

Accomplish Group Limited

Highbridge Court

Inspection report

25 Berrow Road
Burnham On Sea
Somerset
TA8 2EY

Tel: 01278785796
Website: www.accomplish-group.co.uk






Date of inspection visit:
21 September 2021
24 September 2021

Date of publication:
08 November 2021

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Highbridge Court is a care home providing accommodation and personal care for up to nine people with mental health needs. At the time of the inspection, eight people were living there. Each person has a self-contained flat with their own cooking and en-suite facilities. There is a communal space with a kitchen, dining and lounge area. There is a secure, accessible garden area with seating and plants.

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

Notifications had not always been submitted to the Care Quality Commission as required. Some shortfalls were identified in medicines administration and some areas of infection control. Audits were completed but not had always identified these areas.

Permanent staffing levels were low at the service. However, measures were being taken to improve this and ensure consistency for people. A service improvement plan was in place and regularly reviewed with the provider.

People were individually supported in their goals and aspirations by caring staff. People's healthcare needs were monitored and support was given around food and drink. People enjoyed their living space.

There was an open culture. People and staff were positive about how the service was led and managed. People were listened to and involved in making decisions about how they spent their time and the service. People's choices were respected.

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

Rating at last inspection and update

The last rating for this service was good (published 17 December 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Highbridge Court

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 conducted by one inspector and a member of the medicines team on the first day. The second day was completed by one inspector.

Service and service type

Highbridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last 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.

During the inspection

We spoke with five people and five staff members which included the registered manager. We reviewed a

range of records. This included two people's care records and five medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, infection prevention and control systems and audits were reviewed.

After the inspection

We continued to seek clarification with the provider around training, meetings and notifications. We spoke to two relatives by telephone.

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 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

- Systems were in place to manage medicines. Temperatures of medicine storage areas were monitored. However, the minimum and maximum temperatures were not recorded, in line with best practice guidance.
- Medicine Administration Records (MAR) were not always fully completed. When a variable dose had been prescribed, the dose given at administration was not always recorded. When the service produced their own MAR a second check was not always conducted to ensure the transcribing had been completed accurately, which is good practice.
- Protocols for, 'as required' medicines were not always in place. Protocols guide staff in when an as required medicine may be appropriate and how people would communicate it is required.
- People were supported to self-administer their medicines. Risk assessments were in place to identify that people were safe to do so.
- Medicines were stored securely and arrangements were in place to ensure medicine which was time specific was administered correctly.

Staffing and recruitment

- The registered manager and provider were open about the staffing challenges and shortages at the service, which had been ongoing through the COVID-19 pandemic.
- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider. However, this was made up of a high proportion of agency staff. Consistent agency staff were used to provide stability. People and staff told us how low permanent staff numbers impacted on them. One person said, "We have a lot of agency staff. All the staffing changes have been really hard." They went on to describe how it took time for staff to get to know them and for positive relationships to develop.
- There was a potential risk to people due to the minimal amount of permanent staff trained in medicine administration. This meant staff covered additional shifts to ensure a suitably trained staff member was on duty. The provider had operational plans in place to reduce this risk and establish a fuller team of medicines trained staff.
- Observations carried out during the inspection showed staff knew people well and responded to people's emotional and physical needs.
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks and checks on previous employment.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. We observed staff not always

wearing a face mask in line with guidance. Some areas did not have foot operated bins which reduce the risk of cross contamination.

- Laundry systems were not ensuring a safe flow of dirty and clean laundry in line with current guidance. This was also identified at the previous inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach in relation to refresher training on face mask wearing and the safe flow of laundry.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received regular training in safeguarding adults and knew how to identify and report any safeguarding concerns. Staff told us the procedures they would follow. One staff member said, "I am observant. I pass on any concern [to the registered manager]."
- The registered manager reported concerns to the local authority when appropriate. Actions were taken to in response to identified concerns.

Assessing risk, safety monitoring and management

- People were safe living at the service. One person said, "I like living at Highbridge Court."
- Individual risks had been identified for people. For example, safely accessing the community, health conditions and lifestyle choices. The service worked in partnership with people to help them manage risks and develop strategies to support themselves.
- Regular checks on the environment and equipment were conducted. This included areas such as fire safety, gas, electrical, water and vehicles.
- Personal emergency evacuation plans were in place to support people to safety in an unforeseen situation. An on-call system was in place for out of hours support.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Reports considered the antecedents to an incident and reflected on what could be done to prevent reoccurrence.
- Staff were involved in discussing incidents to ensure lessons were learnt. One staff member said, "We are involved as a team,"

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 remained the same. 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 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.

- The service had made DoLS applications as required. A DoLS tracker was being introduced to monitor people's DoLS status and ensure re applications were submitted promptly.
- People's capacity had been assessed in relation to specific decisions, and best interest decisions were made in partnership with relevant professionals and family members.

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

- People's protected characteristics under the Equality Act 2010 were identified and respected. This included people's wishes in relation to their culture, religion, sexuality and gender of support of staff.
- Staff were clear people made choices for themselves. We observed people being offered choices and explanations given of how different choices may turn out. For example, around medicines, food and appointments.

Staff support: induction, training, skills and experience

- Staff received an induction to orientate them to the service when they first started. One staff member said, "Yes I had an induction."
- Staff received regularly training and supervision with a senior staff member. One staff member said, "I have supervision." Supervision is a dedicated time with a senior staff member to discuss performance and

development.

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

- People were supported to develop their skills and independence around food and drink. One person said, "Staff help me cook."
- Staff worked with people to promote and develop healthier choices in their diet. People were supported with menu planning, shopping and food preparation. A person said, "I like someone to go shopping with me and I can cook for myself."

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

- People's rooms were individualised to reflect their preferences. For example, one person had chosen to have their room decorated in the colours of their favourite football team. Another person described their room, "It is a beautiful flat."
- Adaptions were made to people's living space to support people's needs. Such as mobility aids and suitable flooring.
- The service had developed their outdoor space. This enabled people to engage in activities including watering the plants and basketball. It also provided a pleasant place for people to sit and socialise.

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

- The service proactively supported people with their health care needs. The registered manager ensured people's health care was regularly reviewed and appropriate support was in place.
- Care plans directed staff on how to support people with their individual healthcare needs. One person explained how they were working with the support of the service in better managing a healthcare condition.
- People wishes in relation to their healthcare needs were respected. Staff explained the choices available to help people make decisions about their health. Records were kept of people's appointments and people were supported to attend these.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind, caring and committed. People spoke positively about staff who worked at the service. A relative said, "Staff are brilliant, there's nothing they don't know."
- Staff worked to ensure a positive atmosphere was maintained in the home.
- People were supported to pursue their individual interests and maintain relationships of their choice.

Respecting and promoting people's privacy, dignity and independence

- Care plans promoted people's independence, this was a key aim of the service. Care plans showed where people required assistance and what that support should look like. One person said, "I get a fair bit of support but not every day." A relative said, "Staff have definitely helped [Name of person] to be more independent."
- People's privacy was maintained. Staff knocked on people's doors and waited to be invited in. Staff gave people space and time when they needed it. One person said, "I have staff with me when I want."
- Staff were observed at the inspection speaking to people with respect.

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

- People's care plans reflected their views and opinions of how they would like care and support to be received. Agreements were made in conjunction with people. A relative said, "[Name of person] is happy and seems to get the support they need."
- The service had received one compliment in the last 12 months, praising how the staff had supported their relative when they had accidentally hurt themselves.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans gave an overview of people's history, and preferences. Care plans showed people's goals and aspirations. A relative said, "[Staff] support everything [Name of person] likes."
- Details were given around potential triggers and strategies in place to positively support people.

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

- People told us they chose how they spent their time. For example, shopping, education courses, and dog walking. People went out with their friends and family when they wished.
- One person showed us the activity board and said there were communal meals, a quiz night and a disco.
- People told us how it had been difficult with activities and community services being closed through the COVID-19 pandemic. One person said, "My mental health really dipped in Covid."

Improving care quality in response to complaints or concerns

- Two complaints had been received in the last 12 months. The service followed their complaints procedure to investigate and take action. A relative said, "Yes, I would definitely be listened to if I had an issue or a complaint."
- People had access to the complaint's procedures, which was in an accessible format. People told us they felt comfortable raising any concerns. One person said, "I do feel listened to."

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 shown in different communication formats in care files, displays and on noticeboards. For example, in easy read, pictorial and large print formats.

End of life care and support

- There was no one at the service who required end of life support. People could include their wishes and preferences in their care plan if they chose. We discussed with the registered manager how to further develop this information.

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

- All registered services must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. We use this information to monitor the service and to check how events have been managed.
- Notifications were not always submitted as required. We found several police incidents and safeguarding concerns and one serious injury which had not been reported.

The failure to submit notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Audits were conducted regularly by the provider. These monitored areas such as training, health and safety and infection control. Audits had not identified some of the issues found at this inspection such as the submission of notifications and medicine shortfalls.
- The service had an improvement action plan in place. This was regularly reviewed and monitored with the provider.
- The provider had displayed their CQC assessment rating at the service and on their website.
- People, staff and relatives spoke positively about the new registered manager at the service. One person said, "I do get on well with [Name of registered manager]." Another person said, "[name of registered manager] is a good manager." A staff member said, "Brilliant, best management I have ever had." A relative said, "I've spoken to the registered manager on many occasions. They are brilliant and absolutely lovely."

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

- Despite the staffing challenges there was a positive staff culture and outlook. Staff said the new registered manager had brought things together. One staff member said, "I am positive that staffing will improve, it's been a long time coming." Another staff member said, "The [registered manager's] door is always open, they are always there to listen."
- The staff team worked well together to support people to achieve good outcomes. One staff member said, "Everyone works together, the staff culture is good, it is open and people can say their opinions." Another staff member said, "We are a close team, we have to be. It wouldn't work else." One person told us, "It has given me a good start being here at Highbridge Court."

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

- The registered manager understood their responsibilities under the duty of candour legislation to ensure they were open and honest when something had gone wrong. A relative said, "They always inform me."

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

- People engaged in regular meetings to discuss topics of their choice and agree systems in the house. For example, in recent meetings the laundry, trips out, cooking and noise levels were discussed. A staff member said, "Meetings give people a voice. We do a separate meeting if people can't attend."
- Systems were in place to communicate information within the staff team. This included handovers both written and verbal, team meetings and 'read and sign'. This was how important information was highlighted to staff to make them aware of any changes.

Continuous learning and improving care; Working in partnership with others

- The service worked in conjunction with other health and social care professionals, families and the police.
- Regular staff meetings were held to reflect and learn. Areas were agreed for consistency and development.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured all notifications were submitted as required.