

# Accomplish Group Limited

# Highbridge Court

## 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

Highbridge Court is a care home providing accommodation and personal care for up to nine people with mental health needs. At the time of the inspection, nine people were living there. Each person has a self-contained flat with their own cooking facilities. Each flat has an en-suite shower room. There is also a small communal area with a dining table and a sofa, and a communal kitchen and garden for people to use.

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

People told us they felt safe living at Highbridge Court. Staff felt confident to raise concerns with the registered manager and were aware of external agencies where they could report concerns.

Staff supported people to manage their medicines safety.

People told us there were enough staff available to support them. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

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 received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff received regular one to one supervision and told us they felt supported.

Support plans were detailed and reviewed regularly with the person. People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

There were systems to ensure care was responsive. People's concerns and complaints were listened to and responded to. People have escalation plans relating to end of life care decisions where required.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager was positive.

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 Good (February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

# Highbridge Court

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Highbridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived at the service. We also spoke with five members of staff, this included the registered manager, the deputy manager and care staff. We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection

We contacted eight health and social care professionals who regularly visit the service and received feedback from two of them.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were stored safely and securely. The Medication Administration Records (MARs) were completed correctly when medicines were administered.
- Some medicines required additional security, we found the records of these did not match the current stock of medicines. This was a recording error rather than missing medicines. The registered manager put in additional measures to ensure this recording error would not be repeated.
- Protocols for medicines which had been prescribed to be taken 'when required' were available and had guidance for staff to instruct them when to administer these medicines. We found two PRN protocols that would benefit from further information to guide staff on when to use them. The registered manager confirmed they would complete this.
- Some people used topical applications such as creams and ointments. There was clear guidance in place on where staff should support people to apply these. Creams and ointments were not always dated when opened. This meant there was a risk they could be out of date and not as effective to use.
- Some people managed their own medicines and there were risk assessments in place to support this. One person told us, "I self-medicate, the staff are vigilant."

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

- People told us they felt safe. One person told us, "I feel safe here, yes."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "We look out for any signs such as a person withdrawing and not engaging. I would discuss concerns with [name of registered manager] they are very responsive and would take the right action. I know I could also go to the regional manager or whistle blow to the Care Quality Commission (CQC). I've never seen anything here; any concerns are dealt with quickly."
- Safeguarding incidents had been reported to the local authority.
- Staff received safeguarding training a part of their induction and regular updates.

### Assessing risk, safety monitoring and management

- People had individual risk assessments. We reviewed examples of risk management in relation to health conditions, falls, deterioration in mental health and accessing the community. Identified risks had detailed guidance for staff about how to reduce the potential risk to people.
- One person's risk assessment had not been updated with current information of how were supporting the person to manage the risk. Staff were however following the current control measures. The registered manager was aware of this and had requested that staff update the risk assessment.
- The service environment and equipment were maintained. Records were kept of regular health and safety

checks. Individual emergency plans were in place to ensure people were supported to evacuate in an emergency.

#### Staffing and recruitment

- People told us there were sufficient numbers of staff to meet their needs. Comments from people included, "There are enough staff on" and, "Staffing varies, staff come and go, [name of registered manager] works on the recruitment."
- People had individual one to one hours based on their needs, people confirmed they received these.
- Staff were recruited safely. Checks included references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

#### Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The home was clean and free from malodours.

#### Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident and incident forms were completed and 'signed off' by the registered manager who had oversight of the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed prior to them moving in to the home. The assessment process ensured a comprehensive care plan which included detailed guidance for staff about how to meet people's needs was completed on admission.
- Staff followed guidance in relation to people's identified health needs.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet people's needs. One person told us, "The quality of staff has got better over the past two years, the staff have been really helpful."
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.
- Staff we spoke with commented positively about their induction and training. One staff member told us, "The induction was good, they made me feel comfortable and it was well explained, I worked three long days shadowing, it was enough. They [staff] always say if you need more [shadowing] they would be happy to let you have it."
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported. This included training around specific mental health conditions, supporting people when they are anxious and health conditions.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "I have them regularly and they are really good."

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

- People told us they chose their meals and staff gave them support where required. One person told us, "We cook our own meals in the week and have a communal meal at the weekend. They [staff] help with cooking if you need help." Another commented, "I sort my own food arrangements out, I used to be supported by staff and now do it on my own."
- Where required people's weights were monitored. Staff supported people where they were at risk of losing weight.

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

- People had individual self-contained flats which were personalised to their preferences. There was also a communal space where people could choose to spend their time.
- Where required adaptations had been made to people's flats, such as handrails to enable people to

mobilise safely.

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

- People confirmed staff supported them to access healthcare services. One person told us, "Staff help me to go to the medical centre, and if I am unwell they will get the doctor."
- Records showed people accessed the dentist, GP, had support from the mental health team and attended hospital appointments where required.
- The provider employed a clinical lead who supported people and gave guidance to staff where required.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were consulted prior to any support interventions and their consent was sought. One person told us, "They ask permission before going into my flat."
- People had the capacity to make most of their decisions. Where it was thought they may not, capacity assessments were completed with relevant professional input.
- Where people had capacity and chose to make unwise decisions staff respected this. Staff discussed this with the person to check their understanding of the decision they had made.
- At the time of our inspection, one person living in the home was subject to an authorised DoLS and two were pending assessment.

# 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 the last inspection this key question was rated as good. At this inspection 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

- People told us they liked the staff and the staff treated them with respect. Comments from people included, "You can talk to the staff, it's a pretty good team here. Staff always speak to you with respect", "Staff here are brilliant", and "All the staff here are very friendly and helpful. They always have time to talk to you and they always help you find solutions for how you're feeling."
- Staff spoke positively about their work and the people they supported. One staff member told us, "It's fantastic to see people progress in their journey, building on their self-esteem and believing in themselves."
- We reviewed positive comments people had made on a care home review website.
- People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so.

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

- People told us they felt listened to and were involved with decisions about their care. One person told us, "Staff support me to do what I want, they give us choices."
- People told us they sat with their key workers each month to discuss their support and informed staff if they wanted to make any changes.
- Throughout the inspection we observed people making decisions about their day to day lives.
- People were involved in the recruitment of prospective staff.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and knocked on their flat doors before entering.
- One person told us they had been unhappy with the home's policy relating to room searches being completed. They said however they, "Didn't mind them so much now." Room searches were periodic checks completed for the safety of staff and people using the service.
- People told us staff supported them in a way that promoted their independence. One person told us, "Staff work really hard to help me function, they are keen for me to do things myself." Other comments from people included, "A lot has changed since I've been here for the better, you get the independence you need but there is always support" and "It a good place to live I'm happy."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection 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

- People received personalised care and support that was responsive to their needs and preferences. One person told us, "I have progressed a lot since I've been here." Another person commented, "I've done better here than anywhere else."
- Care plans were person centred, individualised and relevant to the person. Staff we spoke with knew the people they supported well.
- Staff recorded information about people's wellbeing in their daily records and for some people on forms. We found one person's records; which identified a decline in their mental health; were not consistently completed. Whilst this was clearly recorded in their daily records, there was a risk staff could overlook this information if they were referring solely to the form. The registered manager told us they had been having ongoing discussions with the staff team about completing records consistently.
- People were involved in the planning of their care. One person told us, "My key worker sits with me and goes through my care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in care plans. However, how staff met these needs was not always recorded.
- Staff gave examples of how they met people's communication needs. For example, supporting people with larger print documents and reading information to people.
- The registered manager told us they would ensure this was recorded in people's care plans.
- Staff knew people well and responded to their individual communication needs.

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 to them

- People told us they were supported to attend their chosen activities and hobbies. One person told us, "I have my one to one [staff support] and can choose what I want to do, I'm going to play pool today." Another person told us, "I have enough to do during the day."
- The registered manager told us how the staff had supported people to arrange a local club social night, where people from the provider's other homes were invited. This provided a social opportunity for people and people told us they enjoyed this. The registered manager told us they had plans to expand this to invite

people from other homes in the local area.

- People told us staff supported them to apply for and access work opportunities. One person told us, "Staff help us get into voluntary work. They have helped me to look for work, typing my CV and emailing." Another commented, "I do volunteer work. The staff have been active at supporting me to do it, making arrangements and the places I need to go. They are keen for me to do things myself."

Improving care quality in response to complaints or concerns

- People knew how to raise complaints or concerns and were happy they would be listened to and resolved. One person told us, "They take complaints seriously here." Other comments from people included, "I've not raised a complaint but would be comfortable doing so if needed" and "I've got nothing to complain about. If I had a complaint I would talk to [registered manager] and I am happy they would follow it up."
- There had been no formal complaints raised in the past year.

End of life care and support

- People's end of life wishes were discussed and recorded if people chose to have this discussion with staff.
- People's care records included Treatment Escalation Plans where required. These covered areas such as escalation planning at end of life and information about resuscitation decisions
- There was no one receiving end of life care at the time of the inspection.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People knew who the registered manager was and they all commented positively about them. Comments from people included; "[Name of registered manager] is good you can talk to them", "[Name of registered manager] is the driving force behind everything here, they get it right and it's great", "The manager here is really good and helpful, they really help me with things" and "[Name of registered managers] office door is always open and they get really involved."
- The registered manager was committed to providing person centred care to the people being supported by the service.
- Staff told us they were committed to providing person centred care and the best outcomes for people. There was a positive and person-centred culture instilled in the service. One staff member told us, "We respect the people we support, we are a positive and happy fun team, we are always laughing." Another staff member told us, "I love it here its brilliant, the staff team is amazing and we all work as a team, its key, we all pull together."
- Staff told us the registered manager listened to them and was keen to hear ideas on how the service could be improved. They told us the registered manager was always available and approachable. One staff member told us, "The manager is amazing the best manager I have had. They always go above and beyond, it makes a difference."
- People confirmed the service supported them to achieve good outcomes and progress towards their goals.

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 understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- There were systems in place to monitor the standard of care provided at the service. The registered manager had a range of audits in place which identified shortfalls and areas of improvement. The registered manager told us they would amend their medicines audit to include a record of the medicines requiring additional storage, to prevent the likelihood of further recording errors.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear

management structure in place.

- The Care Quality Commission (CQC) had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.

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

- People were engaged and involved in the service. People were involved in the recruitment of new staff.
- People confirmed resident's meetings were held to discuss items relating to the home.
- A survey of people's feedback had been completed in November 2018, with positive feedback recorded.
- Staff confirmed they attended staff meetings. One staff member said, "Staff meetings are every month and we all have a say."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- The registered manager had built links with the local community and told us of their further plans to increase this.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.