

Mrs M Mather-Franks

# Highbury Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Highbury residential care home is a care home providing personal care for adults of all ages with learning disabilities, autistic spectrum disorder, mental health conditions, dementia and/or physical disabilities. At the time of inspection, eight people were supported by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. The service fitted in well within the residential area where it was located. There were no identifying signs at the front of the home to indicate it was a care home. Industrial bins at the side of the property were adequately concealed.

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

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored and administered safely, and records showed they were administered correctly.

Staffing support matched the level of assessed needs within the service and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. 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 treated people with kindness, dignity and respect and spent time getting to know them. Care plans reflected peoples' likes, dislikes and preferences. An activities programme was in place, and people were supported to pursue holidays and activities they enjoyed with staff support.

A complaints system was in place and used effectively. The provider was keen to ensure people received good care and support and listened to feedback when provided. Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

Staff felt supported by the provider and manager and received regular supervisions. The provider was accessible to everyone and was open to suggestion and feedback.

The service applied the underlying principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Further improvements would include ensuring people are always given choices over all aspects of their care, including improved communication.

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 (published 4 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Highbury Residential Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Highbury residential 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the provider, manager, deputy manager and care staff. We also spoke to one relative of a person living at the home.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, quality assurance, team meeting minutes, residents meetings and health and safety documentation.



## 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.

Systems and processes to safeguard people from the risk of abuse

- People told us or indicated to us they felt safe living at Highbury Care Home. For example, one person said, "[Staff] keep me happy and safe." Another person gave us a 'thumbs up' sign and smiled when we spoke with them about feeling safe.
- Staff demonstrated their understanding about how to keep people safe. They knew how and where to report any concerns to. Records showed that staff received up to date training about keeping people safe.
- The provider and manager fully understood their responsibilities to keep people safe and knew to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- People were supported to live full and active lives, risks associated with people's chosen lifestyles and activities were assessed and monitored. Risks assessments were evident in care files relating to individual choices and activities.
- Records contained clear guidance for staff to minimise known risks. For example, risk assessments guided staff to ensure areas of the home were free from clutter. This enabled a person with a visual impairment to navigate their way around the home safely.
- Fire and health and safety checks were in place. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- There were enough staff to keep people safe. Shift patterns were scheduled to meet the emotional and social needs of the people using the service.
- Staff told us they worked well as a team and were happy to complete additional hours in emergency situations to ensure people were supported by a consistent staff team. One staff member told us, "We all pick up extra shifts to cover sickness or holiday; it is important the residents have staff who know them well."
- Staff confirmed that pre-employment checks had been completed prior to commencing their role. This included an enhanced Disclosure and Barring Service [DBS] check.

### Using medicines safely

- Medicines were managed safely. Effective systems were in place to ensure people received their medicines as prescribed. Medicines were audited regularly with action taken to follow up any areas for improvement.
- Staff completed a medication administration record [MAR] for each person which gave an accurate record of medicines which had been administered.
- Staff had received training in safe medicines management and their competency to administer medicines had been assessed.

### Preventing and controlling infection

- People lived in clean comfortable surroundings. Rotas and check lists were evident for cleaning to ensure that people lived in clean hygienic environment. Staff had access to personal protective equipment for example, gloves and aprons for use when cleaning or providing personal care.
- People told us they helped to keep their home clean and tidy and we saw staff supported them to do so.
- The home had been awarded a five star food hygiene rating; the cleanliness of the kitchen, management of food safety and food handling were all rated as 'good'.

### Learning lessons when things go wrong

- There was an open culture where staff were comfortable to report any accidents, incidents or near misses.
- The management team regularly reviewed information when things did not work well or there were shortfalls in the service and shared the learning with staff.





## 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, and choices were assessed before they moved into the service to help ensure the home was the right place for them to live, and they received care and support in line with standards, guidance and the law. Staff involved people, their relatives and other professionals involved in the person's care to help provide a comprehensive and holistic assessment of each person's care needs.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person and any relevant others, so any changes in support needs could be implemented.
- People were encouraged to live healthy lifestyles, and this incorporated regular exercise and activities. Individualised plans meant that people attended various gyms and leisure facilities in the area at different times. They had one to one staff support and support to engage with other people using the venue. One person told us they had friends at the gym who they saw each week.

Staff support: induction, training, skills and experience

- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance. One staff member told us, "We get lots of training and are encouraged to gain health and social care diplomas."
- People who used the service had a range of specific health conditions. The provider provided staff with the right training to meet these needs. For example, understanding autism.
- Staff received regular guidance and supervision, so they could competently fulfil their role. Managers worked alongside staff to share experience and good practice. Staff said they felt supported both professionally and personally and felt this enhanced their well-being.

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

- Staff demonstrated their awareness of people's dietary needs and preferences and the importance of supporting them to maintain good nutrition and hydration.
- People were involved in making choices about their meals and staff supported them to have meals they

enjoyed. One person told us, "We choose our menu every week and if we want to change our minds, we can."

- Staff understood the risks associated with eating and drinking and worked closely with a Speech and Language Therapist to ensure plans in place were safe.

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

- Records relating to people's health and well-being were comprehensive and included information and assessments from other involved professionals. Referrals were made promptly to external professionals.
- People were supported to access health care screening relevant to their gender and age.
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly.
- The service ensured that appropriate information was shared when people accessed other health and social care services to ensure a consistent and effective approach. For example, GP and hospitals.

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

- The home had been adapted to meet people's individual needs. The communal areas were spacious. There was a large enclosed garden for people to access and enjoy.
- People had the choice of how to decorate their bedroom. When rooms within the home were decorated people were involved and could help choose colour schemes and furniture.

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.

- We checked whether the service was working within the principles of the MCA and found that they were.
- Records showed people's mental capacity had been assessed when their capacity to make a particular decision was questioned. Where restrictions were in place, DoLS applications had been made. No one had an authorised DoLS with conditions in place.
- Admissions to hospital and planned surgery had been made in the persons' best interest, this demonstrated that the home worked within the principles of the Mental Capacity Act.



## 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 the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff consistently treated people in a kind and compassionate manner. We saw lots of laughter and individual caring banter between staff and people in the home within professional boundaries. Staff frequently sat with people at mealtimes and other points in the day making for an inclusive and positive atmosphere.
- Staff took pride in their roles because they enjoyed caring for people. Staff had time to get to know and understand people as individuals and build relationships. One relative told us, "[Person] has got a much better life now they are living here. I put that down to the staff knowing [person] well and the encouragement and support [person] is given."
- Staff spoke about the people they supported with kindness. They spoke confidently about the sort of support that made each individual secure and happy. The comments made reflected a staff team that respected and valued the individuality of the people they supported.
- People were encouraged and supported to maintain important relationships. Friends and family were made to feel welcome and valued at the home and (where appropriate) included in their loved one's support.

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

- People continued to be involved in making decisions about their care and how they wanted to live their life. This was recorded in people's care plans which were regularly reviewed.
- People were encouraged, and supported, to make decisions about their day to day support and routines where possible. Staff described, and we observed, how they took their lead from the people. Plans were made that could be flexible, so each person could influence how their day evolved. People's views about which staff they wanted to support them in specific situations were respected when possible.
- Pictorial support was available to help people understand their choices, for example, menu choices. Staff took time to understand how people reacted to their choices, and what they liked.

Respecting and promoting people's privacy, dignity and independence

- The staff team treated each person as an individual, and this was embedded within the service. Each member of staff was committed to recognising people's diverse needs and embracing these with good effect. For example, by ensuring people could visit places that they enjoyed or had meaning to them.
- People's privacy and dignity was upheld; all personal care was delivered in private and personal information was securely stored and protected in line with General Data Protection Regulation (GDPR).
- People had control over their lives. Staff understood they were in a supporting role. We heard and observed many interactions involving people with making decisions, aiding in communication and planning activities together.



## 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 the same. 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's personal history, family members, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans. Care plans included details of what support people required and staff were knowledgeable about the support people needed and this was provided consistently.
- We received positive feedback about the service and the way people's support was provided. One person's relative said, "It's wonderful, [person] loves living here. [Person] has complete access to the garden and greenhouse which is important to him."

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.

- Staff had a good awareness of the AIS. Information was presented in different formats, such as pictures and large print, to aid people's understanding.
- Staff understood people's specific communication needs. These had been identified and recorded in care plans so staff knew how best to communicate with people. Two people used Makaton and their important signs and symbols were presented in pictures for staff to follow. Makaton is a language programme using symbols, signs and speech to enable people to communicate.

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

- Staff were committed to enabling people to socialise, develop and maintain relationships. Staff supported people to visit friends and family outside of the home.
- People were able to go on holidays and pursue activities they enjoyed. One person told us, "We go on holiday every year; we are in the middle of planning it now." One person enjoyed going to the gym with

support from staff, other people went swimming, trips to cinemas, local walks and clubs.

- Technology was used to maintain contact with family, friends and staff using an Ipad. Photographs of activities and messages were shared with families to promote positive relationships. People were encouraged to contact friends and loved ones by using video calls to avoid social isolation.
- People's cultural needs were met. The provider had sourced an interactive group that visited the home on a regular basis to provide an opportunity for people to be engaged in ceremonies in a less informal way.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was accessible to people, relatives, visitors and staff. The complaints procedure included information about external agencies who could support people with complaints.
- Some people were unable to actively make complaints due to their specific health conditions. However, staff knew how to recognise signs of distress and told us they would investigate and resolve any situation where a person expressed they were unhappy.
- There had not been any complaints made since the previous inspection.

End of life care and support

- At the time of our inspection no one using the service required end of life support.
- People had care plans in place which recorded their wishes in the event of a potential sudden death. It was clear where people had funeral plans in place and whether these were held at the service or with family members.



## 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

- There was a positive person-centred culture in the home, people were respected and treated as individuals, resulting in them being empowered to live their lives as they wished.
- Outcomes for people were good with a focus on maintaining health, independence and leading fulfilling lives. The staff were committed to achieving good outcomes for people.
- Staff told us the provider and manager was approachable and accessible. Staff were confident any issues would be dealt with promptly. One staff member said, "The provider is brilliant, always approachable, hands on if we need her to be and knows the residents really well."
- The provider introduced incentives to retain their staff team as they recognised people benefited from familiar staff. For example, a 'star of the month' scheme had been introduced to recognise staff contributions.

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

- Staff were clear about their responsibilities and were positive about the leadership structure in place. One staff member said, "I love working here. All the staff support each other; we are a great team."
- The provider regularly worked with staff to provide people's support. They also carried out audits of the service to maintain oversight of the safety and quality of the service and drive improvement.
- The provider was aware of the requirement to notify CQC and other agencies of incidents which took place that affected people who used the service.
- The provider and manager were aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- People and relatives were encouraged to feedback about the service. This was informally over a discussion or telephone call, or formally through surveys and questionnaires. This feedback was used to inform and improve the service. Feedback received was positive.
- People were encouraged to attend meetings where information about the service was shared and discussed. For example, weekly residents' meetings took place to discuss upcoming events.
- Staff attended regular meetings and the management team valued their input to improve outcomes for people.
- Staff told us that they received training relating to equality and diversity and that the provider promoted an open inclusive culture where people could feel safe in expressing themselves. This shows that staff understand the importance of inclusion.

Continuous learning and improving care; Working in partnership with others

- The management team demonstrated an open and positive approach to learning, development and feedback.
- The service had links with external services that enabled people to engage in the wider community.
- The provider and manager attended care forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.
- The provider listened to people and staff and responded to suggestions for improvement. One member of staff told us, "We are always asked what we think, how can we improve, and we are always listened to. I suggested an improvement to the garden and this was listened to and acted upon."