D.M. Care Limited

Highbury House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection visit took place on 16 and 17 October 2018 and was unannounced on the first day.

Highbury House Care Home 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.

Highbury House Care Home is registered to provide accommodation for persons who require nursing or personal care for up to 28 people. The property is a large detached house with accommodation over two floors. There is a passenger lift for ease of access and the home is wheelchair accessible. Most of the bedrooms are single occupancy and en-suite. There are private parking facilities at the front of the building and garden areas at the rear. During this inspection there were 21 people living at Highbury House Care Home.

There was a registered manager in place. 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.

At the last inspection in July 2017, we found five breaches of regulation. We found breaches in the regulations related to Person-centred care, Need for consent, Safe care and treatment, Good governance and Fit and proper persons employed. In addition to the requirement notices we made a recommendation related to staffing.

Following the inspection in July 2017 we asked the registered provider to act to make improvements in the areas we had noted. The registered provider was required to send the CQC an action plan, outlining how they intended to make improvements. This was not provided to us.

At this inspection we saw improvements had been made. Care plans held person-centred information and people or their representative had signed to indicate consent. Recruitment procedures were robust and staff we spoke with confirmed they did not commence in post until the registered manager completed relevant checks. Medicines were stored and administered safely. We saw staff administering medicines to people followed good practice guidance.

However, at this inspection we found quality monitoring systems and processes did not consistently identify areas of concern so improvements could take place. Audits and checks carried out had not identified some of the issues we identified on inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We noted certain parts of the home were unclean and processes were not consistently implemented to assess the risk of preventing and controlling the spread of infections

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation the registered provider reviews staffing levels and staff deployment.

We have made a recommendation the registered provider ensures all staff who have access to people who may be vulnerable receive appropriate training.

We have made a recommendation the registered provider gather people's views on the meals provided and review the mealtime experience people receive.

The service had systems to record safeguarding concerns, accidents and incidents and acted as required to make improvements and minimise future risks. The service monitored and analysed such events to learn from them and improve the service.

The registered manager had systems to ensure people's care, treatment and support was delivered in accordance with best practice guidance and current legislation.

Care plans held information that guided staff on people's likes dislikes and health conditions. People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care.

We observed positive interactions between staff and people at Highbury House Care Home. Staff used humour and appropriate touch and treated people with respect and patience.

Staff we spoke with told us they felt supported by the management team and were encouraged with their personal development.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us any concerns raised had been addressed by the registered manager.

We looked around the building and found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

Staff delivered end of life support that promoted people's preferred priorities of care.

People told us there were a range of activities provided to take part in if they wished to do so. We observed activities taking place and saw these were enjoyed by people who participated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The home was not always clean and well maintained. We did observe staff use personal protective equipment to protect people from infection.

We received mixed feedback on staffing levels. People we spoke with felt there should be additional staff on shift.

Staff understood how to keep people safe from abuse. Not all staff had received the appropriate training.

Recruitment procedures were in place to assess the suitability of staff.

Risks to people were considered and care plans developed to maximise their independence taking the risks into account.

Medicines were stored, administered and recorded safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People suggested more choice of meals be available. People ate a balanced diet, had enough to eat and drink and could access the healthcare services they needed.

The registered provider assessed people's care needs and delivered care and support in line with good practice guidelines.

Care staff had the training they needed to support people effectively.

The registered provider obtained people's consent to the care and support they received when appropriate and did not restrict people unlawfully.

Is the service caring?

Good

The service was caring.

We saw staff were kind to people and people we spoke with confirmed this was the case. Staff respected people's privacy and dignity. We observed staff knocking on people's doors before entering and doors were closed before support was offered.

People were supported to maintain relationships with family and friends.

Care records promoted people's uniqueness, and people told us they were involved in planning and making decisions about their care.

Is the service responsive?

Good

The service was not always responsive.

There were a range of activities scheduled for people to participate in. People and their relatives told us these did not always take place.

Care plans consistently reflected people's current needs. The registered manager and care staff placed people at the centre of their care.

The registered provider had a complaints process and complaints were dealt with in line with their policy.

People's end of life care wishes were discussed and documented.

Is the service well-led?

Requires Improvement

Processes to ensure the home was safe and well maintained were not effective. We found areas of concern that had not been identified by the registered provider.

The management team involved people, their families, care staff and health and social care professionals in reviewing and improving the service.
We received positive feedback about the registered manager, their skills and attributes.

Highbury House 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.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the local authority, health professionals and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

We reviewed information held upon our database about the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

This comprehensive inspection took place on 16 and 17 October 2018. The first day of the inspection was unannounced. This meant the registered provider, staff, people who lived at the home and their relatives did not know we would be visiting. The inspection was carried out by two inspectors and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had a background supporting older people.

Throughout the inspection process we gathered information from a number of sources. We spoke with six people who lived at the home and five visitors of people who lived at the home to seek their views on how the service was managed. We also spoke with the registered manager, the owner and five members of staff. We spoke with a visiting community health professional and activated the call bell twice during our visit to

assess staff availability and response times.

As part of the inspection process we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

To gather information, we looked at a variety of records. This included care plan files related to nine people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the administration of medicines and topical creams. We also looked at other information which was related to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance procedures.

We viewed recruitment files relating to three staff, including Disclosure and Barring Service (DBS) information. We looked around the home in both communal and private areas to assess the environment and check the suitability of the premises.

Requires Improvement

Is the service safe?

Our findings

At the last inspection carried out in July 2017 we found the registered provider had failed to manage medicines safely. These findings demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this October 2018 inspection we saw improvements had been made. We looked at the administration and management of medicines. Each person had an individual medication assessment that included guidelines on the administration of 'as and when' required medicines. We observed medicines being administered on both days of our inspection. We noted the member of staff administering the medicines ensured people had a drink and they observed the person while they took all their medicines. One person told us, "The girls take care of my tablets and make sure I have them."

How medicines were stored and relevant documentation were checked. The medicine trolley was well organised and all medicines were clearly labelled for each person. We checked a random sample and found the stock on site corresponded with the amounts recorded. There was a controlled drugs book and this was used to monitor their administration as per good practice guidelines. Controlled drugs have stricter legal controls to prevent them being misused and causing harm. Recording sheets we looked at clearly identified the person requiring medicines, how and when to administer the medicine. The registered manager told us they had learnt from the last inspection and introduced new auditing systems to monitor people's medicines. However, the night staff had not received competency observation checks to ensure their skills were maintained. The registered manager told us they would introduce regular competency checks for all night staff.

At the last inspection recruitment practices were not robust. At this inspection, we found improvements in the recruitment process. The registered manager had introduced a step by step guide that all members of the management team could follow to allow all necessary recruitment actions to be taken in a structured manner. We found all DBS information in place and people did not start work until they had received their appropriate DBS clearance. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance. All the staff we spoke with told us they had to have relevant recruitment checks prior to employment.
Previously we looked at staffing levels and staff deployment to make sure there were sufficient numbers of staff to meet people's needs and keep them safe. At the last inspection we recommended the registered provider review staffing levels and staff deployment.

At this inspection we still received mixed feedback on staffing levels. One person told us, "If I need help they will come to me." While a second person stated, "Sometimes I have to wait for a while." One relative raised concerns sharing, "Not enough staff to control the people they have at this home." About staffing levels, one staff member said, "I would like to spend time with the people but too busy."

At this inspection we monitored response times when people used the call bell. We pressed the call bell twice and noted staff responded in a timely manner. The registered manager told us they used a staff

dependency tool to assess the level of support people required. They emphasised should occupancy increase then staffing levels would be reviewed to reflect this.

We recommend the registered provider seeks advice from a reputable source on staffing levels and their deployment.

At this inspection we looked at infection prevention and control procedures in place at Highbury House Care Home. We found the registered provider did not provide and maintain a clean environment that promoted the prevention and control of infections.

On day one of the inspection we noted the handrail by one toilet did not have a protective outer coating and had had failed to be replaced. This was replaced during our inspection visit. We also noted one chair in the sun room had threadbare arms and two had dried food on them. We observed one toilet that required cleaning and was not attended to for several hours until a member of the inspection team brought it to the attention of a member of staff. On day two of our visit, we noted cobwebs, dust and items of food on the floor and on chairs in the sun room. We saw one mattress was stained and one mattress cover was ripped and had an unpleasant smell. In a separate bedroom there was also an unpleasant odour and thick dust was evident at ground level. We also saw one person's current wheelchair seat was stained and their wheelchair was unclean. We visited the laundry and noted cleaned laundry was stored near dirty and soiled items waiting to be washed.

We spoke with one domestic assistant who told us there was a structured day time cleaning rota but this did not include communal areas. They also stated they were waiting for training on infection prevention. We spoke with the registered manager who told us there was no schedule or records related to the cleaning and auditing of wheelchairs, hoists and mattresses. They stated they would implement a schedule and document inspection outcomes and actions.

The above matters show the provider was not meeting legal requirements in relating to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Registered Provider had not provided and maintained a clean and appropriate environment that enabled the prevention and control of infections..

We looked at alternate ways people were protected by the prevention and control of infection. We observed staff wore personal protective equipment such as gloves and aprons when appropriate. Care plans also contained assessments on skin and nutrition care. The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We looked at how people's safety was assessed, managed and monitored around lifestyle choices. We saw accidents and incidents were recorded and actions taken to minimise risk. For example, one person had a sensor matt to alert staff of their movements and minimise the risk of them falling. Another person was referred to a community health specialist for their mobility to be assessed. There were risk assessments in place for people who chose to smoke to ensure they remained safe.

We looked at how the registered provider managed risk in relation to emergency situations. We noted people living at Highbury House Care Home had personal emergency evacuation plans (PEEPs). A PEEP is a personalised 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided, or within a satisfactory period in the event of any emergency. There was a fire plan and routine fire safety checks took place and were recorded appropriately. This showed the registered provider had systems to

manage risk and were responsive in acting to keep people safe when things go wrong.

People we spoke with told us they felt safe living at Highbury House Care Home. One person told us, "I am very comfortable here." However, one relative told us, "I am worried about [family member's] safety." We shared these fears with the registered manager who was not aware of all the relative's concerns and would investigate the concerns raised.

We asked what practices were in place to ensure staff knew what abuse and poor practice was. We did this to ensure people were protected from abuse and harassment. Staff told us they had received safeguarding training and could explain what they would do if they believed someone was at risk or receiving care and support that was abusive. We spoke with staff about safeguarding people from abuse. They could tell us what they action they would take should they suspect or witness any poor practice taking place. One staff member told us, "It is cruelty, it shouldn't happen and I would report it." However, when we reviewed staff training records not all staff had received training around processes and practice to safeguard people from abuse. We noted kitchen and domestic staff had not received training. Training took place after our visit to ensure all staff had been trained on safeguarding.

We recommend the registered provider ensure all staff who worked independently alongside people who may be vulnerable received appropriate training from a reputable source.

Requires Improvement

Is the service effective?

Our findings

The (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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

At the last inspection carried out in July 2017 we saw there was no record of people being involved in decisions about their care or of their consent or that of a representative to their care. These findings demonstrated a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Consent).

During this inspection, we saw improvements had been made. The registered manager had reviewed all the care plans and had obtained written consent from people or their representatives to indicate consent to care was sought in line with guidance and legislation. One person told us, "The girls ask my advice on what I need." Two relatives we spoke with told us they were involved in the planning of their family member's care, as the family member lacked capacity in this area.

Where applications to implement restrictions had been submitted the registered manager had a system to seek updates on their progress. We noted ongoing communication had taken place with the local authority and the registered provider was working in accordance with legislation. Where restrictions had been authorised, the registered manager had a system to ensure all actions taken and documentation was up to date, reflected their needs and was the least restrictive option.

As part of the inspection, we observed people receiving their meals and visited the kitchen. We noted the kitchen was clean, tidy and well stocked with fresh food. We were told all meals were home cooked and freshly prepared. The chef was aware of food preferences and which people were on special diets or soft foods.

We observed lunch in the dining room. The dining room was set with table cloths and napkins. People could choose where to eat, either in their rooms, remain in the lounge or the dining room. Thirteen people ate in the dining room, one person ate in the lounge and the remainder ate their meals in their rooms. All three staff on duty were present in the dining room offering support. We observed one staff member physically helping someone to eat their meal while at the same time offering verbal encouragement and prompts to a second person. A third person was using their fork handle to eat independently and required guidance on how to hold their cutlery which they received. A fourth person sampled someone else's meal while they waited to be served. This appeared to go unnoticed by staff as no action was taken. The second staff

member was offering another person one to one support and the third staff member offered people support as well as completing other tasks.

No menu was available for people or their family to choose from. There was only one choice of main meal at lunch time. People were offered an alternative meal if they did not want what was on the menu and a variety of drinks were available throughout the mealtime. However, about the meals one person said, "I would like more choice of food." A second person commented about the food, "The food is not good. It's not what I like. There is no choice." However, a third person said, "I love my food here. It's always warm and tasty. Maybe some different meals would be nice to be able to choose." A fourth person had similar views sharing, "The meals are OK. I would like a bit more choice." Staff told us people could have additional meals and snacks throughout the day. One staff member said, "If people want extra, they can have it." A second staff member commented, "I had to cook a fried egg at 11 pm, it's people's home after all."

We recommend the registered provider review people's mealtime experience and work collaboratively with people to gather their views and preferences on the meals served at Highbury House Care Home.

We found by talking with staff they had a good understanding of people's assessed needs. For example, we read in two people's care plans that they needed plate guards to enable them to eat independently. We observed people were served their meals with plate guards attached. When questioned staff we spoke with could discuss people's care needs and what support was required. One person stated, "I think the staff are good at their jobs."

All staff we spoke with told us they had received an induction before they started delivering care. One staff member told us, "I had a fortnight of shadowing, even though I had done the job before." They also stated the ongoing training was provided throughout their employment. We noted there was refresher training scheduled in the forthcoming weeks and the registered manager had a training matrix highlighting when staff needed to refresh their training.

We asked staff if they were supported and guided by the registered manager to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the registered manager one staff member told us, "I feel supported by [registered manager] and get praised when I'm doing things right."

We saw evidence of health and social care professionals being consulted with to promote people's health. This included GP's, dietitians and specialist nursing teams. Individual care records showed health care needs were monitored and timely action was taken to meet people's needs. We saw evidence the registered provider had worked closely with the local authority to monitor people's health needs and drive improvement throughout the service. This showed the registered provider had systems to access healthcare professionals when required and support people to lead healthier lives in line with current best practice.

We had a look around Highbury House Care Home to see if the design and décor of the building was suitable for people living there. There was keypad secured access to ensure people who were living with dementia were safe. The rooms that contained medicines and hazardous materials were locked when not in use. Corridors were free from obstructions allowing people who wanted to walk independently the freedom to do so with minimal risk. Call bells were near to hand when people were in their rooms both which promoted independence and managed risk for people.

We saw some dementia friendly signage throughout the home that promoted comprehension for people living with dementia and guided them around the home. We saw large black and white wall murals that showed bygone times. Wall murals are orientation tools, making an area distinct and memorable. The scenes also prompted conversations between people and staff. Rooms were individualised with photographs and pictures from relatives and supported people's wellbeing and sense of belonging.

Good

Is the service caring?

Our findings

Everyone we spoke with said staff were caring and kind. One person told us, "The girls are very lovely and caring. They are just wonderful." A second person commented, "The staff are lovely. They are just wonderful. They try very hard to care for us all." One relative said, "I think the girls today are lovely."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We noted several supportive interactions took place so people felt valued, supported and respected. We overheard one person say to a staff member, "Thank you for your help, you are so helpful." People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed staff offering a reassuring hold of a hand, or arm around the shoulder when needed. People responded positively to this.

Highbury House Care Home had two resident cats. Each one belonged to a person who lived at the home and moved in with their owners. The registered manager told us everyone now loved the cats at the home. One relative of the owner of one cat told us, "[Family member] would be lost without their cat." We saw the second owner seek out their cat throughout our visit to give it a stroke and a cuddle. We spoke with one person who had brought the cats treats after a trip out and was sharing the treats so everyone in the vicinity got to feed the cats, which they enjoyed. The task instigated a lot of discussion between people and staff and enhanced people's wellbeing.

Everyone we spoke with said the people's privacy and dignity were respected always. We observed that staff always knocked on people's doors and looked round the door before entering. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed bathroom doors were closed before support was offered.

Staff and people who used the service clearly had a good rapport. It was very clear that staff knew people well and could tell us about individual people and their life histories. Humour was used by both staff and people living at Highbury House Care Home to cement their relationships. We observed that staff spoke kindly to people, providing reassurance where necessary and were not patronising or over familiar.

People were appropriately dressed and looked well cared for; indicating staff had taken time to support people to project a positive image. We observed staff made good use of touch and eye contact when they spoke with people, we saw this helped them to relax. We heard the registered manager and one person discussing make up and jewellery and saw the person beam with happiness when they were complimented on their choice of outfit.

A person living with dementia may recall a surprising range of facts or experiences, especially memories from earlier in their life, but may forget recent events or familiar. We noted care plans held information to promote valued conversations. The care plans contained information about people's cultural background and early life experiences. We saw care plans contained an introduction to the person's early life and likes

and preferences. For example, one person grew up on a farm, and another care plan guided staff not to shave of their moustache which they had had for 40 years. We also saw one person liked their rollers in at night and powder and lipstick on in the morning. We could see that one person liked going to the pub for a pint, (which they did when we visited) and one person liked wordsearch puzzles.

We discussed advocacy services with the registered manager. They confirmed should advocacy support be required they would support people to access this. They also shared documentation that indicated several people who lacked capacity had lawful representatives acting on their behalf and they liaised regularly with them on matters of their health and financial wellbeing.

Good

Is the service responsive?

Our findings

At the last inspection in July 2017 people told us they had not been involved in developing or reviewing their care and treatment plan. Neither was there evidence in the care records that people or their representatives had consented to their care or had been involved in planning or reviewing their care. These findings demonstrated a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Person centred care).

At this inspection we noted improvements had been made. Everyone living at Highbury House Care Home had met with a member of the management and had their plan discussed and reviewed. People and relatives confirmed they had participated in the completion of their care plan. Each care plan we looked at was structured and gave a good oversight of the person and a clear picture of their needs. They were person-centred in the way that they were written. For example, one care plan stated the person called most staff by the same name and would ask, "Do you still love me." Staff were guided on what responses to give to ensure the person's needs were met. Daily handovers between staff ensured new information about people was passed on at the start of each shift. This meant staff knew how people's current needs and any action taken each day.

We received mixed feedback when we asked if staff were responsive and able to meet people's needs. One person said, "I would tell [staff member] if I had a problem. She would help me." A second person commented, "If I need help they [staff] will come to me." One relative told us, "My [family member] needs plenty of help and I think she gets what she needs." A second relative stated, "My [family member] has been here a long time and is looked after well. Her personal care is good."

However, we were also told, "It's very hard for the girls [staff] to watch these people and do their jobs." And, "There is not enough staff to care for the type of residents they are looking after. I have seen some residents getting very agitated and no staff around."

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

One person who required additional support had a communication tool to support positive interaction. It stated the person could understand what was being said but had difficulty responding. It also informed staff the person found it easier to make choices if they were given options visually. They communication tool guided staff to offer open ended questions and described how the person used personalised signs to communicate. The communication tool also had information on what cheered the person up, [teddies and dolls] and things that upset them [foods of a certain colour]. Staff and the cook were aware of the person's preferences. This indicated the registered provider had taken steps to ensure people received information in a way they could understand, and staff were responsive to their communication needs.

We looked at activities at the home to ensure people were offered appropriate stimulus throughout the day. About activities one person told us, "I get bored sometimes because there is not enough to do during the day." One relative told us, "There is not enough going on in the home. I am only aware of two entertainments a month and that doesn't always happen." A second relative commented, "I know there is a board with some activities on it but it doesn't happen." One staff member told us, "Keeping on top of the activities is difficult."

On day one of our inspection, we did not observe any structured activities taking place. The weekly activity timetable stated live entertainment would be taking place. It did not take place. On the second day of our visit the activity timetable stated reminiscence and singalong to take place. This never occurred while we were present. However, we did see people sat watching Laurel and Hardy films, which they enjoyed. We noted one person took pleasure in completing a jigsaw. The registered provider had purchased realistic looking model cats that imitated the sounds and movement of cats. It provided people living with dementia the opportunity to love and to nurture. We observed one person carry, cuddle and love 'their' cat throughout our visit.

We noted there were weekly visits by a hairdresser and a nail technician. There were scheduled regular visits by singers and a reminiscence entertainer that focused on Lancashire historical memories. We spoke with a visitor that attended weekly to chat with people and deliver holy communion. They told us the registered manager always informs them when new people arrive so they can visit and offer spiritual support.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. The complaints procedure was advertised in the communal area of the home. It advertised the contact details of alternate organisations should people not wish to deal directly with the provider. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw evidence the registered provider was dealing with complaints in a structured and timely manner.

We asked about end of life care and how people were supported sensitively during their final weeks and days. We noted people had the opportunity to document what they would like and not like to happen when their health deteriorates. The registered provider recorded if people had a Do Not Attend Cardio-Pulmonary Resuscitation decision (DNACPR) in place. The purpose of a DNACPR decision is to provide immediate guidance on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. One relative told us, "We have discussed end of life care and the staff know my wishes. My [family member] has a DNR on her notes." The registered manager could discuss good practice guidance in relation to the appropriate support to be delivered. They told us, "It is all about dignity and respect. The support does not stop when someone dies. It is about dressing the person in clothes that represent them and consoling the family." This indicated the registered provider included end of life care, incorporating people's wishes within the personalised care they delivered to people who lived at Highbury House Care Home.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in July 2017 we found the home was not always well-led. The registered provider had not detected the issues CQC noted during the inspection. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems to provide good governance and ensure the safety and wellbeing of people were not effective.

At this inspection we recognised improvements had been made. The registered provider had introduced a computer system that held a governance system to prompt the management team to manage risk and meet their regulatory responsibilities. We saw audits completed by the senior management team which identified where improvements were required. Timescales were set for completion of resulting actions and the registered manager told us they were committed to improving the service.

However, we found areas of concern with the effectiveness of some of the governance schedules in place. We found parts of the environment were unclean. There was a day time domestic cleaning schedule in place this did not include communal areas of the home. There was a schedule for rooms to receive a 'deep clean', however we noted gaps in the monthly schedule that indicated rooms had not been cleaned. Deep clean is a term used for an exceptionally intense cleaning process. We noted two rooms had been documented as having a deep clean in September 2018 but thick dust was present in October 2018 when we visited. There was an infection prevention audit that had failed to identify a hand rail lacked a protective cover in one bathroom. There was no audit in place to assess the quality, suitability and cleanliness of wheelchairs, mattresses and hoists. We found areas of concern with one person's wheelchair and two mattresses. The registered manager told us they would introduce a suitable monitoring audit and seek replacement mattresses.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as audits had not always identified the improvements required.

About the registered manager one person told us, "She [registered manager] is rushing inside, but calm on the outside. I like her." One staff member commented, "If I have a problem, I can go to her and she will help me." A second staff member commented, "She is good, and knows everything that is going on."

We saw records of managers meetings where best practice was discussed. For example, new guidance around oral health was shared. We saw minutes of staff meetings which included topics such as hydration and nutrition. We saw minutes of meetings with the chef where fresh produce was discussed.

Staff were communicated with on a regular basis. Daily handovers took place each day so that individual needs and concerns could be addressed and discussed in a timely manner. Team meetings also took place. People and their relatives were encouraged to share their views and experiences of the service and make suggestions about how the service was delivered. We saw surveys that included, "Fantastic, there couldn't be any improvements". We also read, "Meals are excellent they are first class." And, "I have found the care excellent." The registered manager told us they had stopped having 'resident and relatives' meetings and

had started a Friday afternoon, open door policy where they set aside time to be available to meet with anyone who wishes to chat, share a compliment or raise a concern. We saw these meetings advertised on the notice board. This also gave an informal platform for the registered manager to share important information about goings on at the home and any planned changes. This showed the service continually sought feedback and was open to making changes and improvements to the service provided.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs and district nurses. The registered provider also attended local quality health and social care forums. We asked what impact that would have on the care and support people received. They told us they would be kept up to date on relevant social care legislation and best practice.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

The management was open, transparent and co-operative throughout the inspection process. The service had on display in the reception area of their premises their last CQC rating, where people could see it.

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 Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Registered Provider had not provided and maintained a clean and appropriate environment in managed premises that facilitates the prevention and control of infections. 12(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Audits had not always collected information to assess monitor and improve the quality and safety of the service. 17(2)(a)