

Care UK Community Partnerships Ltd Highbury New Park

Inspection report

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Date of inspection visit:
24 October 2019
28 October 2019

Date of publication:
24 December 2019

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 New Park is a care home owned by Care UK Community Partnerships Limited providing residential and nursing care service to 53 people. At the time of this inspection there were 53 people living at the home and almost everyone was living with dementia.

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

People were kept safe from harm and if any concerns about people's wellbeing arose the service took the necessary steps to respond. Staff knew what they should do to minimise the risks that people faced and liaised appropriately with other health and social care professionals to achieve this.

The service had a good understanding of people's needs and made detailed plans of people's care. The care provided was agreed in consultation with people using the service and their families.

Staff were caring. People we spoke with told us this and we observed the easy and relaxed way in which people using the service, their relatives and visitors all interacted with staff.

People were supported to have 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.

People were acknowledged as individuals and were treated with dignity and respect by staff working at the home.

Management of the home was complimented repeatedly and the way in which the service was run. The way in which the home was run was kept under review by the provider. The home thought ahead about planning for events, identified things that needed to improve and change, as well as recognising what was done well.

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

Rating at last inspection

The last rating for this service was Good (Inspection report published on 9 May 2017). At this inspection the service remained good.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Highbury New Park

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 comprehensive inspection took place on 24 and 28 October 2019 and was unannounced. The inspection team consisted of one inspector and one Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Highbury New Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We used the information the provider had sent us in the form of notifications and other routine communications we had with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and five relatives and a person's friend about their experience of the care provided. We spoke with seven members of staff including the administrator. We spoke with the registered manager, deputy manager, and area operations manager.

We reviewed a range of records. This included six care records and multiple medicines records. We looked at six care and nursing staff recruitment records, staff supervision and training. We also viewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and a range of quality assurance records. The service also provided us with information to support the evidence found during the inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Two people living at the home told us "[The home is] Very safe, everyone looks after me, I like it here" and "Everything is very good here, the staff look after everyone and keep them safe and ask them how they can help them, you only have to ask and staff are there."
- Relatives told us "I think [relative] is so safe now it helps me not to worry" and "Yes we do think it is safe, we never worry or think she is not safe."
- The provider took necessary and reasonable steps to minimise the risk of harm or abuse of people. The management and staff at the service knew what they should do to minimise risk of harm and what action to take if anyone was believed to have been harmed.
- Staff had access to the organisational policy and procedure for safeguarding vulnerable adults from abuse. Both management and care staff we spoke with were clear about their commitment to acting to keep people safe from abuse or other unnecessary harm.
- Staff told us that they had regular training about safeguarding people, which training records confirmed. Each member of staff we spoke with was able to explain the process for raising a safeguarding concern. Staff knew who to report concerns to, for example other senior staff, the manager or area manager of the provider.

Assessing risk, safety monitoring and management

- The registered manager and staff took all reasonable steps to assess, understand and monitor potential risks that people faced in their day to day life.
- Records showed risks to people had been assessed when they first came to the service and potential risks were then regularly considered as a part of the monthly care plan evaluation.
- Risk assessments covered a range of different areas that included signs to be aware of which may indicate a person's health may be deteriorating. Risk assessments also covered common risks for people in living at the home or going out, as well as risk assessments tailored to each person's individual day to day care and support needs.

Staffing and recruitment

- People and relatives almost entirely thought there were enough staff and were complimentary about how staff were available to provide their support.
- The provider used effective procedures when recruiting staff to minimise the risk of employing unsuitable staff to support vulnerable people.
- We looked at the recruitment records of seven staff, including one nurse, all having been recruited in the last six months. The recruitment record contained the necessary documentation including references, proof

of identity, criminal records checks and confirmation that the staff member was eligible to work in the UK. Qualifications were verified and registration for nurses with the nursing and midwifery council was confirmed.

- Staff we spoke with told us they thought there were enough staff, sometimes people may be off work due to illness. Staffing levels were not considered to be an issue for staff.
- Our review of staff rotas showed that staff were deployed in suitable numbers across each floor of the home. There was also suitable catering, ancillary and administrative support provided.

Using medicines safely

- People living at the home told us "The staff help me take medicines" and "The Doctor and the nurses know all about the medicine and they tell me what they are doing, and I know they know."
- Systems were in place to ensure medicines were handled and administered safely. Nursing and senior care staff received medicines training and their competency was assessed before they administered medicines. Competency was reviewed to ensure that nursing and senior care staff remained knowledgeable and carried out medicines' administration safely.
- People had personalised medicines care plans. Medicines administration records showed that people received their medicines as prescribed.
- During our inspection we observed a nurse and a senior care worker on one floor and a nurse on another floor administering medicines. This was carried out safely and time was taken to ensure that the correct medicine was provided in the most appropriate way to the correct person for who the medicine was prescribed.

Preventing and controlling infection

- People were protected from the risk of infections. The home was clean. Regular checks of the cleanliness of the environment were carried out, as well as infection control audits. These showed that the home was effective at managing infection control and acted if needed to ensure this was maintained. Staff received infection control training.
- Disposable personal protective clothing including gloves were available. We saw these were easily available and were used by staff as needed.

Learning lessons when things go wrong

- Staff we spoke with knew what they should do to respond, and report concerns about people's welfare. Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe.
- People's risk assessments and care plans were reviewed monthly. These were updated and reviewed sooner if there were any concerns arising from an incident or identified changes to people's immediate care and support needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant that 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 in line with current legislation and guidance in a way that provided staff with the information they needed to help to prevent discrimination. Details about people's cultural, religious, disability, age and relationship needs and personal preferences were included in people's care plans.
- In conjunction with other care homes in the local area people had participated in a pilot project known as "The memory Group." This ten week project was looking at cognitive stimulation therapy designed to stimulate people to use their mind and increase their cognitive activity. Various topics were discussed, and this project was run by the local NHS trust. The home was unclear if this would continue but after evaluation of the project it was hoped that it would.

Staff support: induction, training, skills and experience

- The provider operated effective staff induction procedures which was confirmed by staff we spoke with. The induction included shadowing colleagues, face to face and online training and staff were required to complete an induction workbook in line with the common standards to complete the care certificate.
- Care staff we spoke with confirmed they received regular supervision which covered the needs of people using the service, training and professional development. Staff told us that they had regular day to day discussions about the needs of people and day to day work.
- The provider was committed to providing staff with suitable training to effectively undertake their work in supporting people. The staff training matrix we viewed showed that refresher training was identified, and timescales were listed for updating training as required. All staff we spoke with told us about having access to regular and relevant training that they believed was relevant and helpful in their work.

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

- A person using the service told us, "The food is lovely, there are lots of different things to eat and staff ask me what I like, they try and make sure I have food that I like, the food is cooked very well. I love the orange juice, there are always choices and I like the water." One person thought the food was sometimes cold when it arrived but no-one else thought so. The amount and range of food choices and availability of drinks was complimented.
- A relative told us "I think there has been a change in the food for the better, I think someone spoke up at a meeting and the food is softer now. [relative] seems to enjoy it mostly and there are always drinks and the tea trolley comes around." Another relative told us, "We did have a problem with how thick some of the meat was very difficult even for us to cut it to assist [relative] but we brought it up in a meeting and it is much better now." These comments demonstrated that people were listened to and changes were made when

they shared their views about the quality of the food offered.

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- People were provided with a varied diet. The chef rotated a seasonal menu each week and choices were available. People could have a cooked breakfast every day if they wished to. We observed people's mealtime experience at lunchtime. People could choose to eat in the dining area of each floor, in their own bedroom or on a tray in the lounge if they wished. At mealtimes people were reminded about what was on the menu and were also offered choice by care staff at the time that meals were served.

Staff working with other agencies to provide consistent, effective, timely care

- There was a monthly multi-disciplinary team meeting involving the GP practice and other community based healthcare professional that visited the home. People's health was discussed and changes to people's healthcare needs were considered.
- Care plans showed that the service had positive relationships with other health and social care professionals. This benefitted people using the service as their needs were known about and action was taken to address people's needs.

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

- The facilities in the home were suitable for people using the service. People's own rooms were decorated and furnished in the way that people individually preferred.
- There was ample accessible space for people to use to engage in communal activities, to socialise and to have private space to receive family and friends.

Supporting people to live healthier lives, access healthcare services and support

- People living at the home told us "The doctor is here every week, he is here today", "I can always see the doctor" and "I can see the doctor when I want to, he is kind and knows his job well, all the doctors who come look after me well."
- Highbury New Park ensured the information about people's current physical health was up to date and shared with health care professionals, an example of which we saw on the second day of our inspection. The deputy manager and manager checked how people had been each morning. One person had been unwell during the night and this was raised by care staff and the information was then shared with a GP who was visiting later the same morning.
- People were supported to use community healthcare services as and when necessary. Each person was registered with a local GP. Staff supported people to make and attend their medical appointments at clinics and hospitals and these were planned for. The home also had community healthcare professionals visiting to see people if they were unable to go out to attend appointments.
- During the inspection we spoke with a GP that visited the home and we also viewed feedback provided by other visiting healthcare professionals. The feedback was without exception complimentary about how the service worked in partnership with healthcare colleagues.
- The provider had implemented a strategy for promoting oral healthcare which is something that was, on the basis of CQC research, not attended to in some care homes. Highbury New Park worked closely with the community dental service and had clear guidance in place for all staff about assisting people with maintaining oral hygiene.

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.

- The registered manager and staff were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS were in place and the necessary approvals had been obtained for the 49 people that required this restriction to be in place at present.
- Best interest's decision meetings were held. The service did not assume that people lacked capacity to make any decisions and staff sought people's views about day to day choices they were able to make.
- The manager and all other care staff we spoke with had a good knowledge of their responsibilities under the legislation in the best interests of the people they supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- People using the service told us "Always so kind and caring, yes [they treat me] with dignity", "Care staff are gentle and caring" and "[Staff are] so kind."
- Another person told us "They treat us very well. If one is down or depressed they put their arms around you and just that personal touch is comforting" and "They're great people and they treat me well."
- A relative told us "The carers are respectful and do treat my [relative] with dignity and privacy, they are very good when using the hoist and explain what they are doing, they have changed the sling now and it is better, the staff are respectful." Another relative told us "There is a good awareness of dignity and respect, we come in everyday so if we were concerned about anything they would soon know."
- We observed that staff, whatever their role, were courteous to people and respectful of the right of people to be offered choices and to have these respected. A member of staff told us "I am really impressed with the standard of care here, people are respected." All staff we spoke with understood the importance of respecting people's differences and providing them with personalised support.
- Staff told us "Staff are very kind and respectful of people" and "I like my job, this is the first time I have worked in care and I enjoy working with people."

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

- Staff we spoke with knew people's individual routines, likes, dislikes and how each person preferred to be supported. During the inspection we observed staff regularly engaged with people, asking them how they were and if they needed anything.
- Personalised care plans detailed the day to day decisions people were able to make and where they needed support. For example, during the inspection we saw that people were able to make choices about what they wanted to do or whether to be in people's company or alone.

Respecting and promoting people's privacy, dignity and independence

- During the inspection people who needed support with their personal care had their privacy respected. If people preferred to spend time alone this was respected, and people were not expected to spend time in other people's company if they didn't want to.
- People's care records and other confidential information were stored securely and in line with legislation. Staff knew about the importance of respecting confidentiality and not speaking about people to anyone unless they were involved in their care and treatment and had the person's permission to do so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- A person using the service told us "They know what they are doing, they tell me what they are doing."
- Care plans showed that people and where relevant, their relatives, were fully involved in decisions to do with their care. People received personalised care and support. People's care plans reflected people's wishes, goals and what was important to them. Staff knew people very well.
- Care staff we spoke with easily able tell us about the people they cared for. Staff we spoke with did this without needing to look at care notes and could readily tell us about people who we asked about.
- Staff understood people's emotional support needs. Care plans included guidance for staff to follow to provide people with the support they needed. We saw staff engaging in warm and affectionate interactions with people during our visits to the home.

Meeting people's communication needs

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

- People using the service all received publicly funded care. The staff and management of the home ensured that people's communication needs were taken into consideration when planning and communicating with them about their care and day to day needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People using the service and relatives told us "There are activities every day, loads going on and we can join in as well as relatives, they are very warm and welcoming to everyone and the activities are good. They send a list around and there is a real variety of things going on." We were also told, "There is a lot going on and outings. There is a summer BBQ and Christmas Fayre, outings to the Cinema and a minivan takes them to see the Christmas lights. Mum loves the animal therapy. There are religious services and residents' individual needs are addressed."
- Staff told us "The care here is excellent" and "Staff are very kind and respectful of people."
- People were supported to maintain and develop friendships and relationships with people who mattered to them. A member of staff told us about a couple that live at the home and how they ensure they can spend as much time together as possible, which we saw during our inspection.
- Some people living at the home used to use a day centre which was next door. These people were able to participate in events and social activities and we saw that people were invited to go into the day centre to

keep in contact with people they knew.

- People's independence was promoted. During our inspection people were being supported to engage in activities in groups or in individual one to one sessions. Regular groups included art therapy and massage therapy as well as visiting entertainers and events, for example the home was preparing for Halloween and people joined in a group to cut out faces on pumpkins.

Improving care quality in response to complaints or concerns

- A person using the service told us "I would talk to the staff they will help me and [registered manager] is very kind she knows everything"
- Other people along with their relatives told us, "Yes we would go straight to [registered manager and deputy manager] and they are on it immediately" and "There is a process, I think they are very good here with their procedures we have never had a big problem, smaller issues like the food we would bring up in the relative's meetings and they do respond quickly. We would talk to the managers here who are fantastic."
- The service had a complaints procedure that was provided to people when they started using the service and information was also readily available around the home.
- The provider had systems in place for monitoring of complaints. Historically the home received very few complaints and had received none in the last year. We were shown a number of letters and cards from people complimenting the staff and management of the home for how well they cared for people.

End of life care and support

- The service was involved in providing end of life care on a regular basis. The guidelines and procedures in place to respect and involve people, and their families, with end of life care decisions were clear.
- We were shown an example of a person who had come to live at the home in the expectation that they were reaching the end of their life. This person's situation had improved markedly, and they were not currently considered to require palliative care. The home did, however, have plans to reinstitute this at such time as it may become necessary.
- The guidelines for end of life care were designed around supporting a dignified death for the person as well as supporting their families and friends.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People using the service told us "The staff here are so thoughtful" and "[registered manager and deputy manager] are here they know about everything that is going on and they come and talk to everyone. [registered manager] is so kind, so caring, so helpful, she will do anything for you"
- People along with their relatives told us "Yes they are interested in our opinions and contributions and I know there is a relative's meetings I cannot always attend but I hear what is going on" and "We have been asked about our views and there are good systems in place and we can contribute at the relative's meetings or speak directly to the management."
- Staff told us "The management here is so supportive" and "Yes people here are very well cared for and I have never had anything to worry about."
- Staff knew people very well and supported and encouraged people to lead the life they wanted. People's wellbeing was central to the service and this was evident in how people's care and support was planned.
- Staff we spoke with told us about a service that was well managed, was supportive of them in their work and that they were recognised for what they do and were encouraged to make and contribute to improving the service for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was fully aware they were legally required to report to CQC, any event which affected the running of the service, DoLS authorisations and significant incidents.
- The manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.

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

- Audits to monitor the service and experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. There were additional audits, to maintain oversight of the home and the effectiveness of the service, carried out by the provider of the service. All examples of audits that we viewed showed these looked at the wide range of areas of operation. They considered direct care experiences of people, including people having falls and being at risk of pressure ulcers. These looked at reasons and prevention, which were also considered at multidisciplinary meetings with healthcare professionals.

- The manager, senior staff and care staff were clear about their roles and responsibilities. The staff team were, regardless of their roles, included in contributing to the service and how it performed with views being respected and given importance.
- Staff felt well supported. They told us the registered manager, deputy manager and senior colleagues were approachable and listened to what they had to say.

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

- Communication between people, their families and staff was good and the conversations we observed with people and their relatives was engaging and staff were approachable and listened to what people wanted to say. Meetings between people using the service, relatives and staff took place as well as social events. Written surveys were also carried out.
- The service had links with local schools and community based organisations such as a massage therapy, art therapy and visiting entertainers.
- We observed staff engaging positively with people and taking an interest in what people were doing and how they were. Staff listened to people and respected the choices people made and gave them time to make their wishes clear.
- It was evident from what people and relatives told us that they had no hesitation in raising anything they wanted to and were asked to give their views about the service. They believed their views were taken seriously and were acted upon.

Continuous learning and improving care

- Staff told us that they believed they deserved credit for how they all work together to provide the best possible care for people. In all conversation we had with staff it was evident that were committed to ensuring people received good, safe and personalised care.
- There was a culture of good communication and continuous improvement and learning within the service. The registered manager and deputy manager kept up-to-date with best practice and information was shared with staff.

Working in partnership with others

- The home liaised with other health and social care professionals to ensure that people's needs were met.
- Care staff had sought advice and guidance from senior colleagues and healthcare professionals where there were any concerns about a person's wellbeing and changes to people's needs. We observed this taking place during our inspection.