

Flintvale Limited

Highbury Nursing Home

Inspection report

199-203 Alcester Road
Moseley
Birmingham
West Midlands
B13 8PX

Tel: 01214424885






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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?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Highbury Nursing Home is a care home providing personal and nursing care to 38 people aged 65 and over some of whom are living with dementia. At the time of inspection 34 people lived at the service. The accommodation is organised into three floors with communal areas on the ground floor.

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

Risks were not consistently reviewed following incidents. Whilst safeguarding referrals were usually made to an external body we found one instance when this had not occurred. Staff had been recruited safely and there were enough staff to meet people's needs. Medication was administered safely and personal protective equipment used when required.

Not all staff felt they could approach the registered manager with concerns. The provider carried out regular audits of the service, however, further improvements were required to make them more robust. People and relatives told us they felt able to raise concerns with the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff received training and worked with relevant healthcare professionals when appropriate.

Some improvement was needed to the decoration of the building and to ensure it was appropriate for people living with dementia, the registered manager told us plans were underway.

There were activities for people to take part in individually or as a group if they wished. The provider had a complaint process which people were aware of to share any concerns. End of life wishes were discussed and recorded.

Rating at last inspection

The last rating for this service was Good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 17, good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Highbury Nursing 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 team consisted of one inspector, one assistant inspector and one specialist advisor (who was a qualified nurse).

Service and service type

Highbury Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group who work with this service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with ten members of staff including the nominated individual, registered manager, nurses, carers, chef and maintenance manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Review of risks following incidents were not always completed, which meant people might not receive consistent, appropriate, safe care. For example, one person had received an injury from a piece of equipment. Although staff were aware to monitor this person when using the equipment, the risk assessment had not been reviewed and staff we spoke to about this incident were not aware it had happened.
- People were not consistently protected from the risks of poor moving and handling practices. There had been two incidents when staff had moved people without using the specialist equipment they required after a fall. Although learning had been shared from the first occasion, this had not been comprehensive enough to prevent a further occurrence.
- In some instances, people's care plans had not been updated quickly and in enough detail to show a change in need. Although there was a monthly update of people's needs, this information was not always updated on the care plan. This meant the information was not easily accessible to staff and increased the risk of inappropriate care.

We were not assured that all reasonable steps had been taken to reduce risks associated with people's care which placed people at risk of harm. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

- The service had recently appointed a member of staff to focus on compliance. They were carrying out competency checks and retraining for staff where there had been concerns raised about manual handling.
- Risks in relation to people's health conditions were monitored effectively. Records were in place and staff were aware of people's needs in relation to sore skin and malnutrition.
- Regular checks were made to the environment to ensure people were kept safe, this included checks on water temperatures and safety equipment within the home. Any issues identified were dealt with promptly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and had made referrals to the relevant Local Authority. However, we found one occasion when a person had been placed at risk of harm due to a poor moving and handling technique which they had failed to recognise as a potential safeguarding concern. Although disciplinary procedures had been followed, the service had failed to follow procedures to safeguard vulnerable adults or contacted health care professionals. When we discussed this with the registered manager they immediately informed the Local Authority.
- Staff had received training in how to keep people safe and could describe the actions they would take

when people were at risk of harm. People told us they felt safe, one person told us, "Everything is fine, I feel safe."

Staffing and recruitment

- People and relatives told us there were enough staff. One person told us, "Yes there is enough staff," and a relative said the service was, "Really well attended by staff."
- On inspection the lift was out of order and some people were being cared for in their rooms. We observed staffing levels on the three floors and saw staff were deployed to each floor in order to meet people's needs. We saw people did not wait for long periods to receive care.
- We found the registered manager had a formalised system for assessing the staffing levels required within the service. One person required two staff to support them at all times and we observed this was in place throughout the inspection.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- At the last inspection it had been identified improvements were needed to ensure the safe management of medicines. At this inspection we found improvements had been made and people were supported with their medicines safely.
- We observed staff explaining to people about their medicines and giving it to them in a kind and respectful way. Medicines were administered in a timely way and we saw Medicines Administration Records were completed without any gaps.
- Where people had medication for physical health conditions there was evidence the nurses were completing physical health observations at appropriate times.
- When people required medicines "as and when required", there was guidance in place for staff to follow to ensure these medicines were given consistently. Where people were unable to verbalise pain, there were tools in place to help nurses assess people's pain levels and respond appropriately.

Preventing and controlling infection

- The home was clean and tidy. Domestic staff were in place and a cleaning schedule was followed to ensure areas were cleaned daily.
- Staff received training in infection control. We saw staff using personal protective equipment and observed this equipment was readily available to them.

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.

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

- There were some adaptations to the premises to meet the people living with dementia, for example a sensory area with sensory equipment to provide a quiet, calm space for people to use, however this needed further improvement. We discussed this with the registered manager who advised plans were in place to improve this including having door knockers on each door, a frame for photographs and paintings to support people to identify their rooms.
- The home was clean however, the decoration on the first and second floor was tired and some furniture needed replacing. Re-decoration has taken place on the ground floor and the registered manager told us there were further plans for refurbishment of the first and second floor."

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.

- For some key decisions there were no MCA assessments or best interest decision in place for people who lacked capacity. For example, when someone used bedrails. Although a risk assessment was in place there was no capacity assessment to determine if the person could agree to this. We discussed this with the registered manager and nominated individual who agreed to put these in place.
- We found DoLS applications had been submitted to the local authority as required by law to deprive people of their liberty in order to protect their health and wellbeing.
- Staff had received training in MCA and DoLS and had a general understanding of the Act. We saw staff asking for people's consent prior to assisting them and people and relatives confirmed this happened.

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

- People and relatives were generally happy with the food provided. One person told us, "The food is alright, I choose what I want."
- Care staff we spoke with had a good understanding of people's dietary needs and personal preferences. The chef was knowledgeable about people's individual needs and how to keep them safe from any risks such as choking and specific health conditions.
- Records showed that people's food and fluid intake was recorded and monitored if people were at risk from weight loss. The Registered Manager ensured monthly reviews of people's weights were carried out and action was taken if concerns were found.

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

- The provider carried out an initial assessment of people's support needs, so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.

Staff support: induction, training, skills and experience

- New staff completed an induction and mandatory training when they first started work. They also had a period of time shadowing more experienced members of staff. One staff member told us, "I met with the manager in the first month to evaluate how comfortable I am and what I need to know more."
- Staff received on-going training to ensure they had the skills and knowledge to meet people's needs. Staff were positive about their training and confirmed they received regular supervision and team meetings.
- A member of staff had been appointed to identify any areas where staff may need further development and provide support. They were carrying out observations and competencies of staff skills in order to ensure good quality care was being delivered.

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

- People had access to visits from external healthcare professionals such as community psychiatric nurses and tissue viability nurses. Records showed that people were referred to specialist teams when required.
- The registered manager told us they had a good relationship with their GP who visited the home weekly. We saw this reflected in people's care records which meant they received a consistent service and regular monitoring.
- Staff were vigilant in monitoring people's health, such as checking people's bowel movements, weight and skin when required. Staff ensure oral care was attended to and oral hygiene plans were in place.

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 now 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 told us staff were kind and caring. One person said, "The staff are so wonderful, so sweet." Another told us, "Everyone is so nice working here."
- Staff recognised when people were becoming anxious and needed support. A staff member spent time talking and supporting a person who was showing signs of distress. The person became settled and was able to tell the staff member what they wanted.
- People's wishes in relation to their religion were respected. Two different church groups visited the home to give services for people to join.
- We saw relatives and visitors where welcomed to the home and people were encouraged to maintain relationships.
- People's diversity needs were respected. There was a diverse staff group and some staff spoke different languages which supported communication with people in the service who also spoke those languages.

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

- Relatives told us they were involved in care planning and reviews. One relative told us, "Yes I have been invited to reviews when specialists come to see [person]."
- People were asked to make choices about everyday life such as what they wanted to eat and what they wanted to do. We observed one person asked for specific music to be played in their room another person was asked about what activities they wanted to do.
- 'Residents' meetings' were held regularly for people to discuss the service and express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. We observed staff speaking discreetly to people when they needed support to go to the toilet.
- People were supported to maintain their independence. A member of staff said, "We support a person to wash giving them the flannel. We always try to get people involved."

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 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; 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

- Staff were aware of people's likes and preferences. Staff told us about a person who liked to be busy and engaged with tasks such as folding clothes. A relative told us, "Staff know people well."
- Care plans included information about how people liked their care to be delivered, for example what was important to support people to have a restful night's sleep.
- The service employed staff to provide activities to all people. One staff told us, "We look at using different senses, smelly card games, hand and foot massages and reading people books to keep their minds active." We observed staff supporting people in their bedrooms to take part in painting and craft activities.
- People also took part in activities outside of the service. One person attended a day centre, and a monthly pub trip was also available to people.
- Each person had an activity sheet stating the activities they had carried out. A staff member told us this was so they could monitor what activities people were doing and ensure everyone was supported. Activities included quizzes, bingo, knitting, singers and dancers.

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.

- People's communication needs were assessed. Staff used a board and pen to communicate with one person to give information to them in a way they could understand.
- There were picture boards in place to show which activities were being carried out and the menu for the week.

Improving care quality in response to complaints or concerns

- People told us when they had raised a complaint, this had been listened to and resolved. One person told us, "They sorted it all out, no problems since then," and another person said, "Yes, everything is alright now."
- The provider had a complaints process in place, so people could share their views. Information on how to raise a complaint was displayed in the reception area.
- We found a record of complaints was kept showing the actions taken to resolve the issue. Sampled records showed concerns had been looked into comprehensively and where needed action taken to improve care.

End of life care and support

- People and their relatives were asked about people's individual wishes regarding end of life care and this was recorded in their care plans.
- Staff received training on end of life care. Where appropriate end of life plans were reviewed with the GP and medicines were in place to ensure people were pain free and comfortable.

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

- Some improvements were needed to the systems in place to assess and monitor the quality and safety of the service provided to people. Current systems had not identified issues we found regarding areas of risk management and updating care plans in response to changes in need.
- Systems and processes in place to protect people from potential abuse were not consistent. Although we saw evidence of appropriate referrals we identified one incident where the provider did not identify a potential safeguarding or report to the relevant safeguarding agency.
- There was no adequate plan in place to ensure people could be cared for in a safe way in the event of the lift not working. The lift had broken down and the lack of an appropriate plan in place meant the way people had been supported to move upstairs to their bedrooms had increased the risk of unsafe care.
- Systems to ensure safe moving and handling were inconsistent.
- Governance systems had not addressed the environment was not sufficiently adapted to support the provision of high-quality care. The individual needs of people living with dementia had not always been considered. For example, there was limited signage and pictures to help people orientate themselves.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We asked six staff about the change in the Registered Manager. Five staff expressed concerns, with some staff saying they felt unable to approach them at times. We raised this with the registered manager who took this on board and advised they had been covering more than one role until recently which had an impact.
- People and relatives felt able to raise concerns. One person told us, "I would go to them [staff] if I have a problem or something I want to say," a relative told us, "I raised a complaint, registered manager took it up and there was an internal enquiry."

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 : Continuous learning and improving care

- The registered manager told us they had put systems in place to encourage staff to take responsibility for their work for example, a night care folder to improve efficiency of the night staff and reflective practices

exercises when errors were made.

- The service had recently employed a person to look at quality and improve standards. They had completed training to enable them to train staff on manual handling techniques and carried out competency checks to raise standards in this area.
- The provider had displayed their last inspection rating as required.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The service had links with the local community and were looking to develop this further. Religious groups came in to deliver services and fundraising events including the community had been held.
- 'Resident's meetings' took place where decisions were encouraged on what food and activities could be provided.
- Staff meetings took place regularly where training was discussed and current issues within the service.

Working in partnership with others

- The service worked in partnership with community psychiatric nurses, social workers and other health care professionals and relatives to ensure people were getting the care they needed.

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
Treatment of disease, disorder or injury	The provider had not taken all reasonable steps to reduce risks associated with people's care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems in place to monitor the quality and safety of the service were inconsistent.