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# Highbury House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Highbury House Nursing Home is a residential care home providing personal and nursing care to up to 30 people in an adapted and extended property. The service provides nursing and support to people with varying care needs over the age of 65. Some people had complex care needs, including end of life care. Other people were more independent, and some were living with memory loss. At the time of our inspection there were 24 people using the service.

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

The providers' governance and quality monitoring systems had not been effective in all areas and had not identified a number of risks and lack of accurate records. This included the safe management of medicines, environmental risks, risks related to care, emergency evacuation and infection control practice.

Systems followed had not ensured all medicines were handled safely and did not ensure people received their prescribed medicines safely and appropriately. Medicines given 'as required' did not always have guidelines in place to support staff to give these in a consistent safe way. Records did not support people's identification as photographs were not in place.

We were somewhat assured that the provider was using PPE effectively, and promoting safety through the layout and hygiene practices. This was because some staff were not wearing masks correctly, the laundry facilities and sluice rooms were not promoting good infection control practice.

Not all systems to monitor and check the safety of the environment were effective. The hot water supply was not checked in all areas and window safety was not routinely checked. The provider was unable to supply the safety certificate for the passenger lift.

The staffing arrangements allowed for people's needs to be attended to in a safe way. Feedback received confirmed staff had time to spend quality time with people. Staff were recruited safely. People were protected from the risks of harm, abuse or discrimination because staff knew how to recognise any potential abuse and knew what actions to take if they identified any concerns. Routine individual risk assessments identified health and wellbeing risks that were responded to.

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 supported this practice.

There was a positive culture in the service with a focus on team working. Feedback from staff told us they felt valued and part of a supportive team. The managers were available and accessible to staff, people and relatives. The registered manager had established an open and honest culture where staff and people felt able to share their views. The registered and deputy manager worked with families and health professionals

to provide the best care and support possible for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 14 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This enabled us to review the previous ratings. We undertook a focused inspection to include the safe and well-led key questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has remained Requires Improvement this is the second time this service has been rated Requires improvement. We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highbury House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of medicines, infection control practice, the management of some environmental risks and the effective use of governance systems in the service 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Highbury House 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Highbury House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Highbury House Nursing Home is a care home with 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. 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 looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used information gathered as part of monitoring activity that took place on 31 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two visiting relatives. Staff spoken with included three care staff, a domestic staff member, an agency registered nurse, the deputy and registered manager and the group manager.

We spent time observing people in areas throughout the service and could see the interaction between people and staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and quality audits. We contacted and received feedback from three visiting professional and three further relatives.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- Most people were prescribed 'as and when required' medicines (PRN). These included medicines to alleviate pain, constipation and alleviate anxiety and distress. Specific PRN guidelines to inform staff to ensure these medicines were given in a consistent way and in accordance with the prescription were not in place.
- Medicine records to identify people and their allergies were not complete. For example, two people did not have a photograph to identify them or a record of their allergies. This was particularly important as agency registered nurses were working in the service. On the day of our inspection visit an agency nurse who had never worked in the service was administering the medicines.
- Although regular staff employed by the service had been assessed as competent to administer medicines, there was no evidence to confirm agency registered nurses working in the service administering medicines had undertaken any assessment of their skills and knowledge relating to medicine administration.
- The registered manager immediately started to review all PRN guidelines to ensure suitable guidelines were in place, and to update medicine records to support the clear identification of people. This reduced the risks associated with medicine administration.
- People and their relatives told us they receive medicines as they wanted them, and some were supported to manage their own medicines. We saw staff administered medicines in an individual way taking account of medicines that were time specific. For example, medicines for Parkinson's that needed to be given at identified times.
- Medicines were stored and disposed of safely.

### Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. A good supply of PPE was available, and staff were trained in its use. Some staff were found to be wearing masks on their chins. This was raised with the registered manager and the group manager. They confirmed they would follow up and raise with all staff to ensure government guidelines were followed.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although infection control audits were completed, we found the laundry areas layout and facilities did not promote good infection control practice. In addition, the sluice rooms were not clean and practice within these did not promote good infection control practice for example, bins were overflowing onto the floor and commode pots were piled on top of each, some were not clean. This was

identified to the registered manager and groups manager as an area for improvement. The group manager immediately cleaned the sluice room identified to her and we were advised the local infection control nurse would be contacted for advice and guidance to improve facilities and practice.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

### Visiting in care homes

The registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

### Assessing risk, safety monitoring and management

- Although there were systems in place to monitor and review the safety of the environment, we found some areas that needed to be improved. For example, the systems to check the hot water supply did not ensure all areas were routinely checked for safety. There was no system to routinely check that the window restrictors were suitable and working effectively.
- A certificate to confirm the safety of the passenger lift was not available. These areas were identified to the registered manager and they confirmed that routine environmental checking systems had been reviewed and improved.
- Other equipment and services were checked and serviced appropriately to ensure they were in good working order. This included lifting equipment, fire safety equipment, gas and electrical equipment.
- Advice had been sought from the local fire brigade regarding fire safety and all recommendations were being actioned to support fire safety. Everyone had a personal emergency evacuation plan that considered how each person would be evacuated safely.
- Systems were in place to manage and respond to people's individual risks, including those relating to people's health and wellbeing. Routine risk assessments were completed and reviewed to identifying any developing risk. For example, risk of skin damage was assessed and monitored. Any signs that people were having difficulties in swallowing were highlighted and responded to, with referral and advice from the speech and language specialist when necessary.

The provider had not ensured the safe management of medicines, the safe management of all environmental risks and had not established thorough infection control practice throughout the service. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Learning lessons when things go wrong

- Staff recorded any incident or accident. These were reviewed and audited by the registered manager to mitigate any risk and to learn from past events. This included reporting to other agencies for further support and advice if necessary. For example, in response to increasing falls or reduced mobility.
- Relatives confirmed staff responded to risks that people may have. One told us, "She was hoisted safely, and they used sides for the bed at night to keep them safe".
- The registered manager confirmed recent concerns raised by relatives identified the need for improved communication with all relatives to ensure they feel they are included. .

#### Staffing and recruitment

- During the inspection staff were attending to people's needs in a pleasant and timely way. People told us, "The staff are lovely and available". Relatives told us, "The staff are cracking" and "The team really do work as a 'team' and offer great care and support to all the residents. The staff focus and engage with the residents and this demonstrated by the service and attention to detail they provide."
- Staff told us there were enough staff, they told us staffing had improved with further recruitment. Staffing allowed time for staff to engage with people in a meaningful way. For example, one relative told us, "Staff had time to sit with my relative, to massage her hands which was really important to her."
- The registered manager assured us staffing numbers were maintained and any shortfalls were covered with agency staff. Agency staff members used were checked by the supplying agency for their suitability and records were retained in the service to confirm these checks.
- Recent recruitment had been successful, and the registered manager confirmed they were establishing a strong team. Recruitment practices ensured checks were completed on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Systems and processes to safeguard people from the risk of abuse

- People were comfortable around staff, were pleased to see and interact with them. Staff were respectful and caring in their approach. People said they felt safe living in Highbury House Nursing Home. One person said, "The staff are all very good". Another said, "I feel safe, the home is secure, and staff are always around". Relatives were confident that people were safe. One said, "Staff are the warmest and kindest people. I can relax knowing she is so well looked after."
- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and responding appropriately. Staff told us what actions they would take if they noted or were concerned any form of abuse was taking place. They knew who and how to contact appropriately to refer any concerns on.
- The registered and deputy manager were familiar with the local safeguarding procedure.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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 registered manager worked closely with the deputy manager, however, acknowledged they had found it difficult to keep on top of all management responsibilities. For example, reviewing and updating records. She was confident the recent recruitment of a registered nurse would strengthen the management.
- The quality monitoring systems had not been effective in all areas. For example, medicine audits had not identified the need for improved records and management. Infection control audits had not addressed areas of poor practice or areas for improvement. Checks completed on records had not identified shortfalls in environmental safety checks. Risks associated to these areas had been reduced with action taken by the registered manager following the inspection visit.
- Some records and documents were not complete or accurate to clarify and reduce associated risks accurately. For example, records relating to the fire evacuation information available to the emergency service was not accurate. Records relating to risks associated to the use of bedrails were not clearly documented and regular checks on pressure relieving mattresses was not recorded. Inductions for agency staff were not recorded. These areas were addressed with updated information for emergency evacuations and a review of records associated with bed rail use and checking of equipment was completed. Agency staff induction records were established.

The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found other quality systems were in place and were being used to improve the service. For example, the groups manager completed robust and regular audits, that included mock inspections. Improvements included, improved recruitment records, systems established to review care records and staff training. Staff said training was available and supported them in their designated roles and had improved.

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

- There was a positive culture in the service with a focus on team working. The registered and deputy

manager worked closely with staff and were visible and accessible. Staff told us the management team were approachable, supportive and there was a strong team spirit. One said, "We all get on well with each other, like a family, we communicate well and often".

- Relatives and visiting professionals were also positive about the culture in the service and how this impacted on outcomes for people. For example, one relative told us, "The staff team genuinely care about each other and people, they are lovely and always do their very best".
- The provider and management team understood the importance of staff morale and had recognised the pandemic and recent staff changes had affected staff wellbeing. Staff told us they felt valued and had been thanked receiving letters, incentives, and gifts to acknowledge their commitment.

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

- Systems to support engagement with staff, people and their representatives were in place. Residents meetings were recorded and shared with those who did not attend. Records confirmed people were asked about being listened to and being able to speak to staff openly.
- Relatives meetings were also held and gave the opportunity for them to share their views and to be updated on any organisational changes and updates. One relative told us, "We have recently had a meeting where the manager and senior manager shared their aims for the future". Relatives told us communication between the staff and them was good. "They contact you whenever things change and involve you in the care delivery". Another said, "When needed the management always make time to sit and listen, and to help".
- Staff meetings were held on a regular basis and were also attended by the provider. These were used to share key messages around the service and included reminding staff of shared values. Staff valued the meetings and told us they used them to raise discussions around specific care concerns. For example, "One person was calling out, so we discussed further options to support her".

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; Working in partnership with others

- The registered and deputy manager were aware of their responsibilities including those under duty of candour. The relevant statutory notifications had been submitted to the CQC promptly.
- When accidents and incidents occurred both managers keep people and their representatives up to date with information and people's condition and actions taken in response. Relatives told us they were kept informed. One said, "In our experience, any requests or enquiries have been promptly responded to and addressed by the manager".
- The registered manager and the group manager acted in an open, honest way, looking to improve the service and outcomes for people. This was demonstrated through the positive way they responded to findings throughout the inspection process. They acted proactively to any required improvement. For example, records relating to pressure relieving equipment were introduced during the inspection visit, and an audit of all bedrails and the supporting documentation and their use was completed quickly.
- A visiting professional was positive about the way the manager and staff had worked with them during the pandemic. "They have been proactive in seeking advice and support. They contacted the health protection when they had an outbreak and followed advice given".
- The deputy and registered manager kept abreast of government guidelines on COVID-19 and continuously reviewed and developed practice accordingly. The registered manager had also sought additional advice about pregnancy and associated risks. They demonstrated a commitment to continuously learning and supporting staff and people safely through the pandemic.
- Staff worked closely with healthcare providers including the local GP surgery. The registered manager had

close links with the local hospice ensuring regular support and contact arrangements during end of life care.

- Feedback from health care professionals confirmed a positive working relationship. One said, "We have a good relationship with this home. They just pick up the phone and talk to us". Another said, "They always call when we are needed. We work with them; they are always looking to ensure people have a quality of life and work in a creative way to achieve this".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the safe management of medicines, the safe management of all environmental risks and had not established thorough infection control practice throughout the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete.</p>