Precious Homes Support Limited

Highbury Gardens

Inspection report

67-69 Highbury Gardens
Ilford
Essex
IG3 8AF

Tel: 02085901555

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Highbury Gardens on 12 December 2018. This was the first inspection since the service registered with the Care Quality Commission in March 2016.

Highbury Gardens 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.

It is a care home for up to six people with learning disabilities and mental health needs. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism in the home can live as ordinary a life as any citizen. Three people were living in the home at the time of our inspection.

We have made a recommendation for the provider to look at the Accessible Information Standard (AIS) which is required to make sure people with a disability or sensory loss are given information they can understand and the communication support they need. This was because staff were not fully aware of the AIS and relatives felt communication techniques with their family members in the home could be improved.

Staff knew how to keep people safe. Risks to them were identified and there was guidance in place for staff to minimise these risks. We made a recommendation around medicine risk assessments for people because further information was required to ensure staff had sufficient guidance in them to understand possible side effects. However, medicines were administered to people safely and when needed by staff who followed the correct procedures.

There were enough staff on duty to support people. Recruitment processes were safe, which ensured that staff were suitable to work with people who needed support.

Equipment in the service was safe to use and there were procedures to control infections. People lived in an environment that was clean, safe, regularly maintained and suitable for their needs. The home was decorated in bright colours which helped to create a relaxed atmosphere. Adaptations and features were in place for people such as an outdoor hot tub and trampoline.

Accidents and incidents in the home were recorded and analysed to ensure they were minimised in the future. People were supported by staff who had received training to ensure they had the skills to support them.

People's nutritional needs were met and they were able to have meals of their choice. Staff and the management team worked with health and social care professionals, such as speech and language therapists and GPs, to ensure that people remained healthy and well.

People were supported to remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care and in the development and review of their care plans. Care plans were personalised according to each person's needs.

Staff were responsive to people's needs. People were supported by staff who knew them well. The staff were caring and treated people with respect. People's privacy and dignity were maintained.

We saw that staff supported people patiently and were attentive to their needs. People were able to engage in activities and social events that they enjoyed. They were able to provide feedback and make suggestions about what they wanted from the service.

Staff felt supported by the registered manager and told us the service was well-led and there was a positive culture. The registered manager ensured the service was monitored regularly. Audits and quality assurance checks took place weekly and the provider undertook periodic inspections of the home. People could provide feedback and make suggestions about what they wanted from the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were administered and managed safely by staff.

Risk assessments were in place to guide staff on how to support people and keep them safe.

Systems were in place to safeguard people from abuse. Staff understood their responsibility around safeguarding.

Staff were recruited safely with pre employment checks completed.

There were sufficient numbers of staff employed to in the home.

Is the service effective?

Good

The service was effective.

The provider was compliant with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported with training and received regular supervision and guidance.

People's health and nutritional needs were met and monitored.

Assessments of people's needs were carried out to identify the support they required.

Is the service caring?

Good

The service was caring. People were treated with respect.

People and relatives were able to express their views about their care.

Staff knew people well and provided care with dignity and kindness. People's confidentiality and privacy was respected.

People were supported to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

The provider ensured people's communication needs were met and understood by staff.

People received personalised care and were able to pursue their hobbies and interests.

Care plans were person centred and contained information about people's preferences.

There was a formal complaints procedure in place.

Is the service well-led?

Good

The service well led.

Quality assurance systems were in place to ensure people received the support they needed.

Staff felt supported by the management team and told us there was a positive culture.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Highbury Gardens

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 checked 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 unannounced comprehensive inspection took place on 12 December 2018. The inspection team consisted of one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection. We also spoke with commissioners to obtain their feedback about the service.

During our inspection we spent time observing care and support provided to people. We spoke with the registered manager, the deputy manager, a senior support worker, three support workers and a quality assurance manager. We spoke with two people who used the service.

After our inspection we spoke with two relatives by telephone. We looked at two people's care records and other records relating to the management of the service. This included six staff supervision and training files, accident and incident records, health and safety, quality monitoring and medicines records.

Good

Is the service safe?

Our findings

People and relatives told us the home was safe. One person said, "It is a very safe place for me. I used to be in hospital but I feel much better here. It is much safer." A relative told us, "The home is safe. My [family member] feels safe and comfortable."

There were safeguarding procedures in place. Staff had received safeguarding training and were clear about their responsibility to ensure people were protected from abuse. One member of staff said, "Abuse can be verbal or physical. I would report it straight away. If I think there are issues going on in the service and I could not speak to my manager, I would go to the authorities." Staff were aware of different types of abuse and knew what action to take if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns. Records showed that safeguarding alerts were raised by the staff and management team to ensure people remained safe. Staff also understood the whistleblowing procedure to raise concerns about the service to external organisations, such as the local authority or the police.

People were protected from the risk of financial abuse. The provider held money on behalf of people in the home, where they had legal authority to do so. Any cash was stored securely and records of people's purchase receipts and balances were held. We checked these and saw that these were accurate.

Care was planned and delivered in a way that ensured people's safety. Risks were identified and systems were put in place to minimise risk and to ensure all people were supported as safely as possible. Risks to people included the risk of choking when swallowing food, challenging behaviour, accessing sharp objects, misuse of substances such as alcohol or medicines, their mental health, possible self-harm and their personal care. Some people were subject to Community Treatment Orders (CTO), which meant that they were required to comply with certain conditions to receive rehabilitation and counselling while living in the community. Staff were mindful of this and understood the risk of people breaching their CTO. For example, one risk assessment stated, "Staff should encourage [person] in a positive way, say how far they have come and that they do not need alcohol as it makes behaviour/mood and mental state unstable. Staff must be vigilant and observe [person] for any changes in facial expressions and body language." This showed that risks to people were assessed and guidance was provided to staff on how to reduce these risks.

Medicine records for each person contained risk assessments around possible side effects and what affect they could have on a person if there was an overdose of their medicines. However, these risk assessments contained a comments section to fill in for further details and guidance where there was a known risk. The section was left blank on two people's records. This meant staff may not be given sufficient information about the risk and what action they should take, despite there being known risks around side effects and overdosing. We recommended to the management team that these sections are completed to ensure these risk assessments were more robust and detailed. The registered manager told us they would fill these sections in for each person where it was applicable.

Any accidents or incidents that had occurred in the service was recorded and action was taken to prevent

reoccurrence. We noted there were previous incidents involving a person and medicines stored in the home. The incident was reviewed and the registered manager made changes to ensure medicines were stored more securely to prevent similar incidents happening in future.

Medicines were now stored in a secure office on the first floor of the home within a locked cabinet. People received their prescribed medicines safely and at the times they needed them. One person told us, "Yes the staff help me take my medicine. I know when I need to take them so I just go and speak to the team." A staff member said, "I have been trained on medication and know how to record it and administer them." All people had Medicines Administration Records (MAR) charts in place, which contained the medicines they were prescribed, the time they needed to have them. We saw that MAR charts were up to date which were signed by staff after each dose was administered. They contained people's personal details to help identify them.

The medicines were delivered by a local pharmacist in labelled boxes and blister packs. Blister packs were colour coded to notify staff the times of the day they needed to be administered. Medicines were administered by staff who had received training. Staff were assessed on their competency to manage medicines and checks were carried out weekly by the registered manager to ensure medicines had been administered and recorded correctly. Medicines were also audited and checked by the provider's quality compliance officer who visited the home every few months. The storage, supply and disposal of any unused or expired medicines were carried out appropriately and safely. There were procedures in place for medicines that were to be administered when required (PRN), such as painkillers. Where people's medicines were reviewed or changed, we saw the appropriate documents from the person's GP, to show this was approved.

Staff had received infection control training and used protective equipment such as gloves and aprons when providing personal care. People were cared for in a safe environment. The kitchen area was clean and food was labelled and stored at the recommended temperatures. Specific food stored in the fridge such as cooked meats, raw meats and dairy products were stored in individual colour coded boxes to avoid any cross contamination. This ensured food remained safe for people to consume.

We saw records of gas, water and fire tests which confirmed that the premises was safe for people. Each person had a personal emergency evacuation plan detailing how staff were to assist them in the event of a fire or other emergency.

However, an electrical installation safety report from a professional contractor recommended that further remedial works on the electrical installations were made. After our inspection, the registered manager confirmed that an engineer had been booked to complete these repairs. This would ensure that the electrical system in the home was fully safe.

There were suitable numbers of staff on duty in the home to support people safely. A relative told us, "There is enough staff. I don't think they are understaffed." On the day of our inspection, we saw that three staff were on duty together with the deputy manager and the registered manager. Staff told us there were enough staff working in the home and that they had enough time to carry out their duties. One staff member said, "We are never short of staff. The rota is well organised and we cover each other for when one of us is out with a resident." Where people required two to one staff support, this was arranged and worked into staff rotas for the week. For example, some people were allocated two staff for certain hours during the day and we saw this in practice during our inspection.

The home had a safe recruitment procedure in place. Pre-employment checks were carried out on staff

before they commenced working in the home, such as the Disclosure and Baring Service (DBS) check, to see if a staff member has any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed DBS checks were carried out. The registered manager undertook due diligence to ensure all staff were of good character and had the necessary qualities to support people. Records of interviews with applicants, two employment references, proof of identification and a record of staff's previous employment history were available. This ensured the provider had taken steps to help ensure suitable staff were employed.

Good

Is the service effective?

Our findings

People and relatives told us they were supported by staff who were knowledgeable and trained. One person told us, "Really good. The staff know what they are doing. Very professional I'd say." Another person said, "The staff are good and they really help me. I want to do well and get better while I am here."

There was a one-week induction programme for new staff where they were required to complete an online assessment, complete mandatory training, take part in role plays and read the provider's policies and procedures. Staff told us the induction and training programme was intensive and thorough. One staff member said, "It was very helpful and I can use my learning to help other staff." Staff were encouraged to complete the Care Certificate, which is a set of 15 standards and assessments for health and social support workers. We saw these were in progress or were near completion for new staff who did not have a previous qualification in care.

Staff were provided with relevant training to enable them to meet people's needs effectively. However, a relative felt that staff would benefit from further training in supporting people with autism. The registered manager told us staff had learned and trained in autism awareness over the past six months to ensure and would receive additional training when required. Records showed that staff had received training in autism awareness and they were knowledgeable about people's individual care and support needs. Staff had received training in other key topics that included safeguarding adults, fluid and nutrition, the Mental Capacity Act and positive behaviour support. A training matrix showed that all staff's training was up to date.

Staff told us that they received supervision from the registered manager regularly and felt supported in their role. One staff member said, "It's a really nice place to work. The managers are very supportive and approachable." Records showed that staff were able to discuss any concerns they had and establish goals and targets for their personal development. Annual appraisals were scheduled and in the process of being completed.

Staff completed daily care and communication records for each person and shared information during handovers between shifts, so that all staff were aware of any issues and what actions needed to be taken. This meant staff worked together to ensure they needed to understand each person's support needs and how they could help them.

People's needs were assessed before they started to use the service. Areas of assessment included needs around their physical health, daily living skills, choices, engagement in the community and relationships. Information was obtained from other health and social care professionals and relatives. People's goals and aspirations were set out on what they wanted to achieve while living in the home so they could obtain positive outcomes.

The premises was suitable for people with mental health needs. There were communal areas for staff and people to spend time with each other. The registered manager told us they had plans to develop the service to make it more autism and learning disability friendly by refurbishing the basement and installing a sensory

room for stimulation. We saw that a space had been created for the room but work had yet to start due to recent repairs and maintenance works.

There was an outdoor hot tub area in the garden because one person enjoyed spending time there and they were supported by staff. The area was concealed so they could have privacy and it was accessible to all people in the home. The home was painted in bright colours and there were colourful notice boards in rooms and corridors which helped to create a comfortable environment for people. One person said, "It's very nice. I like my room and the decorations."

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 by the Court of Protection. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff understood the principles of the MCA and DoLS and had received training. Systems were in place to ensure that people were not unlawfully deprived of their liberty. Mental capacity and best interest assessments were carried out for people. All people living in the service were recommended to have a DoLS in place following these assessments. The registered manager had made applications to the local authority for these.

People were able to express their choices about what they wanted from their support each day. One person said, "I am free to choose what I wish to do and what I want to eat each day. It's very relaxed here." Staff supported them to make choices and one person was given two options to choose from, for example for their meals. Staff asked people's consent before they carried out tasks and people or their relatives signed consent forms on their behalf.

People aged 14 and over who have been assessed as having moderate, severe or profound learning disabilities are entitled to a free annual health check. We saw that annual health checks had been arranged for people to ensure they remained in good health. People and relatives told us they were able to see a doctor if they felt unwell. There were records of appointments with health professionals such as doctors, dieticians and dentists and the outcome of the appointment in people's care plans. The registered manager consulted people's social workers and other professionals to discuss any concerns they had about people in the home.

People were provided with a choice of suitably nutritious food and drink to ensure they maintained a healthy and balanced diet. One person told us, "Yes, I can choose my meals and I eat the food that I like. I enjoy the food. I go shopping and get the food I want to eat from the supermarket." A relative said, "My [family member] eats ok. The service is supporting [family member] them to help control their weight."

People were supported to have meals which met their cultural or religious needs, for example halal only meat. There was a separate fridge to ensure halal food did not come into contact with non- halal products. A member of staff told us, "We go shopping with [person] to buy his halal meat but we found that another resident was happy to also buy their meat from there sometimes. However, we keep their food separate from each other, just in case." The kitchen contained signs and notices with health and safety information The registered manager told us they planned to display menus more visibly in the home on a noticeboard in the dining room.

Good

Is the service caring?

Our findings

People and relatives told us staff treated them with dignity and respect and that they were caring. A person told us, "The staff are very caring. They are really good. Kind, friendly, fun. I enjoy talking to them and helping them out." One relative said, "I think they are very caring. Very friendly and welcoming."

We saw that staff supported people with kindness and spoke with them politely. Staff understood people's habits and daily routines and were patient with them. We saw that people engaged with staff and enjoyed their company. People were encouraged to do as much as they could for themselves and tended to their own personal care needs where possible. A member of staff told us, "We get on very well with our service users. We enjoy each other's company. We encourage them to be as independent as possible." Staff told us they supported people with their daily lives and a staff member said, "We know each person's routines and how they like to spend their day. Some people plan their own days and some people like to have a routine."

Care plans were detailed and described people's levels of independence with their daily living skills and what they required encouragement and prompting for, such as with dressing and cleaning themselves. For example, one person's plan said, "I am able to say what I want and know I will be listened to. My keyworker and the staff know me well. I require verbal prompting for tasks and staff must praise and encourage me." This meant people were encouraged to have freedom of expression about how they wished to be supported to help improve their wellbeing.

Staff ensured people's privacy was respected and protected. They told us they closed doors and curtains when providing personal care. Another member of staff told us about one person's routine and said, "[Person] needs to be kept safe but we make sure they get privacy such as when having a shower. We leave the bathroom door slightly open and stand outside and hand them a towel or gel so that [person] can shower as they are capable. We can help them if they need our help as we are just there near the door." This showed that people were supported by staff who understood their preferences and respected their privacy.

People's personal information was kept securely in the registered manager's office. Staff adhered to the provider's data protection policies to ensure confidential information about people was not shared outside of the home. A staff member said, "We don't share private information about people to anyone. We have respect them and their confidentiality and maintain dignity."

The registered manager knew how to access advocacy services for people to ensure their human rights and choices were protected. Staff treated people equally and as individuals, irrespective of their race, age, sexuality or gender. Any cultural and religious needs people had were identified and respected by staff. The registered manager told us that people who wished to spend some time alone without staff present were respected. They said, "One person likes to have 'private time' and they go to their room during the day for an hour and then they come back to join the staff." Staff had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity.

People were involved in developing and reviewing their care plans with their relatives. A relative told us, "I am very involved with [family member's] care. We sat down with the manager to discuss it. The staff communicate with us well." Care plans were signed by people to show they agreed with their contents and provide their consent to care. People engaged in keyworker meetings with staff to assess their current wellbeing. A keyworker is a member of staff who has a specific responsibility towards meeting a person's needs in the home and ensuring their health and wellbeing was maintained.

Good

Is the service responsive?

Our findings

People and relatives told us the home was responsive and said that they were satisfied with the care their family members received. One person said, "The staff listen to me. The manager listens as well and they know me well. They understand me and know how to help me." A relative told us, "We visit the home all the time so we know what is happening and we get updates from the staff. They phone us everyday and evening to discuss [family member's] day."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. However, the registered manager and staff were not fully aware of the AIS, although communication strategies for people were in place.

Care plans contained details of people's communication needs to help staff engage with people in the home. Staff told us they communicated with people well. They told us they were able to understand each other and used communication tools such as Makaton, which is a means of communication using signs and symbols to people who cannot communicate efficiently by speaking. One person's care plan stated, "I understand Makaton and I use pictorials and visual aids to help make my choices clear to my carers." Records showed that this was in use and staff had received training in Makaton. One staff member said, "I have learnt Makaton and we use it to communicate. We are also working with external learning disability professionals like the CCI to help with [person's] daily routines." However a relative told us, "My [family member] has autism and the staff try really hard to communicate with them but they don't always use the right words or techniques to help him understand and make choices."

We recommend the provider looks at best practice guidance on following the Accessible Information Standard and making it accessible for people with autism and learning disabilities.

Each person had a care plan which contained information about their likes, dislikes, preferences and care needs. The care plans were person centred. They were developed and discussed with the person and their relatives. A detailed profile and a history of the person was included. One person's care plan stated, "[Person] loves being out and about engaging in activities like horse riding, swimming, fun fair, using the trampoline, using the hot tub. Staff must plan activities accordingly as crowded or noisy environments can trigger challenging behaviour." Staff we spoke with told us they understood these requirements and we saw how they engaged and interacted with the person during the day. They told us they had recently supported the person to go bowling and swimming. This ensured people received a personalised service and staff responded to people's preferred routines.

We saw that care plans were reviewed each month and were updated when needed. Records of key work meetings were up to date. Changes to people's needs were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

People were encouraged to make choices and engage in activities inside or outside the home. Each person took part in activities of their choice. Activities that people enjoyed included going to the gym, walking in the park, swimming, visiting farm animals, using the trampoline, cinema trips, cycling in the forest and horse riding. Some people attended a local college to further their training and educational needs. One person said, "I plan my own things to do as I am quite independent. I love buying and collecting DVDs and watching them. I bought one today and the staff came with me."
A relative told us, "The service do try and offer stimulating activities."

Photographs, murals and artwork were on display in the home to help staff and people relax in each other's company. The murals were colourful and contained positive messages and famous quotes. Artwork included a collage of photographs of the staff team with an individual perspective of what care means to them from each staff member, demonstrating the qualities they would show in their work. This illustrated how the home used creative thinking to instil a positive and homely environment for people and staff. One person said, "It is a nice comfortable home. Lots of space to walk around and relax." A relative told us, "It is nice. We liked it when we came to view it."

There was a complaints procedure in place and an easy to read complaints procedure was displayed within the home. There had not been any complaints from people and relatives about the home since it became registered. People were supported and encouraged to raise any issues they were not happy about. We saw that there had not been any formal complaints since the service registered with the CQC. People told us they knew how to complain and one person said, "Yes I would speak to staff if I am not happy with something. I would go the manager's office too as they will always listen." A relative told us, "I would speak to [registered manager or the other manager. We did have previous issues that we had to sort out and they have mostly been resolved."

Staff told us they were aware of the complaints process. Feedback could also be obtained from people and relatives from a suggestion box to help staff respond to them positively to help improve the service. The registered manager said, "The local children's nursery had made a suggestion box for us and we put it in the foyer. Staff can nominate a colleague who has done good work and post it in the box and residents and relatives can write in their feedback and suggestions."

Good

Is the service well-led?

Our findings

People and relatives were positive about the management of the home. One person said, "[Registered manager] is brilliant. It is a good home. This is the best home I have ever stayed in. All the staff are really helpful." A relative said, "[Registered manager] is really good and cooperative. Nice and helpful. I think it's a nice home. There have been improvements in the past six months as we had concerns at first. Things are a lot better now but we had to do a lot to help the staff understand [family member] and their needs." Relatives told us they could visit the service at any time and were made to feel welcome.

Staff told us the service was well led and that the registered manager was friendly and approachable. They took part in staff meetings to discuss policies, recording keeping, training, supervision, medicines and learning from mistakes and any other issues or concerns. Records showed that all staff had read and understood the provider's policies and procedures when they started working in the home, such as data protection, health and safety and equality and diversity. This ensured staff were provided with guidance on how to support people well and respect their human rights. We noted that staff were encouraged to raise their performance and there were incentives such as Employee of the Month awards, to recognise the hard work of staff, increase their confidence and boost their morale. One staff member said, "[Registered manager] is excellent. So supportive and knowledgeable. They have lots of experience and the staff and the residents can go to her for advice and support." Another staff member said, "There is an open-door policy. The manager takes action when it is needed and supports everybody. Manager is fantastic. All the staff work well together and there is good communication."

The registered manager said, "I started in November 2017 and we had our first resident move in to the home in February 2018. So far the service has gone well and I have a really good team of staff. We have had some challenges over the past few months but we have overcome them. I am supported well and have senior staff." A new deputy manager had recently started working in the home. They told us they were being supported by the registered manager and support staff and was getting to know people in the home.

We saw that people in the home held meetings to discuss any concerns they had and to provide suggestions for activities or things they wanted to do or places they wanted to visit. People's opinions and feedback were sought through questionnaires and surveys. We looked at feedback and noted it was positive. Comments from people included, "Staff are getting to know me better and they help keep me calm" and "I am involved in decisions about my life." The registered manager told us feedback would be analysed to drive further improvements in the home.

Where shortfalls in the home were identified, the registered manager acted on them to ensure the home continuously developed to provide a good service to people. The registered manager looked at "what is working and what is not working." For example, they had looked at how to support a person make "better choices in life" because they had not made sufficient progress in this area. They found programmes to enhance the person's wellbeing and encourage them to eat more healthily, do more exercise and engage in more social activities. Boundaries were established to ensure the person complied with any conditions they required to meet as part of their CTO and that staff and the person remained safe.

There were clear management and reporting structures and there was a quality assurance system in place. The registered manager monitored the home weekly to ensure people received effective care and support. They checked the physical environment, medicines, daily care records and maintenance records. The registered manager received support from the provider organisation and attended manager meetings to discuss how the home was performing. The home was also visited by a quality compliance officer, who inspected the home quarterly. This included an inspection and audit of medicines, the environment and care records. We met the compliance officer on the day of our inspection as they had also attended to carry out an internal audit. They said, "I think there have been some positive improvements in the service since I last came. [Registered manager is doing very well." We looked at previous internal audits that had been completed by the provider and saw areas that had been identified for improvement and an action plan was developed.

We saw from previous records that medicines were not always recorded correctly by staff and they were not always following procedures. For example, not providing their signatures and a tally count of medicines. The registered manager had identified what needed improving and provided additional training to staff. Staff told us and records showed they were much clearer on how to ensure medicine recording was accurate.

The registered manager understood their responsibilities and ensured they were compliant with health and social care regulations. For example, we noted that around the home were details of the CQC's five domains that we inspect against and the Key Lines of Enquiry (KLOEs) within each domain. Records showed that these were discussed with the staff team to refresh their knowledge and prepare them for an inspection. Staff told us they found these helpful.

The provider had introduced new technology into the home and we saw that care plans and risk assessments were transferred to an electronic system. Staff updated the system by using smartphones to update daily records which automatically updated people's care plans in the system. Staff told us the new method of logging tasks, healthcare appointments and completing care plans was easy to use.

Compliments were received from visitors to the home such as social care professionals, senior managers and relatives as well as comments from staff. One comment from a speech and language professional was, "I had a great experience when visiting Highbury Gardens. I was warmly welcomed and the staff provided all the information I needed about [person's] communication. I was impressed with the visual structures in the home to help people."