

Rushcliffe Care Limited

Highbury House Nursing Home

Inspection report

Parkfield Road
Stourbridge
West Midlands
DY8 1HB

Tel: 01384354455
Website: www.rushcliffecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Highbury House Nursing Home is a care home that was providing personal and nursing care to 20 people at the time of the inspection. Care is offered to people living with learning disabilities, mental health needs, including those detained under the Mental Health Act, sensory impairments and people who misuse drugs and alcohol. Care is offered to both younger adults and older people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the local area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. Provider checks had not identified this did not always happen promptly, and the registered manager had not understood all their responsibilities to notify CQC of some important events.
- People told us they considered Highbury House Nursing Home to be their home and were positive it was managed and the care provided.
- People and staff told us they saw the registered manager often and found them approachable.
- Staff knew people's health and well-being needs well, and acted as advocates for people, which helped to ensure people's health and well-being needs were met.
- There were sufficient staff to care for people at times people wanted assistance.
- Staff understood risks to people's safety and supported them to stay as safe as possible.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- People had developed strong bonds with the staff who cared for them, and enjoyed expressing their affection for staff. People were confident to ask for assistance and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- Staff knew what was important to the people they cared for and spoke warmly about them, and ensured their rights to dignity, independence and privacy were respected.
- People made their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

- Staff ensured people had opportunities to do things which they enjoyed and which responded to their individual needs.
- The views of people and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met.
- Systems were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.
- The registered manager and provider checked the quality of the care provided and developed the service, and people's individual care, based suggestions from people and staff.
- The registered manager kept up to date with best practice developments, so they could improve the care provided further.
- We found the service met the characteristics of a "Requires Improvement" overall.

Rating at last inspection: Good. The last report for Highbury House Nursing Home was published on 24 December 2015.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: Full information about CQC's regulatory response to concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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 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.

Inspection team:

One inspector and an expert by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Highbury House Nursing Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, we reviewed:

- Information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse.
- Feedback from the local authority and professionals who work with the service.
- We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to plan our inspection.

During the inspection:

- We spent time with people in the communal areas of the home and in their rooms and we saw how staff supported the people they cared for.
- We spoke with five people who lived at the home, to gain their views about the care provided.
- We also spoke with the registered manager, seven care and senior staff and a domestic staff member.
- We reviewed a range of records. This included two people's care records and multiple medication and records, and records about safeguarding people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included systems used to check the quality of the care provided, such as residents and relatives surveys. We also checked how complaints and any accidents and incident were managed. In addition, we saw checks made on medicines administered, and checked the systems in place to manage Deprivation of Liberty Safeguards.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety.
- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.

Assessing risk, safety monitoring and management

- People were very positive about the way staff met people's safety needs. One person told us they felt safe because of the support staff provided, and said, "We've got gates to stop strangers coming in."
- People's safety needs and risks were assessed and their safety and well-being needs considered when their care was planned. For example, staff considered if people needed extra assistance when they spent time doing things they enjoyed, or if people had increased risks when eating.
- People's well-being and safety was regularly checked, and their care needed to keep them as safe and well as possible was adjusted when needed. People's wishes and the views of other health and social care professional were considered as part of this process.
- We saw staff promptly assisted people when they needed support with their safety and well-being.

Staffing and recruitment

- New staff had been supported to understand what actions to take if they had any concerns for people's safety.
- The suitability of potential staff to care for people was checked prior to their employment.
- There were sufficient staff to care for people at times people wanted. One person told us there was enough staff to support them to go out into town when they wanted this.

Using medicines safely

- People were receiving their medicines from staff trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Checks were regularly made on the medicines administered, so the registered manager could be assured people were receiving their medicines as prescribed.

Preventing and controlling infection

- The home was well maintained and clean. Staff followed the training they received to promote people's

health, and the registered manager regularly checked the cleanliness of the home.

- Equipment, such as aprons and gloves, was available to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The wishes of people and staff were considered when people's needs were assessed. This helped to ensure people's care preference and needs were promoted.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff skills, knowledge and experience

- People told us staff knew how to care for them, and knew their needs well. One person told us how well staff supported them with areas of their care. The person told us this had meant they had enjoyed good health, and experienced less infections since they moved to the home.
- Staff were very positive about the training they had received, and the opportunities they had to develop their skills further. The training staff had undertaken reflected the needs of the people living at the home. One staff member told us key areas of training were undertaken annually, such as medication, and said "I have done safer medication training. This was a really good reminder. It makes you more aware of patients' side effects." A senior staff member explained the effectiveness of training, including mental health training, was followed up by them observing how staff supported people. This helped to assure senior staff people were being supported by staff who had the skills and knowledge needed to care for them.
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed their meals. One person told us, "Meals are lovely, I couldn't wish for any better." Several people told us how much they were looking forward to a celebratory meal to mark Valentine's Day, on the day of our inspection.
- Where people wanted support to maintain their safety when eating this was provided by staff.
- Some people enjoyed the independence of making their own drinks. One person told us, "I make my own drinks and offer one to staff." Staff regularly encouraged other people to have enough to drink so they would remain well.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals, when they wanted this. One person said, "Staff will book appointment if I need doctor."
- Staff gave us examples of advocacy they had undertaken to support people, so they would have prompt access to specialist health advice and their health and well-being needs would be met.

- Advice provided by health specialists, such as speech and language therapists, was reflected in the way staff cared for people.

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

- People's rooms reflected what mattered to them and enabled them to connect with their diverse faiths. People enjoyed a number of communal areas to spend time quietly, or to socialise as they wished. One person enthusiastically told us about a specific area which had been created so they would spend time enjoying their favourite hobby.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very positive about the staff who supported them. One person said, "Staff very good to me, care for me, couldn't wish for lovelier staff." Another person told us, "You can talk to the staff about anything."
- Staff spoke warmly about the people they cared for and knew them well. For example, staff took time to chat to people about what was important to them, such as their hobbies and interests.
- People showed their affection for staff, and we saw strong bonds had developed between people and the staff caring for them. One person said, "I love all the staff here."
- Staff spent time chatting with people, and were quick to offer reassurance and support in the ways people preferred.

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

- People told us staff understood their rights to make their own decisions about their care. This included how and where they wanted to spend their time, and what time they wished to get up and go to bed. People also made their own decisions about what they wanted to eat, and how they wanted to express themselves through their clothing and styles. This supported people to live their lives as they chose.
- Staff always checked with people before they provided care to them. Staff listened to people's responses before assisting them.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity and independence was considered when their care was planned. One person told us staff recognised they liked to go out shopping, independently. Another person emphasised they felt treated with respect and their dignity needs were met because, "Staff always knock before coming into my room."
- Staff gave us examples of the way people's independence was individually supported. This included recognising some people's independence with managing their own medicines, where this was appropriate.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's wishes had been considered when plans for people's care had been put in place and reviewed. Care planned reflected people's histories and needs, and people told us their wishes were respected.
- People's care plans and risk assessments gave staff the information they needed to support people as people wished. For example, what action to take to reassure people if they were anxious. One person said how important this was to them and told us, "Staff have a chat if I'm feeling sad."
- People were supported to do things they enjoyed. This included spending their leisure time out in local towns, with or without support from staff or independently. One person told us how much they enjoyed holidays and trips out with support from staff. Another person individual interests had been met by staff, as they had been supported to use a room to practice their favourite hobby. We saw staff offered to spend time with the person, so they would continue to enjoy this.
- Staff considered what was important to individual people when planning their care and used this information to ensure individuals could connect with people who mattered to them, and to celebrate their faiths.
- People told us staff worked flexibly and we saw staff were quick to offer any assistance people may want. Staff gave us examples of the benefits to people's well-being because they adapted the care provided to meet people's changing needs. One staff member explained one person was now more settled and enjoying better mental and physical health as their needs had been responded to.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. Staff gave us examples of the support they offered to people, so their communication needs would be met. This included individual ways of working with people, so people enjoyed an enhanced sense of well-being.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the promotion of choice and control, independence and inclusion. For example, we saw people took pride in the successes they had to develop their independence further, and enjoyed contributing to life at the home. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Improving care quality in response to complaints or concerns

- People we spoke with told us they had not wanted to make any complaints about the care provided, as they considered it to be good. People were confident if they raised any concerns with staff and the registered manager these would be addressed.

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- Staff had received training to develop the skills required to support people at the end of their lives. Plans setting out people's wishes at the end of their lives were being further developed, in line with newly introduced electronic care planning, so people's preferences would be met.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager told us they had not understood the requirement to submit statutory notifications to CQC in respect of Deprivation of Liberty Safeguards re-authorisations approved by the supervisory body. The registered manager acted to rectify this.
- The provider's systems and checks had not promptly identified other notifications needing to be submitted to CQC had not been submitted. Once this had been identified the registered manager submitted them to CQC, but this led to a delay in CQC being advised of these important events.

This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will publish our actions, if actions are taken.

- People were complimentary about the way the home was managed and told us they found the registered manager and senior staff very approachable. One person said, "[Registered manager's name] is lovely." The person went on to say they were confident to "Knock the office door if I need a chat." This view was reflected in comments made by other people living at the home.
- People told us because of the way the home was run and the culture at the Highbury House Nursing Home it had become their home, where they felt safe and supported and that they were the focus. This reflected our findings during the inspection.
- A staff member said, "[Registered manager's name] want people to have the best possible life they possibly can."
- The registered manager told us, "I am proudest of the magic moments you have that you don't expect, of the insight staff have developed of people, and the trust and bonds that have grown."
- Staff told us they enjoyed working at the home and felt confident to ask for the support they wanted, so they were able to provide good care to people. One staff member said, "I feel supported, and there are good relationships with [registered manager's and provider's name]."
- Staff could obtain support without delay from senior staff and systems were in place to regularly communicate information about people's needs and preferences, so they would receive the care they wanted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff told us they were encouraged to make suggestions about the care provided. This included interesting things for people to do, and plans to adapt people's care so they would enjoy a good level of well-being.
- The registered manager gave us an example of the effective ways staff worked with several other health and social care professionals. The registered manager said because of this approach staff at Highbury House, "Could continue to maintain stability for people who have not manage to remain stable elsewhere."

Continuous learning and improving care

- The registered manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed, to review any accidents or incidents, and concerns and complaints.
- The registered manager sought people's views on the quality of care provided through surveys. These had been positive and any actions required for individuals were actioned.
- Staff told us about positive feedback which had been received from people because of the quality of care provided, and "Thank you" cards had been received.
- The registered manager kept up to date with best practice through meetings with the provider, and with the provider's other managers.
- Electronic care planning processes were being introduced at the time of our inspection. The registered manager advised us this would benefit the people living at the home, as staff would have more time to spend supporting the people they cared for.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents |
| Diagnostic and screening procedures | The provider had failed to notify the Care Quality Commission of all safeguarding events and Deprivation of Liberty Authorisations that had been approved by the supervisory body. |
| Treatment of disease, disorder or injury | |

The enforcement action we took:

Fixed penalty Notice.