Achieve Together Limited

Highbury House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Highbury House is a residential care home providing personal care to up to 11 people across three separate buildings. Each building has its own communal areas and kitchen facilities. The service provides support to autistic people and people living with learning disabilities. At the time of our inspection there were 10 people using the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People were not always supported to have maximum choice and control of their lives and staff did not always support 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.

Right Support
The service did not always support people to be as independent as they could and to set goals to achieve positive outcomes. The manager told us they intended to put systems in place that would place more focus on promoting people's independence. Staff supported people to participate in activities in the home and in the local community, but this was sometimes limited due to staffing levels. People were able to personalise their rooms, but some areas of the home required refurbishment. The provider told us this work had now been agreed and this would be addressed. Staff supported people to access health specialists when needed.

Right Care
People were not always encouraged to take positive risks. This had been identified by the manager who told us they would be reviewing all documentation to ensure it was up to date and not overly restrictive. Staff understood how to protect people from abuse. Staff respected people's privacy and treated them with dignity. Staff were kind to people and treated them with empathy.

Right Culture
People did not always receive care that empowered them as there was not always a person-centred culture at the home. People's care was not always reviewed to ensure their current needs were being met. Systems in place were not always effective in checking the quality of the service provided to people. The manager told us they were new to post but intended to review all systems in place to ensure effective checks on the quality of the service were in place and improvements made where needed. People were supported by a high number of agency staff, but steps had been made to improve the continuity of staff. The provider told

us they were finding it difficult to recruit permanent staff in the local area but recruitment was ongoing and pay had been increased to give an incentive to permanent staff. Staff knew and understood people well.

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

Rating at last inspection
This service was registered with us on 27 July 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 25 July 2019.

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels and governance at the home. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified breaches in relation to the governance of the home at this inspection.

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

Follow up
We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our safe findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our safe findings below.

Highbury House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Highbury House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highbury House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager overseeing the home had been in post for around eight weeks at the time of the inspection. Since the inspection, they have applied to register with CQC.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 23 June 2022 and ended on 28 June 2022. We visited the location's service on 23 June and 28 June 2022 and undertook telephone calls to relatives on 24 June 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people living at the home and three relatives. We also spoke with the regional manager, manager, deputy manager and four staff members.

We looked at four people's care records and reviewed three people's medicine administration records (MARs). We also viewed three staff files, health files and additional recruitment documentation stored electronically.

We asked the manager to send us further evidence regarding audits, infection prevention and control and an updated care plan following the inspection. We also asked the manager to review the actions identified by the fire safety risk assessment action plan and confirm if they had been addressed. The manager sent us evidence that most actions had been addressed and provided an action plan and timescale for the outstanding actions to be addressed. We contacted the fire service who assured us the outstanding actions were regarding maintenance and did not place people at risk of immediate harm.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Risk was not always managed in the least restrictive way. For example, one person's independence had been restricted when a fridge had been immediately moved into the office to prevent them overeating. The manager had already identified this as overly restrictive prior to the inspection and moved the fridge containing a smaller amount of food into an area the person could access independently during the inspection.
- Thorough risk assessments were in place which guided staff how to manage and mitigate risk to people. These had been reviewed but up to date documents were not always printed off and stored in people's paper files. For example, positive behaviour support plans in people's care files had not been updated and still guided staff to use a type of behaviour management training that the home no longer used in practice. Following the inspection, the manager assured us all care files had been reviewed and up to date documentation had been printed off to ensure that up to date guidance to staff was in place.
- Staff knew how to manage risks to people and were knowledgeable about the new behaviour management training method being used at the home despite people's documentation in their care files not always being up to date.

Staffing and recruitment; Learning lessons when things go wrong

- Staffing levels were not always sufficient to meet people's holistic needs. One person had complex needs and required the support of two skilled staff members who knew them well to access certain amenities in the local community. This meant that where permanent staffing levels were low and there were a high number of inexperienced agency staff on shift, the person was not always able to access certain amenities in the local community.
- Staff rotas did not always ensure there were a sufficient number of drivers on shift to enable people to participate in activities of their choice at a time of their choice.
- Staffing levels were not always sufficient to ensure staff could spend time with people to regularly review their activity and meal plans and to discuss their wishes and feelings for the future.
- Where things went wrong, the circumstances were investigated. Information was reviewed by the management team and changes were implemented to reduce the risk of reoccurrence. However, on one occasion, we found staff did not adhere to this which placed a person at risk of harm. A person requiring one to one support to meet their needs had been left alone which resulted in an incident. Despite the management team putting measures in place to prevent this happening again, a similar incident occurred where the person was again left unsupervised and placed at significant risk. The provider took immediate action to implement further measures to prevent a reoccurrence.

There was not a sufficient number of suitably qualified, competent, skilled and experienced staff members deployed to meet people's needs and ensure they were not placed at risk of harm. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were supported by staff who were safely recruited. Staff were required to provide employment references and Disclosure and Barring Service (DBS) checks before they started employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
● Staff were aware of their responsibilities to raise concerns and report incidents and felt comfortable raising mistakes with the management team when needed.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe. One relative told us, "I think my relative is safe there, we haven't had any problems."
● Staff knew how to keep people safe and knew the types of abuse. One staff member told us, "Types of abuse include financial, physical and mental. If it was a support worker or team leader and I saw abuse, I'd report it to the manager. If it was a manager, I'd go above them."
● When accidents and incidents occurred, incident forms were completed by staff and body maps were completed if required. These were reviewed by the manager and safeguarding referrals were made when needed.

Using medicines safely
● Medicines were stored safely, and people received their medicines as prescribed.
● Staff completed medicines administration records (MARs) accurately.
● Where people were prescribed emergency medicines, systems in place ensured they could be administered safely outside of the home by staff who were competent in medicines administration.
● Medicines audits were completed to ensure that medicines were administered safely.

Preventing and controlling infection

● 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 using PPE effectively and safely.

● 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.

Visiting in care homes

People were visited by those who were important to them and visiting procedures were in line with current guidance. Where professionals visited, temperature checks were undertaken, and they were required to complete a COVID-19 questionnaire prior to being permitted to the home in order to keep people safe.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's holistic needs were assessed but were not always reviewed as required to ensure they were up to date. This meant the provider could not be assured that assessments reflected people's current needs so care may not have been delivered in line with their needs.
- People received limited support with setting goals that were important to them so care may not have always been provided in a way that delivered the best outcomes for people.
- People's needs related to their protected characteristics were assessed and staff supported them to meet their needs. For example, one person's support plan indicated they were religious, so staff supported them to attend a place of worship.

Adapting service, design, decoration to meet people's needs
- The communal areas were clinical in parts. For example, rooms were sparse in decoration and did not always ensure people lived in an environment that stimulated them.
- Some communal bathrooms required refurbishment but this had been identified by the manager and regional manager and steps were in place to ensure this was completed.
- People's rooms were personalised in line with their preferences. One person told us their room had been decorated how they like it.

Supporting people to eat and drink enough to maintain a balanced diet
- People were not always given genuine choice at mealtimes. One person told us, "I do not always get to pick". We observed that whilst meals were provided in line with people's likes and dislikes, people were not always asked what they would like to eat at each specific mealtime and some meal plans were rigid. The manager told us they would address this with staff to ensure people were given genuine choice.
- People were supported to eat and drink in line with their care plans. For example, where one person was at risk of choking, their food was cut up into bite sized chunks as guided in their care plan.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff were not always consistent in supporting people to make their own decisions. One relative told us, "They definitely allow my relative to make decisions where they are able to. They ask them if they want to go for a walk or watch TV or go swimming." However, we observed occasions where staff made decisions in people's best interests without giving them the opportunity to decide for themselves, such as meal choices.
● Staff had received Mental Capacity Act training and understood the principles of the MCA. One staff member told us, "It's in place to allow people to make their own decisions….if they don't have capacity, we try and make decisions in their best interests".
● Mental capacity assessments had been completed and recorded when needed. Where people lacked the capacity to make decisions, decisions were made in their best interests.
● Mental capacity assessment documentation did not always reflect the least restrictive option. For example, it was recorded that kitchen doors and cupboards were locked to prevent people gaining access. We checked this and found the Control of Substances Hazardous to Health (COSHH) cupboards were locked to manage risk to people and the kitchen door was closed but not inaccessible by people. The manager told us that mental capacity assessments would be reviewed to ensure the documentation was specific regarding which doors were to be locked and they were not overly restrictive.
● DoLS authorisations were in place when needed.

Staff support: induction, training, skills and experience
● People were supported by staff who were well trained and knowledgeable about how to meet people's needs.
● Agency staff received an induction before working at the home and knew people well.
● Where there were gaps in training records, the manager took immediate action to put plans in place for staff to complete the training they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with other agencies to ensure people received the care they needed. People had received input from healthcare professionals including chiropodists, physiotherapists and speech and language therapists (SALT).
● Staff encouraged people to maintain a healthy lifestyle. For example, where one person liked unhealthy drinks, they were encouraged to go for a walk whilst having their drink and encouraged to minimised their intake.
● Health action plans and passports were in place which gave staff clear guidance regarding how to manage people's health needs.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
- Staff did not always fully involve people in making decisions about their care. Where people had complex needs, staff did not always have sufficient and regular time to spend with them to devise and review activity plans and communicate with them regarding their goals and future wishes.

Respecting and promoting people's privacy, dignity and independence
- Staff were inconsistent with promoting people's independence. One relative told us, "They always encourage my relative to do things for themselves where they can". However, on inspection we observed that people with more complex needs were not always encouraged to manage their own care. The manager acknowledged that more could be done to promote people's independence and they would look to embed this going forward.
- People were treated with dignity and staff respected people's privacy. One staff member told us, "Staff knock first and make sure that the person's curtains and closed and doors were shut when doing personal care."

Ensuring people are well treated and supported; respecting equality and diversity
- People and relatives told us that staff treated them with kindness and empathy. One person had received bad news and their relative told us, "Staff really helped them through it. The staff were really supportive and caring."
- People's relationships with staff were positive. One relative told us, "My relative quite often has the same carer with them, they are lovely with them."
- Staff spoke with people in a respectful way.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires improvement. This meant people's needs were not always met.

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

- People's ability to engage in activities of their choice was at times restricted by whether there were a sufficient number of appropriately skilled staff available to meet their needs. For example, one person was not always able to go out to the shops at times they would like as they required two skilled and experienced staff members to support them. We discussed this with the manager who confirmed this person's hours were banked so they would still receive two to one support when staffing levels allowed. However, this care was not always delivered in a personalised way at a time the person may want it.
- People's care plans were personalised and provided clear guidance to staff regarding how to meet people's needs. Care plans reflected people's likes, dislikes and preferences and we saw people engaging in some activities that reflected their care plan preferences. However, care plans were not always reviewed at the frequency required so we could not be assured that care was being delivered in a way that met people's current needs.
- People's relatives were involved in reviewing the support people received. One relative told us, "They do phone me up when they're doing care plan reviews and ask questions."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some documentation was written in a way that people could understand. For example, care plans and the service user guide contained pictures to support people with understanding. However, this was inconsistent and easy read documentation was not always used.
- People's care plans provided detailed and personalised guidance to staff regarding how to communicate with them. This included verbal and written communication as well as alternative communication such as signs and actions.
- Staff understood how to communicate with people in line with their individual needs. Staff used visual aids and Makaton to support people's communication.

End of life care and support

- End of life support plans were in place for some people where relatives had provided input. We did not see any evidence that end of life planning had been discussed with people.

● Where relatives did not wish to engage in end of life planning, they had signed forms to confirm this. A review date had been put on the signed documents but decisions regarding end of life care had not been reviewed or revisited with relatives.

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 were supported to engage in activities they enjoyed such as going to the cinema to watch films of their choice and go to the safari park. However, they were not always able to engage in activities that involved driving as there were not always enough staff allocated to shift who could drive.

● People were supported to go on holidays and day trips chosen by them or their relatives.

Improving care quality in response to complaints or concerns

● A complaints policy was in place that provided detailed guidance as to how to complain. The manager told us they had not received any complaints.

● One relative told us, "We haven't had to make any complaints but would be confident they'd deal with it if we did. They have procedures in place to deal with complaints."

● People were comfortable in raising concerns. One person told us, "I would be happy to speak to staff if I was worried about anything".

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager overseeing the home had only been in post for eight weeks and was not yet registered with the CQC.
- Systems in place were not always effective in checking the quality of the service. For example, no checks were in place to ensure documentation in people's care files remained up to date. This meant that the provider could not be assured that staff were providing care in line with people's current needs which placed them at risk of harm.
- A fire safety risk assessment had been completed in February 2021 which had identified a number of priority actions. Audits in place failed to identify that none of the actions had been marked as complete so the provider could not be assured these actions had been addressed. We asked the manager to check this immediately following the inspection and they confirmed that some of the actions had been addressed but some remained outstanding. The manager provided an action plan and assured us these outstanding actions would be addressed.
- Systems in place to review mental capacity assessments failed to identify that some disproportionately restrictive practices had been documented such as locking all kitchen cupboards and doors to restrict access. The manager assured us these would be reviewed immediately to ensure they were not overly restrictive.
- The provider failed to ensure that maintenance actions were addressed in a timely manner. For example, the bathroom refurbishment had been outstanding for some time, but the provider had failed to take action to address it. Following the inspection, the manager told us the provider had now confirmed a date for the refurbishment.

- Systems in place to manage staff allocation did not always ensure that a sufficient number of appropriate staff were allocated to each shift. For example, there were not always enough drivers to support people to engage in activities and there were not always enough permanent staff who were able to support people on a two to one basis with more complex needs outside of the home. The management team told us they had taken steps to improve pay and conditions to aid with recruitment of permanent staff but they were finding it difficult to recruit.

Systems had not been established to adequately check the quality of the service and ensure that essential tasks had been completed and that people's needs were met. This placed people at risk of harm. This was a breach of regulation 17(1) 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

● The provider did not promote a culture in the home that was always person centred. For example, one person had a rigid meal plan that was the same each week. The manager and one staff member we spoke with identified this as not being person centred and the staff member confirmed it was not used by staff as they asked the person what they wanted each day. However, the meal plan had not been removed and was still visible to guide staff what meals to prepare. The manager confirmed this would be removed immediately.

● The provider did not promote an empowering culture that was focused upon setting goals and promoting people's independence.

● The manager had started to make positive changes to improve the culture of the home but as they were new to post, there had not been time for a positive open and empowering culture in the home to be embedded.

● Staff told us they felt supported by the new management team. One staff member told us, "The management are supportive and approachable. Even when they are not here physically, they are here for support. It's great that the management team will sit and help you."

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

● The manager understood the duty of candour. They told us it was about "being open, honest, transparent and admitting to mistakes".

● The manager gave an example of where a mistake had been made and family members had been contacted immediately to let them know. One relative told us, "If my relative has had an accident, they phone straight away and go through their protocols."

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

● Relatives told us they had been asked for feedback through completing questionnaires, but they hadn't received them for some time.

● Staff told us they had monthly staff meetings which they found useful and it gave them the opportunity to feedback regarding the service.

Continuous learning and improving care

● Where actions were identified, they were not always addressed to ensure care was improved.

● The manager had identified areas where learning was required but as they were new to post, they had not yet had the time to ensure this learning was put into practice and embedded into the home.

Working in partnership with others

● The provider shared information with other agencies and professionals regarding people's care.

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 17 HSCA RA Regulations 2014 Good governance Systems had not been established to adequately check the quality of the service and ensure that essential tasks had been completed and that people's needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not a sufficient number of suitably qualified, competent, skilled and experienced staff members deployed to meet people's needs and ensure they were not placed at risk of harm.