

Mrs M Mather-Franks

# Highbury Residential Care Home

## Inspection report

114 Irchester Road,  
Rushden,  
Northamptonshire,  
NN10 9XQ  
Tel:

01933 395511

Website: [www.mfcaregroup.com](http://www.mfcaregroup.com)

Date of inspection visit: 22 June 2015

Date of publication: 31/07/2015

## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on 22 June 2015 and was unannounced.

Highbury Residential Care Home provides residential care for up to eight adults with learning disabilities, Mental health conditions, Physical disabilities, or other sensory impairments. There were six people using the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People felt safe and were protected from abuse. Staff had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns to keep people safe. Risks to people's safety had been assessed and were detailed clearly within people's care plans.

Staff had been recruited using a robust recruitment process.

Prior to our inspection we received some information of concern that alleged the service had poor staffing levels, which impacted upon staff's ability to keep people safe. In the evening and during the night, there was one staff that slept in at the service. Their duties finished at 08:00pm and it was expected that people would be in bed by 08:00pm.

During this inspection, we found the provider had recently increased the staffing numbers and there were sufficient staff members on duty, with the correct skill mix, to support people with their required care needs. We also found that the provider had introduced a waking night staff member. This meant that people were able to stay up later and take part in evening activities if they wished.

Systems were in place to ensure that medicines were administered and handled safely.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Prior to this inspection we received concerns that people's consent had not been obtained in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This was because the door between the residential service and day care service was locked, so not allowing people access to their home. We were advised that no MCA or DoLS had been put in place in place to demonstrate the need for this door to be locked.

During this inspection we saw the door that had previously been locked had been fitted with an alarm. This would alert staff if someone attempted to access the residential service without staff support, to keep them safe. We observed that staff sought and obtained people's consent before they helped them. When people

declined, their wishes were respected. There were policies and procedures in place in relation to MCA 2005 and DoLS to ensure staff understood the process when people could not make decisions for themselves.

People were provided with enough to eat and drink to ensure their dietary needs were met. People were supported to choose, prepare and cook their own meals. People had access to snacks and drinks throughout the day and night.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Prior to our inspection we received some information of concern about poor maintenance of the home and equipment.

During this inspection we found that the shared bathroom on the first floor was in need of refurbishment. The provider told us that this work was due to take place at the end of August 2015 when people who used the service were on holiday. We were also told that the single toilet downstairs was going to be refurbished at the same time. We were provided with a copy of an invoice that confirmed this work was due to take place. The remainder of the environment was in need of some decoration, but we found it was safe for people who used the service.

People were looked after by staff that were caring, compassionate and treated them with dignity. People and their relatives were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences, and care plans were regularly reviewed.

We attended the in-house day centre and joined people for some of their activities. We also observed other people taking part in activities of their choice. We found that staff supported people to access the community and were supported to take part in meaningful activities and pursue hobbies and interests.

We found that people were supported to raise any concerns or complaints about the service and we saw a detailed pictorial complaints guide to help make the process easier for people.

# Summary of findings

We saw that people were encouraged to have their say about how the quality of services could be improved. There was a system of audits, surveys and reviews that were used to good effect in monitoring performance and managing risks.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

Risks had been assessed so that people received care safely.

Improvements to the staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Safe systems were in place for the management and storage of medicines.

Good



### Is the service effective?

This service was not consistently effective.

Staff were appropriately trained and used their knowledge of each person to meet their specific support needs.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Some areas of the home had been poorly maintained and required attention.

Requires improvement



### Is the service caring?

This service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Good



### Is the service responsive?

This service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed.

Good



# Summary of findings

People were encouraged and supported to take part in a wide range of activities of their choosing that met their social needs.

People were supported to raise concerns or complaints about the service and a detailed complaints guide was available for people to assist them with

## Is the service well-led?

This service was well led.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

The provider had internal systems in place that monitored the quality and safety of the service.

**Good**



# Highbury Residential Care Home

## Detailed findings

### Background to this 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 was planned to check 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.

This inspection took place on 22 June 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

Some of the people who used the service, that were present when we visited, had difficulty in communicating verbally. They used gestures and body language to express their views. We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people and also observed how people were supported during individual tasks and activities.

We spoke with three people who used the service in order to gain their views about the quality of the service provided. We also spoke with a support worker, two day care staff members, the deputy manager and the registered manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

# Is the service safe?

## Our findings

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. One person was able to tell us they felt safe when we asked them. Another person smiled in response to our question. Although most people were not able to tell us if they felt safe, it was clear from people's behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers.

Staff were knowledgeable about the risks of abuse and reporting procedures. One staff member told us, "We talk about safeguarding all the time now, at staff meetings; it's always on the agenda." Staff members were able to explain appropriate reporting procedures. The deputy manager told us that safeguarding was discussed regularly with staff and said, "It's important we all know and understand what safeguarding is about."

We found there were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures and a whistleblowing process. We observed advice displayed about how to report concerns and these included contact details for the relevant local authority. We saw that minutes of the monthly staff meetings and monthly quality committee meetings had safeguarding as an agenda item and was discussed at each meeting. The deputy manager told us this had recently been introduced to reinforce staff awareness of safeguarding issues. Training records showed that staff had completed safeguarding training.

Risks to people's safety had been assessed and included those associated with behaviour that challenged the service, falls, nutrition and more specific conditions, such as epilepsy. Staff told us that risks to people were assessed to reduce the chances of harm, without limiting their opportunities. One staff member said, "Each person has a range of risk assessments to protect them." They told us that risk assessments identified areas which could cause harm and the actions to take to manage risks. We were told by the registered manager and deputy manager that all risk assessments for people using the service had recently been reviewed and updated.

We looked at general risk assessments for the service, as well as individual ones for each person. They detailed

specific activities and areas where risks may be posed, as well as actions to take to reduce those risks. We saw that risk assessments for people using the service had recently been reviewed. The deputy manager told us this was to ensure their content was up-to-date and relevant. We found for one person who had recently had a fall, that their care plan and risk assessment had been reviewed and changes made to reflect their current situation. In addition, we found this person had been referred to the falls team.

There was a business continuity plan in place for foreseeable emergencies such as fire, flood and power failure so that staff knew what action to take to protect people in these circumstances.

Staff underwent an effective recruitment process before they started to work at the service. We found that the provider carried out staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed five staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

Prior to our inspection we received concerns that the service had poor staffing levels and this was having an impact upon staff's ability to keep people safe.

During this inspection we found that improvements had been made to the staffing numbers at the service. On the morning of our inspection there were two staff on duty in the morning, and two day care staff to support people with their activities. In the afternoon there were two care staff and an extra staff member had been rostered to provide one to one support for a person who used the service. The deputy manager told us this extra staff had recently been implemented and one staff member told us, "The one to one support that [service user] has is going very well."

Staff told us there had been changes to the staffing numbers recently and this had made a positive change. For example, previously one of the staff members working in the evening would finish their shift at 08:00pm and then would sleep in at the service. There had been an expectation that people would be in bed by 08:00pm. We found that the provider had recently introduced a waking night staff member to replace the sleep in staff. In addition

## Is the service safe?

staff who worked in the evening did not finish their shift until 10:00pm. This meant that people were able to stay up later if they wished, and could take part in evening activities if they wanted to.

We saw that people were being looked after by patient and unhurried members of staff. This included when they supported people to take their medicines, with eating and drinking and supporting people with their daily activities.

Our observations confirmed that there were sufficient staff members on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. The staff rota we looked at confirmed that the agreed staffing numbers were provided and that staffing numbers were flexible to support people to attend appointments.

People's medicines were managed safely to ensure they received them as prescribed. The deputy manager told us that all staff received training before they were allowed to administer people's medicines. The deputy manager said, "It's very important to get medication right."

We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. We found that medicines were stored in a lockable cupboard in a lockable room. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

Medication Administration Records had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given their medicines to meet their needs.

We saw, from the training records, that staff had received medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.



# Is the service effective?

## Our findings

People living at the service, who were present during our inspection, were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed. However, we observed through staff behaviour that they understood how to meet people's needs and use the training they had received to provide appropriate care and support for people. For example, we observed one person who was showing levels of anxiety. We saw that staff noticed this and discreetly took this person out for a walk in the garden. The person responded positively to this.

The registered manager and deputy manager told us that all staff had received training on a variety of topics. Staff we spoke with agreed that the training was suitable and beneficial. One said, "Training is good. We don't fall behind. If there is any training we feel might be useful we can source it." The registered manager told us that some staff had commenced Qualification Credit Framework (QCF) at Level 4 and 5 and training records we reviewed confirmed this. We found that staff had received on-going training in a variety of subjects that included manual handling, medication and safeguarding adults.

Staff we spoke with had all worked at the service for a long time. We were told that new staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent.

Records we looked at demonstrated that new staff completed induction training, which included training on health and safety, fire safety, and medication, along with relevant training to ensure that they could meet people's assessed needs. One staff member told us they received supervision on a regular basis. They said, "Yes, we get supervision every two months."

Staff told us they discussed their training needs as part of supervision sessions. We spoke with the registered manager and deputy manager who told us that staff supervision meetings took place twice a month and all staff received an annual appraisal. We found that supervision sessions were used to provide staff with support and

identify areas of their performance which required further development. We looked at supervision records and found that they had been completed fully and we saw records to show when future supervisions were planned.

Prior to this inspection we received concerns that the door between the residential service and the on site day service was locked, once people who used the service had entered, to prevent them from going back home. We were advised that no Mental Capacity Assessments (MCA) or Deprivation of Liberty Safeguards (DoLS) had been put in place in place to demonstrate the need for this door to be locked.

During this inspection we found that the door between the residential service and day care service was no longer locked. The provider had installed an alarm to the door that would alert staff if someone attempted to access the residential service without staff support.

We saw that staff explained to people what they were doing before providing care and support and gained their consent before doing so. On the day of our inspection, we saw staff asking people what they would like for their breakfast, what they wanted in their packed lunches and we saw one person being supported to decide what activities they were going to do on that day. We also saw that pictures and symbols were available throughout the service to support people to make their choices known to members of staff.

Staff and the registered manager told us they had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the MCA 2005 and DoLS, and how these worked in practice. The deputy manager told us that no one who used the service was subject to the Deprivation Of Liberty Safeguards as set out in the Mental Capacity Act 2005 at the time of our visit.

Training records demonstrated that staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in 2014.

People were supported to eat and drink enough to maintain a balanced diet. One person said, "The food is lovely. I don't like salad. I don't eat salad." We saw people eating their lunch and enjoying it. Another person told us they liked to visit the pub and liked to have a drink of beer and said staff helped them to do that.

## Is the service effective?

During this inspection we found that people were supported to choose and prepare a meal for a certain day of the week. On that day the person would be supported to prepare and cook a meal for everyone at the service. Choices and alternatives were available if people wanted something different. We saw that people were encouraged to choose different meals using pictures and cards. We observed that people were regularly offered food and drinks throughout the day and told us that if they were hungry they could get snacks in between meal times.

Nutritional screening records were completed for each individual and we saw that their weights had been recorded monthly. This meant that staff had access to current information about people's weight and were able to assess and take the appropriate action if they had weight loss or weight gains. We saw that one person had been experiencing difficulty swallowing. They had been referred to their GP, the speech and language team and the dietician.

Staff told us that people were supported to attend to health appointments if necessary. Staff said they worked

closely with health professionals to attend to people's health needs. One staff member told us, "We have a good relationship with the doctor. Also, a consultant visits one person in the home." The deputy manager told us that in addition to community based health services, such as GP's, people also saw Speech and Language Therapists, Psychologists and Psychiatrists in the service. Records we looked at confirmed this.

Prior to our inspection we received some information of concern about poor maintenance of the home and equipment.

During this inspection we found that the shared bathroom on the first floor was in need of refurbishment. The provider told us that this work was due to take place at the end of August 2015 when people who used the service were on holiday. We were also told that the single toilet downstairs was going to be refurbished at the same time. We saw an invoice that confirmed this work was due to take place. The remainder of the environment was in need of some decoration, but we found it was safe for people who used the service.

# Is the service caring?

## Our findings

Some people using the service were able to tell us they were happy at the home and that staff treated them with kindness. One person said, “They’re my mates. We have a laugh.” Another person told us, “They help me.”

Staff said they had worked at the service for a long time and knew people well. One staff member told us, “We have all known each other for a long time. We have got to know each other well and we know what people like and what they don’t.”

There was a relaxed and friendly atmosphere within the home. We saw that staff supported people in a kind, patient and respectful way at all times. They clearly knew people they supported very well and had established positive and caring relationships with them. We saw this knowledge used to good effect when staff reassured and comforted a person who had become anxious and upset. They acted with compassion and skilfully supported the person through their anxiety by helping them to understand the issues and the options available to manage them. The person reacted positively to staff support and became calmer.

People were seen relaxing and chatting to each other. We saw that people were smiling in response to interactions with staff. We noted that people were happy with the care and support provided. There was a homely atmosphere in the service and it was apparent that people felt at ease. Support was provided in a kind and calm way and people were open and trusting of staff. We saw that staff were courteous, caring and patient. Our observations demonstrated that staff had positive relationships with the people they supported.

People were involved in making decisions and planning their own care as much as they were able. We saw that

people chose and planned their evening meal, how they spent their day and their evening entertainment. We observed one person having a late breakfast because they didn’t like to get up early.

People’s care plans contained information that included details about the person’s background, their preferences, what was important to them and how they wanted to be supported. There was good information for staff about how to communicate with people. For people who were not able to communicate verbally we found communication passports in their files. This provided staff with guidance on how to approach people in different circumstances, described the different communication tools used by people and how to use these effectively. For some of the people using the service this was by the use of pictures, symbols and sign language and we saw this in use on the day of our visit.

Relatives were generally involved in the care of people and acted on their behalf. Access to advocacy services was however available to people if this was needed and information was accessible for both people and staff on how to obtain this. People were therefore supported to be aware of advocacy services which were available to them if required. There was no one at the service using advocacy services at the time of our inspection.

We observed staff interactions with people and saw that people were spoken to in a manner that made them feel respected and ensured their dignity was maintained.

Staff told us they always knocked on people’s doors before entering their bedrooms and always supported them in a private area, for example, their bedroom. Throughout the inspection people’s privacy and dignity were respected.

The deputy manager told us that a staff member had been designated the ‘dignity champion’ for the home. They ensured that staff were aware of the importance of treating people with dignity and respect and we saw this item on the staff meeting agenda.

# Is the service responsive?

## Our findings

People's individual needs were being met in relation to encouraging and promoting independence. We saw people being encouraged to choose their meals and we observed staff encouraging people to do as much for themselves as possible. For example, we observed one person being encouraged to spread marmalade on their toast. The staff member told us, "We try to get people to do as much as they can."

Staff told us people were free to make their own decisions. One member of staff told us, "We plan the day around each person."

People's records showed that they chose how they spent their time and their choices were recorded. Records demonstrated that people had been involved in discussions about how their care was assessed, planned and delivered. We saw that plans, goals and aspirations were reviewed regularly to ensure they accurately reflected people's needs. They were personalised and contained detailed information about people's background, personality and preferences. They included clear guidance about how people wanted to lead their lives and the support they needed. For example, we saw people were supported to prepare and cook their meals to increase their independence and daily living skills. The support that staff gave people reflected the information in their care plans. We saw that promoting choice was a key factor in how care and support was planned and delivered.

People told us they had access to a range of activities which suited their individual interests. At the service there was a day care centre, which some people attended. Each person was able to choose what activities they preferred to do and we saw people doing gardening, looking after the homes' chickens and rabbits, playing outdoor bowls and doing puzzles and board games. We took part in a bingo

and domino game with people and found staff made each game stimulating and also encouraged people to join in meaningful conversations with each other. The day centre staff told us that twice a week people took part in trips out to places of their choice. We saw that people had been swimming, the cinema, shopping, the local garden centre and regularly went out for meals and for a drink to the local pub.

We saw that one person received three hours on a one to one basis with staff so they could take part in an activity of their choice. We saw that staff offered them a choice of activity to engage in, and records also showed times when the person had declined to take part in an activity. This demonstrated that their wishes had been respected by staff.

The deputy manager told us that meetings took place for people who used the service. Topics discussed included the home and food. We observed that people were supported by staff to express their views by the use pictures and key words to participate in these meetings and provide feedback about the service.

Some people were able to confirm they had no complaints about the service. One person said, "I'm happy."

Staff told us that they always documented any concerns raised with them from people who used the service or visitors. We saw that each person had a pictorial complaints procedure in their room and there was information displayed about how complaints would be dealt with in communal areas. We also saw that people were asked if they were happy with the service during the weekly meeting. We saw that where concerns had been raised by a relative, the home had worked with the relative to resolve any issues. The registered manager showed us documentation that supported the complaints investigation process and confirmed that any issues raised were used to help the staff improve the service.

# Is the service well-led?

## Our findings

People knew who the registered manager was and we saw they felt comfortable talking to them.

The provider also worked at the service as the registered manager. Staff told us they were approachable and supportive. One staff said, "I can talk with the manager if I have a problem."

None of the staff had any issues or concerns about how the service was being run and were positive about the care and support provided to people. All the staff we spoke with told us they felt supported and enjoyed their work. A staff member told us, "I know if there is some extra training I need to do, the manager will listen to me and allow me to access it." Staff we spoke with confirmed that they understood their right to share any concerns about the care at the service, and were aware of the provider's whistleblowing policy, which they said they would use to report any concerns. Feedback was sought from the staff through staff meetings and staff supervision.

The registered manager told us that a range of audits had been carried out on areas which included care plans, and medication and the records we viewed confirmed this. Staff and the registered manager told us how they assessed and monitored the quality of the service provided within the home. The deputy manager told us that satisfaction surveys for people who used the service and their relatives

were sent out six monthly, and these had last been sent in January 2015. However the deputy manager said none had been returned. So we looked at the returned surveys sent out in September 2014. These all contained positive comments and feedback about the service.

The deputy manager told us there were monthly Quality Committee meetings across the three homes owned by the provider. Minutes to these showed that safeguarding was discussed at each meeting. In addition we saw that the cleanliness of the homes was discussed, quality assurance systems and complaints.

We found the deputy manager completed a monthly management report for the provider. This included monthly information in relation to complaints, health and safety, staff training and staff supervision.

The registered manager told us that they wanted to provide good quality care and it was evident they had been working to improve the service provided and to ensure that the people who lived at the home were content with the care they received.

The registered manager told us that incidents were recorded and monitored appropriately and that action was taken to reduce the risk of further incidents. The information the Care Quality Commission (CQC) held showed that we received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.