

Hawthorne Care Limited

Highbury Residential Home

Inspection report

38 Mountsorrel Lane
Sileby
Loughborough
LE12 7NF

Tel: 01509813692
Website: www.carehomes-leicestershire.co.uk

Date of inspection visit:
27 September 2022
29 September 2022

Date of publication:
30 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 Residential Home is a residential care home providing personal care for up to 27 people. The service provides support to older people, many of whom are living with dementia. At the time of our inspection there were 23 people using the service.

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

We have made a recommendation that the provider consider current guidance within the Accessible Information Standard to develop information systems.

The provider had introduced improvements to the environment people lived in to help ensure it was clean, well maintained and appropriate equipment was in place. Further improvements were needed in areas relating to food preparation and storage and some furnishings. Staff followed safe procedures in using and disposing of personal protective equipment (PPE).

Risks to people's safety were assessed and were monitored but care plans did not always reflect the detailed information and guidance staff needed to keep people safe. For example, some risk assessments were not personalised to the individual person and did not fully reflect changes in people's needs. Risks were mitigated as staff demonstrated they understood how to keep people safe. Staff understood safeguarding processes and were confident to report any concerns.

Care plans and records did not fully reflect people's involvement in the development and review of their care. Systems and processes had been implemented or were planned to address this. These were in the early stages and were not fully embedded into working practices at the time of our inspection

Peoples' medicines were managed safely. There were systems in place to monitor stock control. The amount of medicines received and administered were recorded. Medicines audits were being completed.

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.

Staff knew people well and understood their needs. They completed training to give them the skills and knowledge they needed in their roles. Staff described readily available support and guidance from managers which helped to develop their working practices.

People were supported to have enough to eat and drink in line with their preferences and needs. Staff enabled people to access a range of specialist and routine health and social care appointments to maintain their health and well-being.

People were encouraged and supported to do things they enjoyed and spend time with people who were important to them. This reduced the risk of people becoming socially isolated. People described staff as kind and caring; valuing each person as an individual and consulting them at all stages about their care.

Staff were able to support people through their end of life care. Further training was planned to develop the quality of end of life care and ensure people's physical and spiritual needs were met.

There was a new manager in post who had applied for registration with the Care Quality Commission. They had identified issues and concerns prior to our inspection and were in the process of implementing these. They demonstrated a clear commitment to providing people with good care that enabled them to achieve the best possible outcomes. People and staff spoke positively about management changes and described a culture that was open, approachable and supportive. The service sought out partnership working with other agencies to provide people with high quality care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 August 2021) and there were breaches of regulation. This service has been rated requires improvement for three consecutive inspections. At this inspection we found improvements had been made but the provider remained in breach of Regulation 12 as, although significant improvements had been made in infection prevention and control, these were not fully embedded at the time of our inspection.

Why we inspected

We carried out an unannounced focused inspection on 14 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

Follow up

We will request an action plan and meet with the provider to understand what they will do to improve the standards of quality and safety. 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 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 the well-led findings below.

Requires Improvement 

Highbury Residential 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.

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

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. 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 Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highbury is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a manager had been appointed and was in post. They were in the process of applying for registration with the Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed on-going monitoring, information received and feedback from partner agencies to plan this inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. The registered manager was given the opportunity to share this information as part of this inspection visit.

During the inspection

We spoke with 12 people who used the service and 5 relatives to understand their experience of the care provided. We also spoke with 7 staff including the manager, head of care, care staff, activities staff and the cook. We reviewed care plans and records for 4 people and sampled medicines records and staff recruitment files. We undertook a video call with the manager on 29 September 2022 as they were not available during our inspection visit. Following this discussion, we continued to review a range of records around staffing, staff training and other records relating to the day to day management of the service.



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

Preventing and controlling infection

At our inspection on 25 October 2021, the provider had failed to ensure government guidance on safe personal protective equipment (PPE) was followed; and failed to ensure sufficient cleaning of the service occurred at all times. This exposed people to unnecessary risk of harm and was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach.

At this inspection, we found sufficient improvements had been made to meet the requirements of the warning notice. However, further improvements were needed to ensure the management of hygiene and cleanliness in food preparation areas. The provider remained in breach of Regulation 12.

- Improvements had been made to the overall cleanliness and hygiene standards within the service.
- The provider had replaced communal seating since our last inspection. However, we found three armchairs which were stained and did not support safe hygiene management. The manager consulted with people who owned the chairs and took action to address this following our inspection.
- Areas of the kitchen required replacement, including work surfaces, to reduce risks of cross infection. The provider had already arranged for the kitchen to be upgraded prior to our inspection and had an agreed date for a contractor to undertake the necessary work.
- There was no stock control system in the kitchen and we found out of date perishable and store cupboard items. Items in the freezer were not properly labelled and some had only a 'made date', not a 'use by date'. This is important to ensure foodstuffs remain safe for consumption.

The provider's systems were not consistently effective in preventing and controlling the risk of infections for people. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff followed safe practices to protect people from the risk of infections, including the correct use and disposal of PPE.
- Staff had received training in preventing and controlling infections; their competency was regularly checked through the managers' observations and audits.
- We observed, and people and relatives confirmed, there were no restrictions on visits within or outside of the service.

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

- People's needs and risks were assessed but care plans did not always reflect the detailed information and guidance staff needed to keep people safe. For example, some risk assessments were not personalised to the individual person and did not fully reflect changes in people's needs.
- The manager had already reviewed and updated several care plans prior to our inspection. These provided clear assessments of people's needs, abilities, the risks they faced and actions staff needed to take to keep people safe. The manager provided us with a timescale to update the rest of the care plans and risk assessments by.
- Accidents and incidents were recorded and reviewed by managers. Improvements were needed to staff recording on accident forms. For example, actions and follow up on incident forms was not consistently completed. Gaps in information did not easily support identification of themes or trends to prevent reoccurrence. Immediate risks were mitigated as managers were involved in day to day care and knew people well. The manager was developing new systems to support more robust recordings.
- Staff demonstrated they understood how to keep people safe. We observed staff assisting and intervening appropriately to redirect people or provide support with mobility. We also observed staff follow positive behaviour support to keep a person, and others around them, safe when they became distressed. Staff intervention helped to reassure the person and reduce their distress and potential risk of harm.
- Contracts were in place to ensure equipment was routinely serviced.

Staffing and recruitment

- We observed people were supported by sufficient numbers of staff to meet their needs during our inspection visit.
- Some people expressed concern around insufficient staffing during the night, which meant they sometimes had to wait for support. The provider and manager were undertaking a review of staffing during night-time hours to ensure people's needs were met in a timely way. They had introduced additional staffing hours to ensure sufficient staff were deployed at peak times. The manager told us staffing deployment was subject to continuous review alongside the staffing dependency tool.
- Staff were recruited safely. Records showed references and Disclosure and Barring Service (DBS) had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person commented, "I get everything I want and I feel safe here. The staff are kind and good." A relative said, "[Name] is well looked after. I have no concerns about their welfare."
- The provider had systems in place to protect people from harm or abuse. Staff had completed regular safeguarding training and refreshers and knew what process to follow.
- Staff demonstrated they knew how to raise concerns and were confident these would be listened to and action taken to keep people safe.
- Safeguarding concerns were reported to the local authority safeguarding team and the manager worked with them to ensure any issues were appropriately addressed.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People were consulted as to how they wished their medicines to be administered and clear protocols were in place for staff to follow. This included medicines that were prescribed to be administered "as required".

- Medication administration records (MAR) were fully completed by staff when they administered people's medicines.
- Staff responsible for the administration of medicines had completed training. This had been followed up with comprehensive competency assessments and medicine audits to ensure that this training was embedded into daily practice.

Is the service effective?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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)

- Care plans did not always demonstrate best interest or mental capacity assessments had been undertaken where people lacked capacity. For example, we found two people whose risk assessments referred to the use of sensor mats to reduce the risk of falling. We found a third person regularly declined assistance with oral health care, which staff respected. Records did not demonstrate decisions had been made within the framework of the MCA, although relatives had been consulted.
- Some people living at the service were being deprived of their liberty. The manager ensured appropriate authorisations were in place or applications had been made to the relevant authority.
- The manager told us they would ensure best interest processes and capacity assessments were included in care plans as part of the review of all care records.

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

- People's needs were assessed before they started using the service to help ensure staff understood people's needs and preferences and the service could meet their needs.
- Care records showed staff used a range of recognised tools to support assessments of people's needs, for example for assessing nutritional risk.
- People's care plans included detailed information and guidance for staff to follow in the event a person became distressed. We saw staff followed best practice in responding and intervening to support people during these times.

Staff support: induction, training, skills and experience

- Staff had completed training in the areas the service identified as mandatory. Staff described a combination of face to face, on-line and peer support training which provided them with a skill set to meet people's needs.
- New staff completed an induction and worked alongside more experienced staff when they started work.

One staff member told us, "I have good support from my line manager. I can go to them with anything and at any time to seek guidance and advice. They monitor me, and if I am not doing something right they will guide me. If I am doing something well, they will let me know."

- Staff told us they received supervision and support to enable them to be effective in their roles. One staff member told us, "We get supervision and I can discuss any concerns and share my views. The manager is approachable."

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

- People were supported to maintain a well-balanced diet and were provided with a range of meals. The chef was developing a pictorial menu to support people to make meal choices.

- People were regularly consulted about the quality and choice of food. One person told us, "I like the breakfast. I can have my favourite; a bacon sandwich."

- People's care plans identified if they were at nutritional risk and the support staff needed to provide to reduce this. We observed staff providing discreet and considerate support to people during the lunchtime meal.

- The manager had arranged further training for the chef to enable them to provide appetising meals for people who required specific diets, such as pureed or soft diets.

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

- Staff supported people to attend planned health appointments and referred people promptly to their GP or other specialist health services as needed.

- Staff worked with local and specialist health services to ensure people received effective, timely care. The advice given by external professional and specialist healthcare services was included in people's care records. This helped to ensure staff had access to up to date and relevant advice and guidance to support them to care for people safely and effectively.

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

- Some refurbishment of communal spaces and people's rooms, including flooring, had taken place since our previous inspection.

- The management team told us about the plans to improve the environment. This included re-designing the entrance room and communal lounge to provide a more stimulating and interactive area for people. Additionally, the manager was seeking to improve and develop signage to support people to orientate around the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received respectful and caring support from a committed staff team. Staff had developed strong and meaningful relationships with people. We observed warm interactions between people and staff.
- Staff were patient and communicated with people at their own pace in the way they preferred.
- Staff understood people's emotions and support needs. One person told us, " "Staff are very kind and I feel that they really care about me. They encourage me to join in with things."

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

- Staff supported people to make decisions for themselves and helped to ensure they had the information necessary to make meaningful choices. For example, when offering people options for their meals or drinks and how they wanted to spend their time.
- People's relatives were involved in their care where appropriate. Staff kept relatives updated about people's health and well-being with regular telephone calls and at during visits to the service.
- We observed staff consistently consulting with people about their care and support and enabling them to make day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity. This was demonstrated by the way they spoke with people, gave them time to respond and listened to them.
- People were supported to maintain their independence. One person told us, "Staff are so kind and really help me to do as much as I can for myself. It takes longer for me to do things but they know it's important to me."
- We observed staff supporting people discreetly to maintain their privacy and dignity, for example, when providing care.
- People's care records were kept securely. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care plans provided guidance and information for staff about what was important to people and how best to support them safely and effectively. Work was in progress to update and develop current care plans as there was evidence some information had been copied between people's records.
- People and those important to them were involved and consulted in developing care plans. Records including people's 'life story book' which detailed personal history, key events and achievements, relationships and hobbies and interests. This information supported staff to provide personalised care.
- The manager had introduced 'resident of the day' to support personalised care and ensure care plans and records were reviewed. This system was yet to be embedded into staff working practices.

Meeting people's communication needs

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

- People's care plans described their communication needs but did not always detail how they liked to receive information.
- We observed staff adapting their communication to each person. The manager had identified information systems needed further development and had begun to introduce more pictorial information. For example, picture menus had been developed to support people to make meal time choices.
- The manager had additional plans to develop signage and information around the service. This would ensure the layout was accessible for each person, such as signage that supported people living with dementia and objects of reference.

We recommend the provider consider current guidance within the Accessible Information Standard to develop information systems.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant

- An activity co-ordinator provided support with a range of activities. We observed they demonstrated patience and inclusivity throughout the day. The staff member knew people, and the things they enjoyed, very well. Some activities were with individuals, some with small groups as well as bigger groups.
- Staff supported people to join in things they enjoyed and to spend time with people who were important

to them. We observed people enjoyed each other's company and they had formed friendships. This all helped people's emotional well-being.

- People were supported to pursue their spiritual and cultural beliefs where they wished to. For example, the manager had arranged for regular visits from a local clergy where people were no longer able to attend their place of worship.
- The manager was in the process of developing communal areas in the service to provide people with a more interactive and stimulating environment. For example the re-design of the reception area in to an interactive garden room.

Improving care quality in response to complaints or concerns

- The provider had systems in place for receiving and responding to complaints. The manager told us no formal complaints had been received since they had started in post.
- People and relatives told us they felt confident to raise concerns if they needed to.
- The provider monitored complaints as part of their quality assurance processes. This meant they could confirm any concerns had been resolved and identify any trends or themes and learning for service improvements.

End of life care and support

- People were given the opportunity to discuss their end of life wishes, including advanced care planning. Care plans included this information, where people and relatives had participated in discussions.
- Staff were able to describe how they worked with health professionals, such as nurses and GP's, to ensure people received the best possible care in line with their wishes and choices. The manager had arranged for senior staff to complete end of life training with a local hospice. Additionally, a local minister was due to provide training for all staff around spiritual awareness during end of life care.

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 inadequate. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection on 25 October 2021, the provider had failed to ensure systems and processes were robust to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice. Sufficient improvements had been made to meet the requirements of the warning notice, though there not had not enough time for these to be well tested and embedded into practice.

- Improvements had been made to the providers' governance systems and quality audits since the last inspection. The manager had introduced more robust audits and checks and made improvements to records and processes. This supported more effective oversight and monitoring. As many improvements were in early stages, it was not possible to fully review the impact and sustainability of these at the time of our inspection.
- The manager was new to the service and had applied for registration with the Care Quality Commission. They had identified issues via audits and observations of staff working practices. They had prioritised improvements, focusing on staffing and working practices. The manager had developed a service improvement plan which showed they were aware of issues and had taken action to make improvements or outlined what action they intended to take.
- The manager and provider had identified the issues we found at this inspection as part of their service improvement planning. They were able to provide us with timescales and targets for completion of improvements. For example, updating and improving care plans and upgrading the kitchen. This demonstrated improved oversight and on-going commitment to improving the quality of care people received.

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

- Staff described an improving culture within the service. One staff member told us, "There is a good atmosphere here at the moment. We are starting to get a good staff team and stable managers, which means people receive more consistent care." Another said, "Changes in managers have been disruptive and staff have felt confused and frustrated. Improvements are promising and new staff are good, we support each other as a team."
- Throughout our inspection, we observed staff providing personalised care. One staff member described

how they were liaising with a person's GP, to ensure they had a full health review and the support they required in response to a change in their needs. We observed people were able to move freely around the service, with minimal supervision, which helped to reduce their distress and anxiety.

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

- People's care plans did not evidence involvement of people and their families in reviews. Relatives told us they tended to be contacted if there was a change in people's needs or as part of decision-making processes.
- The manager was in the process of implementing structured care reviews and a key worker system to ensure people and relatives were engaged and consulted in reviews of their care.
- People had recently attended a resident meeting and were given opportunity to share views and be involved in decisions about the service. The activities co-ordinator told us they were introducing one-to-one consultations where people were unable to participate in group discussions.
- Staff were in the process of completing feedback surveys and told us staff consultation processes were much improved since our last inspection. One staff member told us, "Previous staff meetings have not always been positive. We were told what we hadn't got right and there was no recognition where things had gone well. This was de-moralising. The new manager is approachable and we feel listened to and able to share our views now."

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

- The new manager demonstrated an open and honest approach to where things had gone wrong and where things needed to improve.
- The provider was aware of their legal requirements under the duty of candour, including notifications of serious incidents and events to external agencies.

Continuous learning and improving care

- The manager worked closely with the provider to identify and action priorities for the service. Improvements around staffing, working practices, environment and medicines were evident at the time our inspection. These needed time to demonstrate they were sustainable and fully embedded into service delivery.
- The manager demonstrated a clear commitment to developing the service and working with staff to ensure people received the best possible outcomes. This was supported in the staff feedback we received.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, occupational therapy and local GP's. This meant people received specialist support when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	The provider's systems were not consistently effective in preventing and controlling the risk of infections for people.