff team over any queries or concerns. They said the staff team were approachable, caring and supportive. People knew there was a new manager. Comments included "The new manager is very nice." And "She is lovely." One person told us, "I'm not sure who it is, but somebody will come and ask if you're alright." Relatives told us the manager spoke with them regularly. One relative told us, "I see her every time I come in." Another relative said the manager asked them how things were when they visited.

We saw since the last inspection the registered provider, management team and staff, had taken action on the issues raised at that inspection. Some actions were recently implemented and still needed to be embedded in practice to make sure they were consistently carried out. This included social and leisure activities, seeking views of people who lived in the home, relatives and staff and quality monitoring.

When we inspected in October 2015 the management team had a system for monitoring the quality of the service but this was not completed regularly or effectively. On this inspection action had been taken to improve this. The new manager had started carrying out quality audits in a way that identified any issues. We looked at the audits and noted action plans had been devised to address any issues. These included health and safety audits and audits of care, records, medication, infection control, incidents and accidents. The registered provider met with the manager frequently to discuss care in the home. However they still did not formally monitor how the home was running or record their expectations of the service.

Staff said the new management team supported staff and encouraged them to improve care. A member of staff said, "They have really encouraged us to look at how we care for people and involved us in the changes. It is much better." Another member of staff told us, "There has been a massive change. It is much better, well organised, everyone has noticed it."

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had started to develop a new more effective way of working. We found staff had clear lines of responsibility and accountability. They told us the new manager was approachable and they were encouraged to discuss any aspect of their role.

Since our last inspection the manager had started to seek the views of people who lived in the home, their relatives, staff and other professionals. People told us that there were occasional meetings. One person said, "They do have meetings, we are able to say what we think." Another person told us, "No I don't think so, but there is one soon." We saw a residents meeting was planned for shortly after the inspection.

We also asked relatives if there were meetings for relatives. Two relatives said they didn't know if there were any. One relative told us, "They do, I've been to them the last one was about three months ago. I can't say if there have been any changes" [as a result of the meetings]. Another relative said "There was a relatives meeting in December, things were beginning to get a bit better by then."

The manager told us surveys asking for people's views had been handed out. She also showed us the returned surveys. Although undated, comments identified the surveys as being recent. Residents and relatives told us they had received surveys, although one relative said this was not recently. Comments were mainly positive about the way the home had improved. These included, "It was good to meet the new manager who was approachable. Previously communication was scant if at all." Another relative told us, "The atmosphere has changed for the better."

Staff meetings and formal staff supervision had commenced. This kept staff informed of any developments or changes. Staff told us their views were considered and responded to.

We saw the service had worked in partnership with other organisations to make sure they were following current practice. For example the manager had actively engaged with support from Blackpool Council to ensure best practice was achieved for people living with dementia.

It was positive that these actions to lead and support had started. However they needed to be consistently and rigorously completed to ensure the service is well-led. The manager told us they were waiting for their application to become registered manager to be processed. They said they would establish a consistent quality assurance and support and have regular meetings with all those involved in the home.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider has failed to operate safe and effective recruitment procedures to ensure that persons employed are of good character and have the qualifications, skills and experience needed for the role.  19(1)(a)(b) 19(2)(a)(b)