

Rushcliffe Care Limited

# Highbury House Nursing Home

## Inspection report

The Old Rectory  
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Stourbridge  
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DY8 1HB  
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Website: [www.example.com](http://www.example.com)

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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 

### Overall summary

This unannounced inspection took place on 26 November 2015. At our last inspection in December 2013, we found that the provider was meeting the regulations that we assessed.

Highbury House Nursing Home is registered to provide accommodation, nursing or personal care for up to 21 adults who have support needs that are related to their

mental ill health, learning disabilities, autistic spectrum disorders, misuse of drugs and alcohol or sensory impairment. The service provides nursing and rehabilitation support to enable people to return to living independently. At the time of our inspection there were 19 people using the service.

# Summary of findings

The manager was registered with us as is required by law. 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.

Staff were provided with training and were knowledgeable about how to protect people from harm.

We found that medicines management within the service was effective. The service had a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs. People told us staff were available to provide the support they needed, when they needed it.

People were supported to access the nutrition they needed and were monitored for any changes in their dietary needs. The service had appropriately identified those people who may need a Deprivation of Liberty Safeguards (DoLS) in relation to potential restrictions they were subject to.

We observed staff interacting with people in a positive and respectful manner. People spoke to us about how genuinely caring and kind staff were towards them. People told us they were encouraged to remain as independent as possible by staff. We observed staff ensured people's privacy and dignity was maintained.

People were consulted about all aspects of the planning of their care and in relation to the daily activities they were involved in. Activities available within the service were centred on people's rehabilitation needs, individual abilities, preferences and interests. The provider's complaints process was clear and was displayed on communal noticeboards for people to refer to.

All of the people and staff we spoke were very complimentary about the quality of leadership within the service. The registered manager and provider undertook regular audits to reduce any risks to people and ensure that standards were maintained. Feedback was actively sought and acted upon from people.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People received their medicines as their doctor had prescribed to maintain their well-being.

People were supported to undertake activities and to access the local community with careful consideration given to any related risks to them based on their individual support needs.

There were a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs.

Good



### Is the service effective?

The service was effective.

People were supported to access the food and drinks they needed and were able to access learning about a healthy diet.

The provider was aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS). People's consent was given before staff supported them.

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Good



### Is the service caring?

The service was caring.

Staff attitude and approach was kind and caring toward the people they supported.

Information about the service was made available for people in the way they were best able to understand and of their choosing.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in planning their own care and chose the activities they undertook in consultation with their keyworker and with their rehabilitation needs in mind.

We saw that care was delivered in line with the person's expressed preferences and needs.

People felt confident that they could raise any concerns and knew how to make a complaint.

Good



### Is the service well-led?

The service was well led.

The provider notified us of incidents and events that had occurred within the service.

People and staff spoke positively about the leadership of the registered manager.

Quality assurance systems were in place and included auditing a number of key areas for safety.

Good



# Highbury House Nursing 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.

The inspection of Highbury House Nursing Home took place on 26 November 2015 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key

information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with seven people who used the service, three members of staff, the deputy manager and the registered manager. We observed the care and support provided in communal areas.

We reviewed a range of records about people's care and how the service was managed. These included reviewing three people's care records, the staff training matrix, three staff recruitment records, four people's medication records. We also looked at records used for the management of the service; including staff duty rotas and records used for auditing the quality of the service.

# Is the service safe?

## Our findings

People we spoke with said they felt the service was safe. One person told us, “I feel safe in the place and they look after me here”. A second person said, “We often go out with staff and I feel safe doing that”. Staff had undertaken training in a variety of ways about how to protect and keep people safe, including safe moving and handling and first aid. They demonstrated they knew what action they would take if they suspected someone was at risk. The staff described the procedures for reporting if they witnessed or received allegations of abuse. For example, one person was at risk of becoming unwell due to being overstimulated by certain triggers when accessing the local community, so staff were mindful of such triggers when planning any outings. A staff member told us, “I have reported concerns to the manager and completed incident forms when necessary – we do get feedback in handover about any incidents that have occurred”.

People told us there were enough staff on duty to meet their needs. One person told us, “There is always staff around to talk to if I have any concerns”. Another person said, “There are enough staff here every day”. A staff member said, “The majority of the time we have enough staff on duty, we never seem to be short”. We saw that there were enough staff available to readily give people the support and the time they needed.

Risk assessments had been developed with people’s involvement and individual health and support needs in mind. They considered the person’s abilities and behaviour when outlining how staff should protect them and maintain their well-being. For example, guidance for staff in relation to seizures included very clear actions about how to administer medication and position the person following a seizure. We saw that these assessments were regularly reviewed and updated to reflect current potential risks that needed to be considered when supporting people.

Staff described to us the practical positive actions they utilised when dealing with situations that may potentially compromise people’s safety. We observed that people were protected from harm in a supportive respectful manner. One person told us, “Staff know me well and they

know how to keep me calm when I am upset”. A second person told us, “As long as staff know where I am, I can have the space I want”. People told us they had access to the local community; we saw that each individual’s needs had been considered in regard to the level of support they may need from staff to ensure this was done safely, with their involvement.

We found that the provider’s recruitment and selection process ensured that the staff who were recruited had the right skills and experience to support the people who used the service. Staff files contained the relevant information including their full employment history, criminal records checks and appropriate references, this helped to ensure that staff were safe to work with people who used the service. Staff we spoke with told us that recruitment practice was good and that all the necessary checks had been completed prior to them commencing their role.

People we spoke with told us they were satisfied with the information they received about their medicines and how they received them. One person said, “I receive my medication on time four times per day; I am made aware of why I am taking it and what the effects are”. Another person told us, “The nurse gives us our medicines when we need them; if my medication is due when I am out they give it me when I get back and ask if I am ok”. We reviewed how medicines were stored, administered, handled and disposed of. We observed that medicines were provided to people in a timely manner and as prescribed by their doctor; with records completed fully and without any unexplained gaps. Where people were responsible for a proportion of their own prescribed medicines as part of their rehabilitation, this had been appropriately risk assessed and was reviewed each month with staff. Medicine storage cupboards were secure and organised and arrangements were also in place to audit medicines and stock levels. Guidance was available to staff for the administration of ‘as required’ medicines; the guidance was not consistently personalised but the registered manager agreed to improve on this. We saw that people received appropriate review of their medicines at multi-disciplinary meetings or with their GP. We saw that staff undertook medicines updates to maintain their knowledge and had their competency annually assessed in relation to their administration.

# Is the service effective?

## Our findings

People we spoke with were complimentary about how skilled staff were in supporting them, they believed them to be well trained. A person told us, “Staff understand my needs”. Another person said, “Considering the amount of people and their issues they do a good job and handle it quite well to be fair”. A third person stated, “I don’t know what I would do without them really, they really do help keep me well”. Staff told us that they were supported with training to develop their skills in order to meet people’s needs effectively. They were complimentary about the training they had received and told us they felt it had equipped them to perform their role effectively. One staff member said, “The manager makes sure staff get all the training they need; there are lots of opportunities to undertake additional training here”. Another staff member said, “The training is pretty solid here and they are supportive about you doing extra courses”. Records confirmed that staff had received all the necessary training.

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and shadowing more senior staff. One staff member told us, “The induction definitely prepared me to do the job; within two weeks of starting here I had all the tools and knowledge I needed to go ahead and do my job”. Another staff member told us, “I shadowed a staff member for a few shifts; it was really helpful in building my confidence and knowledge”. Staff were closely supported within their induction period by the same two members of staff in order to give them some consistency and so that the registered manager could check on their performance and progress more readily.

Staff told us they received regular supervision, attended staff meetings and clinical meetings. One staff member stated, “In supervision we talk about how I am getting on and if I have any issues with anything”. Another staff member said, “We get feedback at staff meetings about some issues and we are able to put forward our opinions and ideas”.

The provider delivered a rehabilitation service for people suffering from a variety of mental health conditions. A person told us, “Staff are observant and pick up if you are not your normal self”. Staff we spoke to were

knowledgeable about the possible symptoms or difficulties people using the service may experience due to their illness; they were also able to demonstrate an awareness of people’s more personalised support needs and preferences. A staff member said, “Care plans tell you what support people need and what level of ability they have; but you get to know people so well anyway through the time you spend with them chatting”.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that staff had received training and updates in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were able to demonstrate an understanding of the need to consider people’s ability to give consent and what may be considered as a restriction of their liberty. Records showed that people’s mental capacity had been considered. We observed that people’s consent was sought by staff before assisting or supporting them. Applications for consideration for DoLS had been made to the supervisory body, in this case the local authority for some people using the service at the time of our visit. The registered manager told us that they were still awaiting these applications to be processed.

We saw that people were supported to access food and drinks in line with their needs and choices. One person told us, “I enjoy the food, the quality is good and the portions size is enough”. Another person told us, “Staff tell us what’s for lunch; we can have something else if we don’t like it”. A third person stated, “The standard of the food is good”. We saw that people attended regular meetings where food choices for the menu were discussed and their views were taken into consideration when planning the weekly menus. We saw that people had the opportunity to plan, shop for and cook their own meal as part of their rehabilitation and

## Is the service effective?

were also encouraged to be involved in preparing some of food each day. Staff were aware of the nutritional needs of people and of those who needed support and monitoring in order to ensure adequate diet and fluids was taken. A staff member said, "People can choose what they want to eat even though there is a menu, alternatives can be cooked no problem". The cook said, "We encourage healthy eating here but also look at people's individual needs, for example their cultural needs such as using meat free alternatives". Menus we saw demonstrated that meals were nutritionally balanced, using a variety of ingredients from all the essential food groups. Some people had recently completed a healthy eating course that had been sourced by the service to promote healthy eating.

Records showed people had been supported to access a range of health care professionals including psychiatrists and specialist nurses. One person told us, "If I feel unwell I tell staff, I can talk to any of the staff and they will sort it". We saw that people were reviewed regularly by external professionals, for example in relation to their mental health. Physical health checks were done every month at the service in order to identify any issues people may have that may need addressing. This meant that the service effectively supported people to maintain good health.



# Is the service caring?

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# Is the service responsive?

## Our findings

People told us they felt involved in and able to express their views about their care and support needs. Care plans we viewed demonstrated the level and type of support people required to reach the goals they had set for themselves. A person said, “They [staff] have taken the time to get to know what I like and don’t like, so I get what I want”. Another person told us, “I meet with my keyworker every week; they are aware of what helps me through the day and support me with things”.

People’s rooms had been personalised and displayed items that were of sentimental value or of interest to them. One person said, “They [staff] have supported me by giving me my own allocated space in the garden to follow my hobbies”. Care records contained personalised information detailing how people’s needs should be met, for example people’s preference of staff gender for supporting the person with any personal care needs. They included information about people’s health needs, life history, individual interests and pastimes. People’s cultural needs were routinely considered as part of their initial assessment. We saw that people’s dietary and religious needs were supported appropriately. People told us and we observed they were encouraged to access the local community, including religious establishments to continue to observe their chosen faith. We saw people who required specific foods related to their beliefs were supported to access these.

Activities were planned with people by their keyworkers. We saw that people were supported to be as active as they wanted based on their personal choices and preferences. One person told us, “I go out and go to a men’s group and do woodwork too, they take me in the car”. The service had three vehicles available to support people to access activities and the community. We saw that a range of more structured activities were available for people to get involved in such as football groups, healthy eating courses and involvement with the local war graves and churchyard cleaning projects. A staff member said, “Lots of the people here like to do the same things, so we often go out to do things as a group”. On the day of our inspection a yoga teacher was providing a group session at the service to see how people may benefit from this. One person told us after the session, “I really enjoyed trying something new and haven’t felt this relaxed for a really long time”.

Our observations were that people were responded to appropriately when they wanted or requested support. A person stated, “I told them [staff] I had some issues with my family and staff have supported me to deal with them”. Staff told us that the amount of support that a person required was always based on their individual needs. A staff member said, “We fit around people and what they want to do”. We found that assessments had been completed to identify people’s support needs and these were reviewed appropriately. We saw that records contained important instructions for staff to be mindful of, for example the signs and symptoms of a potential relapse of a person’s mental illness with clear guidance for staff about how to deal with this and whom they should contact. Staff we spoke with were aware of this person’s signs of relapse and what action they would take to support them.

People were able to routinely express their views or any concerns they had about the service. A person told us, “I can talk to any member of staff if I have any concerns”. The provider used a variety of methods in order to listen to and learn from feedback from people. A second person told us, “We have group meetings with staff and we can tell them what we think about the place then”. People told us they regularly met with their keyworker, were asked to complete questionnaires or met as a group to discuss both their individual concerns or issues and those related to the service as a whole. Meetings for people were regularly held; subjects discussed included outings, menu planning and events. We saw that people were encouraged to express their views and ideas about the service in all meetings.

The service had a complaints procedure in place. People we spoke with did not currently have any complaints but told us they would feel comfortable telling the staff or the registered manager if they did. A person told us, “I would always speak to my keyworker first before making any official complaint”. Another person said, “I would go straight to [registered managers name] if I had a complaint”. Information about how to make a complaint about the service was in an accessible area. A staff member said, “There’s a complaint form people to complete, if someone had a complaint I would offer them the form and help them to fill it in if needed”. Our findings demonstrated that provider actively provided people with information about how to raise a complaint.

# Is the service well-led?

## Our findings

We asked people about their experience of living at the home. One person told us, “We all support one another here, not just the staff, it is like a family”. Another told us, “I have been to many different homes and this is the best by far”. People were able to identify who the registered manager was and told us they were visible and approachable. One person told us, “[Registered manager’s name] has given me so much support and I feel comfortable speaking to him”. A second person said, “I know the manager and he is lovely”. A third person said, “He is lovely, he is always about and is really good to us”. We found that the registered manager had a good knowledge about the people using the service and their needs.

Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the registered manager. One staff member told us, “Its well managed here, the managers are around for us and they do thank you for the work you do”. A second staff member told us, “[Registered manager’s name] is a good leader”. Our observations on the day were that people approached the management team without hesitation. Staff told us they were supported through regular supervision and meetings. They demonstrated to us they were clear about the values of the service said they felt involved in its development. A staff member said, “We want to give everyone here the chance of a happy productive life that it’s possible to give them, despite the challenges of their conditions”.

Annual questionnaires were sent out to people asking for their opinion of the quality and effectiveness of the service. We saw that less positive comments had been addressed

through open discussion either individually or in meetings to explore any themes identified further. This demonstrated that the provider actively promoted an open culture and sought people’s views about the service and acted upon people’s comments.

The registered manager understood their responsibilities for reporting certain incidents and events to us that had occurred at the home or affected people who used the service. Records of incidents were appropriately recorded and any learning or changes to practice were documented following incidents and accidents. The registered manager monitored these for trends and to reduce any further risks for people. Staff told us that learning or changes to practice following incidents were cascaded down to them in daily handovers or at staff meetings. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy displayed in the staff office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. One staff member said, “If I saw something untoward I would report it to the manager and I know it would be dealt with and kept confidential”.

We saw that an effective system of auditing of the quality of the service was completed each month, this reviewed a number of key areas of risk for the service, for example medicines management. Where omissions or areas for improvement were identified remedial action was taken. The registered manager told us the provider was supportive towards them and visited regularly; they also undertook additional audits of the service during these visits.