

Outreach Community and Residential Services Highbury Court Flats

Inspection report

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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

About the service

Highbury Court Flats is a residential care home providing accommodation and personal care to up to 6 adults with mental health issues and/or learning disabilities in their own flats. At the time of our inspection there were 6 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right support: The provider supported and encouraged people to be as independent as possible. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People lived within walking distance of local shops and amenities. There was a bus stop and tram link nearby, which enabled people to use public transport if they wished to travel further afield.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

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 were personalised risk assessments in place covering all aspects of the service and support provided. Medicines were managed safely. Infection control measures were in place.

Right care: Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider was in the process of providing enhanced learning disability and autism training to all staff in line with legislation.

Right culture: Staff felt respected, supported and valued by the registered manager. Staff knew and understood people extremely well and were responsive, supporting their aspirations to live a quality life of their choosing.

A number of methods were used to assess the quality and safety of the service people received. However, some audits had lapsed and needed enhancing further.

We have made a recommendation about the governance systems.

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

Rating at last inspection

The last rating for this service was good (published 19 November 2018).

Why we inspected

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highbury Court Flats on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Highbury Court Flats

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Highbury Court Flats 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 Court Flats is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

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

During the inspection

We spoke with 4 people who used the service and 5 members of staff, which included the registered manager, service manager, 1 senior support worker and 2 support workers.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 1 care file and 1 staff file in relation to recruitment, and various audits/reports relating to the quality and safety 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse ; Learning lessons when things go wrong

- People were protected from the risk of abuse and the provider had systems and processes in place to support this. One person we spoke with told us they felt safe at the service. They commented, "I like it here. The staff are great."
- The registered manager kept a record of any safeguarding incidents. Records showed incidents had been dealt with appropriately and action taken to prevent incidents occurring in the future.
- A record of any incidents or accidents was kept and reviewed regularly to identify any patterns or trends to prevent them from occurring in the future.
- Learning was taken from incidents at other houses and/or locations and shared across the organisation. A new electronic recording system was introduced to improve the provider oversight of incidents at services.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and identified. Care plans provided staff with information and guidance around how to manage identified risks and keep people safe from harm.
- Staff developed risk assessments and strategies to reduce behaviours that may be harmful for an individual or others.
- People's support and records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly.
- There were governance systems which ensured the environment and equipment were effectively maintained. The housing association undertook routine checks connected to water safety, fire safety and electrical works.

Staffing and recruitment

- The service deployed enough staff to meet people's needs and cover their agreed hours of support.
- People told us there were enough staff available and that care and support was provided by a consistent team of core staff. Comments included; "Yes always staff" and "I can call the staff whenever I need support."
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- For medicines to be administered 'when required' (PRN), protocols were in place. However, these protocols needed further detail to provide staff with sufficient information on how the person would communicate medicines such as pain relief.
- Staff received training in safe medicines handling. They were also a competency check completed annually in the way of a questionnaire staff would complete, which was then checked by the senior support worker. We discussed the importance of observational competency checks of staff administering medicines, which the service manager confirmed they would introduce going forward.
- People's medicines were stored safely and there were regular checks and audits in place to monitor practice, and ensure a good oversight of medicine administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. There were no restrictions or barriers to visiting.

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 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.

Staff support: induction, training, skills and experience

- Staff said they received appropriate training and support.
- Training and development of staff was a blend of face-to-face learning and online e-learning. We found high completion rates of training.
- From 1 July 2022, all registered health and social care providers must ensure that their staff receive training in learning disability and autism. Staff were provided with training awareness in learning disability and autism. However, this course needed to be aligned to the recent changes in legislation. Assurances were provided from the providers training lead that all staff would receive this enhanced training.
- New staff completed a comprehensive induction appropriate to their role which included completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Records showed staff received regular supervision and appraisal.

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

- People's needs were assessed before they moved into the service. Assessments clearly identified people's needs and preferences and were regularly updated as people's needs changed.
- People had lived in the flats for a long time. The registered manager confirmed they had considered the needs and personalities of people already living at the service when assessing new clients, should a place become available.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

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

- People received support to eat and drink enough to maintain a balanced diet.
- The majority of people could prepare and cook their own food. When additional support was required, staff were on hand to provide this.
- People chose what they wanted to eat and drink. People tended to follow their own menu plans for the week ahead, with support if required from staff.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

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

- Staff knew how to respond to people's specific health and social care needs.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.
- People were supported to attend annual health checks, screening and primary care services.

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

- People had their own flats, which we found were well equipped, well-furnished and well-maintained.
- People's flats were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- The provider was not the landlord of Highbury Court Flats, this was a housing association. Any repairs to the flats were undertaken by the housing association.
- The layout and care model of Highbury Court Flats was not a traditional care home, given the fact people had their own flats and the provider was not the landlord. We found the service better fitted the care model of supported living and we have signposted the registered manager to review this area further.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- A DoLS was in place for one person and we found this DoLS was appropriately followed in line with legal requirements.
- Staff received regular MCA training and sought consent from people prior to providing support.

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 inspection we rated this key question good. The rating for this key question has remained 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

- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were passionate about their roles and spoke highly about people. Staff comments included, "I love my job. I genuinely care for the residents and we do our best for them."
- People told us they were happy with the staff who supported them. Comments included; "I like the staff, yes" and "The staff are great."
- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.

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

- People were given time to process information and respond to staff and other professionals.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff routinely sought voluntary work, leisure activities and widening of social circles. One person worked part-time at the providers head office.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow

- People received person-centred care and support. A new electronic care planning system had recently been introduced.
- Due to the implementation of the electronic care planning system, the previous care plan format changed. We found care plans were person-centred and described people's wishes and preferences. The care plans covered a range of care and support needs, communication needs and information about their social histories.
- People were in control of their lives and what they did on a day to day basis. Staff were also on-hand to provide to support if people wanted assistance when accessing the local community.
- Staff encouraged people to maintain and further develop close family and community links. For example, one person volunteered at a food bank and had developed good relationships with other volunteers while at work. A staff member told us, "The people here are very independent, and I like to see [person's name] keep busy working at the office."
- People could also access the providers café, this was located at the head office. Events were organised often, such as discos were held by the provider and this gave people an opportunity to make new friends.

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 communication needs had been assessed. Care plans guided staff on any specific needs. The registered manager explained nobody at the service required specific communication adaptations. However, the registered manager provided assurances that information could be made available in different formats, including braille, large print, audio and alternate languages if needed.
- Most records were held electronically and we saw care plans had been developed on the electronic system in a pictorial format so people could have a better understanding of what was in their care plan.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments.

- The complaints policy was available in different formats, including easy read.
- People knew how to complain but said they had no reason to do so. We found no complaints had been raised within the last 12 months.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. If that changed, the registered manager told us they would consult with the person, their relatives and health professionals to ensure they received care in line with their needs and preferences.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in place who was supported by a service manager and senior support worker. A staff member told us, "The support from management is good."
- Quality assurance systems were in place and audits were taking place. Bi-monthly audits tended to be completed by the service manager and senior support worker. Additional quarterly audits of the service were also undertaken by the registered manager; however we found these audits were often completed later than quarterly.
- Senior managers undertook quality visits on behalf of the provider prior to 2020 and completed a report/audit following their visit. However, we found these visits had not taken place in over 2 years. The registered manager explained they still felt well supported, but acknowledged the quality assurance framework had been impacted due to COVID-19.

We recommend the provider reviews guidance to ensure quality assurance systems are strengthened.

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

- The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager knew people's needs very well and was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- The atmosphere at the service was warm, positive and calm. Staff members took pride in their roles and focused on the people living there. One person told us, "I like it here very much."
- People appeared comfortable and at ease with the registered manager, service manager and support staff. One person told us they were happy and that they liked staff.
- Systems were in place to involve people, relatives and staff in the running of the service. Key workers regularly obtained people's views of their care and support and any changes they would like to see, as well as their relatives.

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 registered manager operated in an open and transparent way. They understood their responsibility to

submit statutory notifications for any significant events, when something goes wrong.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff confirmed they were kept up to date with things affecting the overall service through conversations with the provider on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- The service had a keyworker system in place, which enabled people to communicate their care and support needs and experience of the care and support received on an ongoing basis with a particular member of staff.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.
- The service had good links with the community, including the local synagogue.