

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Highbury Residential Home

**38 Mountsorrel Lane
Sileby
Leicestershire
LE12 7NF**

Lead Inspector
Linda Clarke

Key Unannounced Inspection
1st June 2009 09:15

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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SERVICE INFORMATION

Name of service	Highbury Residential Home
Address	38 Mountsorrel Lane Sileby Leicestershire LE12 7NF
Telephone number	01509 813692
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Sudera Care Associates Limited
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	27
Category(ies) of registration, with number of places	Dementia (27), Old age, not falling within any other category (27)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care home only - Code PC

To service users of the following gender:
Either

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - Code OP
Dementia - Code DE
2. The maximum number of service users who can be accommodated is:
27

Date of last inspection 12th July 2007

Brief Description of the Service:

Highbury Residential Home is owned by Sudera Care Associates and is registered to provide personal care and accommodation for twenty-seven older people who may have additional needs including Dementia. The home is situated in the village of Sileby in Leicestershire, which gives the residents access to the local shops, cafes and other facilities. It can be reached by public and private transport and there is parking in the grounds of the home.

Highbury Residential Home is a conversion of a large house into a care home that had an extension added in 1991. The original house has three floors and the extension has two. Separate lifts and staircases access these, and there is no access from one to the other except by the ground floor.

The home's brochure provides information about the service to prospective and current residents and includes the terms and conditions of the stay. There is information available in the reception area including the Registration certificate and the latest copy of the Inspection Report from the Care Quality Commission.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is one star. This means the people who use this service experience adequate quality outcomes.

'We' as it appears throughout the inspection report refers to the Care Quality Commission.

The inspection process consisted of pre-planning the inspection, which included reviewing the Annual Quality Assurance Assessment (AQAA), which is a self-assessment tool completed by a representative of the service, reviewing previous inspection reports, and any information we have received. The unannounced site visit commenced on the 1st June 2009, and took place between 09:15 and 17:00

The focus of the inspection is based upon the outcomes for people who use the service. The method of inspection was 'case tracking'. This involved identifying people with varying levels of care needs and looking at how these are being met by the staff at Highbury. Four people accessing services were chosen and discussions were held with people who live at the home, and a visitor. Staff members were spoken with along with the Manager.

We sent surveys to ten people living at the home and their relatives, along with three surveys to Social Workers and two to General Practitioners; we also sent ten surveys to staff who work at the home. We received three surveys from people who live at the home and three from service user relatives.

What the service does well:

People who live at Highbury Residential Home are supported by a staff team, which have in the main worked at the home for a long period of time.

There are good links with health care professionals, with health care professionals visiting people at the home.

What has improved since the last inspection?

The range of training available to staff has started to improve, with staff accessing training in topics which will aid them in supporting and caring for people with dementia. In addition health care professionals have provided staff with training in specific areas such as nutrition.

An area of the garden has been improved, to include a small raised flower bed.

What they could do better:

Information provided to people who are considering moving into Highbury Residential Home needs to be reviewed and updated, to provide accurate information to people, that will enable them make an informed choice as to their future care needs, and that is in a format appropriate to the needs of people the home is registered to cater for.

The way in which the home supports and cares for people needs to be reviewed, so that the home is run and managed in a way that promotes individual needs, preferences and expectations of care. This can be achieved by involving them in the development of person centred care plans, and by providing people and their relatives with opportunities to discuss the support and care they receive. Staffing levels need to be reviewed and increased to support people in living a lifestyle of their choosing, with staff receiving training relevant to the needs of people in the home, and by understanding and promoting the rights of individuals to make choices and decisions.

The quality of the accommodation provided could be improved, by considering how the environment impacts on the quality of life people living at the home experience, and looking at how the environment needs to be changed and adapted to meet the needs of people with dementia and promote independence and accessibility to all areas of the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1 and 3. Standard 6 is not applicable.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Individuals considering using the service are provided with information about the home, which is not in parts a true reflection of the services provided, individual assessments are carried out before people move into the home to ensure that the home can meet a persons needs.

EVIDENCE:

We wanted to look at the information provided to people who use the service to find out whether it was detailed and answered all their questions, and to find out how the service passed on the information. The surveys we received from people who live at the home and their relatives, told us that they had been given information about Highbury before they moved in. We asked the Manager for a copy of the information that the home provides to people who are considering living at Highbury, the information they gave us was different

to the information we had received previously from the Registered Person, the Manager said that the information we had was more up to date. Information in the Statement of Purpose and Service User Guide was found not be accurate in all instances, which has been included within the relevant sections within this inspection report.

We spoke with people who live at the home, we found by speaking to people that most people had moved to Highbury as it meant that would be closer to family and friends, one person told us that their spouse was able to visit them regularly, whilst a relative told us that the home was close to where family members lived, which made it easier to visit.

We looked at the records of four people living at Highbury, and found that individuals where they were funded by Social Services, had a comprehensive assessment carried out by a Social Worker, for people who fund their own care, the Manager undertakes an assessment of need. Information provided within the self assessment tool stated that everyone is allocated a 'keyworker' who completes most of the paperwork with the service user, discussions with staff however told us that they have received minimal guidance on completing paperwork, and that due to the needs of people living at the home had minimal time to complete paperwork.

The home does not provide intermediate care.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People at Highbury receive personal care and support and have access to health care services.

EVIDENCE:

We wanted to find out how the health and personal care needs of people living the home were met. We spoke with people living at the home along with visitors, and observed the care and support provided by staff, we also looked at the care plans and records of four people living at the home.

We asked people about the care they received; one person said "I can't complain, the staff are generally okay." Whilst someone else said "It's not too bad, most of the staff look after me well." We spoke with a relative who said that they were satisfied with the care the home provided; they went on to say that they were always made to feel welcome and that the home informed them

about any changes to their relatives' health. Surveys we received from people who live at the home and their relatives told us there was general satisfaction with the care provided, and that relatives were contacted and kept up to date.

Information supplied within the self assessment tool (AQAA) which we received prior to our visit said '*care/support plans are reviewed on a regular basis and updated to reflect any changes in need.*' We looked at the care plans of four people, three care plans had been reviewed three months ago whilst the fourth care plan had been reviewed seven months ago, although care plans were recorded as being reviewed, it appeared that the needs of people had not changed for significant periods of time, we found this not to be the case.

We found that the information in care plans was not in all instances reflective of the care and support people were receiving, one person's records told us that they had until recently been seen by a District Nurse who was applying dressings, but the care plan did not reflect this. A care plan of someone else told us that their daily food and drink intake was to be recorded, and that they were cared for in bed and required turning regularly, the reality for that person was that their health had improved and most days spent some time in the lounge and the Dietician had advised that the person's food and drink intake no longer needed to be recorded, but monitored for any changes.

Care plans focused on personal and health care needs, and made no reference to the support and care people with dementia may need, care plans did not focus on the outcomes for people, and did not include their wishes, preferences and expectations of care. We found that the home had a 'bath book' which states on what day individuals are to have a bath, this does not promote choice and independence, and reflects that the care people receive is based on the day to day running needs of the home not the individual.

The Manager told us that staff are responsible for the development and reviewing of care plans, and that they are looking to change the format of care plans to reflect person centred care, that will record the wishes and expectations of people. We spoke with the Manager and Deputy Manager at length about the development of person centred care plans, and the inclusion of people who live at the home and their relatives in their development. We spoke with one person who lives at the home, they told us that they were aware they had a 'keyworker' but that this meant little, as although they were aware that they should discuss things with their 'keyworker' including their care plan, this didn't happen as staff were too busy.

We looked at daily records and found that they contained limited information about a person, information was restricted to sleep, elimination and eating. It is difficult to understand how staff at the home could review the changing needs of people based on the written information available. The Manager said that staff were responsible for the development and reviewing of care plans, however staff have until recently received minimal if no guidance on this task.

We spoke with staff and asked them about care plans; staff told us that they read the care plans of people who they are 'keyworker' to, but that they don't read the care plans of others. We asked them if they didn't read care plans how they knew about the needs of people living at Highbury, and they told us by listening to what is said at 'handover', which is where one staff team hands over the care of people to another.

Records we looked at showed us that people have access to health care professionals, which included General Practitioners, District Nurses, Speech and Language Therapists, Dieticians and Opticians. Surveys which we sent to health and social care professionals seeking their views and comments about the care provided at Highbury were not returned.

We observed staff supporting people with eating and drinking, and moving and handling, and found that staff supported people sensitively, and used the appropriate equipment for moving people, which included hoists and stand aids.

We looked at the medication and medication records for some people, and found them to be in good order, which included Controlled Drugs. Recent changes to legislation mean that the Registered Person needs to ensure that the way in which Controlled Drugs are stored and managed is satisfactory.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People at Highbury are not provided with opportunities to be involved in community activities, and have little influence over their lifestyle and daily living.

EVIDENCE:

We wanted to find out about how people spend their day, and how staff working at the home support people to make decisions and take part in activities and lead a meaningful life. We did this by looking at the information provided to us by the registered person and by observing people throughout the day, talking with people living at the home and by looking at the care plans and records of four people.

The Statement of Purpose we were given by the Registered Person prior to our visit includes information on the provision of activities for people living at the home and states:-

'The homes policy on Therapeutic Activities takes into account the service users' interests, skills, experiences, personalities and medical conditions. The home offers a wide range of activities designed to encourage the client to keep mobile, and most importantly take an interest in life.' The information goes onto say that *'staff encourage and in certain instances, help service users to pursue their hobbies and interests, and that all outings are geared to service users needs and capability, and due to this, a limited number of service users can go on any one outing.'* Examples of outings are listed, which includes *'visits to local shops, places of interest, garden centres, pantomimes or plays, picnics and Church.'*

We found that care plans included a document entitled 'this is your life', this had been completed for three of the four people whose records we viewed, and if completed comprehensively could contain a wide range of information about a persons life, including school day, career, family and friends, hobbies and interests. When we looked at the section detailing hobbies and interests a small number of interests were written down, which included playing bingo, watching television, listening to music. Care plans had not been developed to support people in engaging in activities, and included no information about external activities, such as outings, or visiting local clubs or events.

We sat in the lounge for most of the visit, looking at records which enabled us to observe how people living at the home spent their day. We found that when we arrived many people were already up and sitting in the main lounge of the home, with music playing in the background, a few people were finishing their breakfast sitting at the dining table.

One person received a visit from relatives in the morning, whilst a health care professional visited someone else. We observed minimal interaction between people living at the home and staff, as staff were busy undertaking care and ancillary duties, such as doing the laundry.

Until lunchtime people remained sitting in the lounge, a majority of people were then supported to a dining room for lunch, and after lunch returned to the lounge area, the television was turned on but we saw no discussion with people living at the home as to whether they wanted the television on, or what programme they wanted to watch. Our observation was that very few people watched the television, most choosing to snooze. The layout of the lounge restricts the view of the television when people sit in certain armchairs.

Highbury has recently employed an Activities Organiser, who visits the home for two hours a day Monday to Friday, visiting at different times of the day. People living at the home told us about the Activity Organiser, but they were not aware of what activities were going to be provided. In the afternoon we observed the Activity Organiser asking people if they wanted to join in games such as scrabble, a majority of people declined, some did go through to the

dining room to play. People who did not participate in the activities, continued to sit in the lounge.

One person living at the home who we spoke with said, that they had joined in a quiz, but that most people at the home couldn't answer the questions. Records showed that activities included quizzes, board games and scrabble.

The surveys we received from people living at the home and their relatives, all indicated that they would like to go out, comments written within surveys included:-

'It would be nice to go out now and again in the week or go on any trips.'

'Maybe more activities.'

'It would be nice to see the residents going out more, each time I have not been able to go over and see my relative I have asked for someone to take them out but each time I ask them they say they haven't gone anywhere.'

We asked the Manager about outings, and were told that no outings or trips out had been organised. We spoke with staff who told us that they are unable to take people out as there are not enough staff and they are too busy. We spoke with two people living at the home, who told us that they had not been out since they moved into the home; one person said that they go out frequently with their spouse who lives locally, and takes them out in the car.

Staffing levels at the home are not sufficient to support people in engaging in activities within the home, and are not sufficient to take people out individually or as a group.

We found no evidence that people living at the home are consulted about any aspect of the care and support they receive, which includes their views about activities and outings.

The Statement of Purpose we were given by the Registered Person includes information about meals and states:-

'each day the cook offers each individual a choice of meal and goes on to say 'all service users are assessed to ensure that any aids required or assistance is sought without delay.'

We noted that the menu for the lunchtime meal was displayed in the main dining room; the menu for the day of our visit was Liver Casserole, Potatoes and Vegetables with Bakewell Tart for dessert. An alternative of Jacket Potato was detailed on the menu, but no information was available with regards to 'fillings'. A cook is employed by the home and works from 7am to 2pm, and care staff support the cook in serving meals, supporting service users to eat meals, and wash up, and are responsible for the tea time meal.

People were not asked what they wanted to eat, or asked if they wanted the alternative. We noted that meals were 'plated up' in the kitchen and brought through to the dining room. We asked people living at the home about the meals, a majority of people said that they liked them, but told us that they were not asked what they wanted to eat, and there were no alternatives. We noted that the Bakewell Tart was served in a bowl, but there was no accompaniment such as custard. People who require a liquidised or soft diet were supported to eat, and the individual components of the meal had been liquidised separately so that people could taste the individual elements of the meal.

We found no evidence that people living at the home are consulted about the meals provided.

Staffing levels at lunchtime are not sufficient to meet the needs of people, some people require feeding as they are unable to feed themselves, we observed that these individuals did not receive their lunchtime meal until 1.30pm, as staff initially had to help with the serving and clearing away of meals, and provide support to some people who need a degree of help.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A complaints procedure is displayed in the home, but there are limited opportunities for people to discuss the care and support they receive.

EVIDENCE:

We wanted to find out how the staff at Highbury promote the safety and welfare of people who use the service, written information supplied within the self assessment tool before our visit told us the home has a complaints procedure which is available to people who live at the home and is also displayed.

The complaints procedure is displayed on the notice board, and when we asked people if they knew how to make a complaint, they said they would speak with their relative. Surveys we sent to people, who live at the home and their relatives, provided conflicting information as to whether people are aware of how to make a complaint.

We looked at complaints received by Highbury in the last twelve months, one complaint which had been reported to the previous acting Manager, and had not been dealt with in accordance with the homes policy which states that all

concerns are to be responded to within 28 days, the new Manager has responded to the concern.

We spoke with staff and looked at records to find out about the training care staff receive, we wanted to find out if the training enables staff to understand their roles and responsibilities in reporting concerns and protecting people from abuse and neglect. Staff records indicated that many staff have received training in abuse awareness, and this training meant they had watched a DVD and completed a questionnaire. Staff we spoke with said they would report concerns to the Manager, but had limited knowledge about abuse and neglect.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 21 and 26.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The accommodation provided to people living at Highbury could be improved with regards to the standard of décor and cleanliness, along with improvements to the garden including access.

EVIDENCE:

Highbury has a main lounge to the rear of the property, which includes a dining table and chairs. Windows in the lounge are high which reduces the amount of natural light into the room, and prevents people from having a view of the garden and the outside. On the day of our visit the sun was shining, and all lights in the lounge were on however the lounge appeared dark. The lounge has a dark speckled carpet, which may disorientate people with

dementia, and we found that some armchairs when we sat on them had an odour of urine, and were worn and dirty in places.

The home has a main dining room, which has two dining tables and chairs, the chairs are not suitable to many people living at the home as they do not have arms that can provide support. The Manager advised that the Registered Person has ordered new dining furniture. There is a smaller lounge/dining room, which has a sofa and dining table and chairs, and is used by people who require support and monitoring whilst eating, both dining rooms benefit from large windows which provide natural light to the room and create an open and airy feel.

We found bedrooms in the home were decorated to a reasonable standard, and all had an en-suite which consisted of a wash hand basin and sink. Corridors in places had creaking floorboards which has the potential to disturb the sleep of people living at the home.

The home has three bathing facilities, which includes an assisted bath, a 'Parker' bath and shower. The Deputy told us that a majority of people living at the home do not like the 'Parker' bath and shower, which means that most people use the bathroom with the assisted bath, which is insufficient given the number of people living at the home, and may be a reason why the home has a 'bath book' which regiments bathing.

The home has a laundry which we did not view. Staff are responsible for the laundering of clothing.

The Statement of Purpose we were given by the Registered Person includes information on the gardens and states:-

'The home has an enclosed garden area with a patio and ample seating, bird feeding table, and water bath, along with a range of colourful plants and fruit trees. There is a raised garden area for service users who wish to carry out any gardening. Along side this there is a large grassed area with mature trees, and an ornamental pond, all residents are encouraged to enjoy the gardens.'

We viewed the garden from the windows of the home and noted that the home has a large garden, one area has been segregated to provide an enclosed area, and this area has a table and chairs and had a raised planter which contained a small number of plants. The garden can only be accessed by walking around the outside of the home, as the alternative access is by using the steps. The remaining garden area is very large but it is not utilised for the benefit of people living at the home and is not well maintained and not accessible to them. People who live at the home told us that when they have a visitor, sometimes they will sit in the garden with them.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staffing levels are not sufficient to provide the services as detailed within the homes Statement of Purpose nor do they promote individual lifestyle choices, but are sufficient to meet personal care needs.

EVIDENCE:

We wanted to find out whether the number of staff working at the home at any one time could meet the individual needs of people living at Highbury, by looking at the rota and observing staff working on the day we found that there are three staff on duty during the day and two at night. This is insufficient to provide person centred care, which supports and cares for people in a way they prefer, which would include daily activities and the promotion of choices and preferred daily routines. We sent surveys to staff but none were returned, but we did we speak with staff on duty when we visited, and all said that they felt staffing levels to be inadequate, which included the Manager.

Throughout our visit to the home staff were continually engaged in personal care and assistance, which included getting people up, taking them to the toilet and assisting them with their meals, staff interacted well with people during this time, but there were no opportunities for staff to spend time with

people and engage them in conversation, occupy them in activities, take them out into the garden or to into the local village of Silbey, as detailed within the Statement of Purpose.

Staff are responsible for updating care plans and our conclusions following our visit is that there is little if any time for staff to undertake this task, as in addition to providing care and support; staff are also responsible for supporting the cook in the serving and clearing away of meals but are also wholly responsible for laundry. We frequently heard a member of staff telling their colleagues that they were 'going to the laundry' so that the other staff knew where they were, which meant that at these times only two staff were providing care and support to people living at the home. We also noted that the Manager was also responsible for answering the telephone, which interrupted the duties she was undertaking as no clerical assistance is provided.

Information supplied within the self assessment tool told us that 53% of staff have obtained a National Vocational Qualification in Care, and that staff have received training in topics related to health and safety, which includes fire awareness, moving and handling, infection control and food hygiene. We saw the certificates confirming the training staff have received, through discussion with the Manager and staff we found that training in these areas was attained by staff watching a DVD and answering a questionnaire.

Since the recent appointment of a new Manager some staff are now accessing or have places booked to attend training provided by outside practitioners, which includes a distance learning course in Dementia, and the Safe Handling of Medicines. Staff have also received training in Nutritional Health from a Dietician, and through accessing long distance courses. The Manager within the information submitted within the self assessment tool, has identified that training in other areas is also necessary, which will need to include Mental Capacity Act and Deprivation of Liberty Safeguards, which should enable staff to further understand and promote the rights of individuals living at Highbury.

We wanted to find out how staff were recruited and whether the recruitment of staff promotes the health and well being of people who use the service. We looked at the records of three members of staff and found that they contained all the necessary information, which included a completed application form, two written references, and a Criminal Record Bureau (CRB) disclosure, and where necessary Home Office approval for overseas staff to work within the country.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 36 and 38.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Highbury does not have a system which reviews the quality of care provided within the home, and does not consult with people about the care and support they receive.

EVIDENCE:

The Manager of Highbury has been in post since the beginning of March 2009, and has experience in management and working within a variety of services and settings which provide care. Information in the self assessment tool they completed told us that they have achieved the Registered Managers Award and

have a Diploma in Dementia Care Awareness. The Manager told us of their intention to apply to the Care Quality Commission to become the Registered Manager.

We spoke with the Manager who was enthusiastic about her role, and had clear ideas for the development of the service; they hope to achieve this by reviewing the style of care plans the home uses, which will support person centred care, and looking at how information is recorded. Information within the self assessment tool identifies further training which staff will need to undertake, if the home is to improve the quality of life and care of people at Highbury.

We wanted to look at how the quality of care and the service the home provides is reviewed, we did this by finding out the about the opportunities for people to discuss things that were important to them, which included people living at the home, their relatives and the staff employed. We found that meetings are not held involving people living at the home or their relatives, and found there to be no active measures for seeking the views of people. Since the appointment of the Manager two staff meetings have taken place, and some staff have received an appraisal from the Manager, with others planned for the near future. We asked staff about the frequency of appraisals, and the information varied from two years to every six months.

The Statement of Purpose which we were given by the Registered Person states:-

'an important part of our quality programme is to involve service users and their relatives. We regularly ask for comments on the home, the staff and the services we provide. In addition we circulate a service user's questionnaire bi-annually, which assists in assuring that we provide a quality service. An example of our questionnaire can be found in this pack.'

The Registered Person is required to visit the home unannounced on a monthly basis to speak with people who live at the home, and their relatives. Speak with staff and inspect the premises and records within the home, the information is then used to prepare a written report as to the conduct of the home. We asked the Manager for these and we were given a folder containing three reports which were dated May, June and July of 2008.

Information the Manager supplied to us prior to the site visit details the regular maintenance of equipment and systems in the home, a representative of the fire department had recently visited to carry out a fire risk assessment.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	1
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	1
13	3
14	2
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	2
21	2
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	2
28	2
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	1
34	X
35	X
36	2
37	X
38	3

Are there any outstanding requirements from the last inspection? N/A

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP1	4	<p>The registered person to provide a statement of purpose to the Commission and is made available to people who live at or are considering accessing services at Highbury Residential Home, which is accurate and provides information about the home, and services offered.</p> <p>To enable people to make an informed decision as to whether the home is appropriate for their needs.</p> <p>By failing to do so, you are in breach of Regulation 4 and Schedule 1, which is an offence under the Care Homes Regulations 2001.</p>	01/08/09
2	OP1	5	<p>The registered person to provide a service user guide to the Commission and is also made available to people who live at or are considering accessing services at Highbury Residential Home, which is accurate and provides information about the home, and services offered.</p>	01/08/09

			<p>To enable people to make an informed decision as to whether the home is appropriate for their needs.</p> <p>By failing to do so, you are in breach of Regulation 5, which is an offence under the Care Homes Regulation 2001.</p>	
3	OP7	15	<p>The registered person in consultation with service users and/or their representatives, care plans must be regularly reviewed and be comprehensive, reflecting all aspects of care, including care and support to people with Dementia, and provide information as to how the person wishes their care to be carried out including their preferred daily routine.</p> <p>This would that people receive the care and support they require in a manner which they expect and wish.</p> <p>By failing to do so you are in breach of Regulation 15, which is an offence under the Care Homes Regulations 2001.</p>	01/09/09
4	OP9	13	<p>The registered person to establish and have written information to confirm that the cabinet which stores Controlled Drugs at Highbury Residential Home complies with the Misuse of Drugs (Safe Custody) Regulation 1973. If facilities do not meet the regulations then a storage system, which does comply with the Misuse of Drugs (Safe Custody) Regulation 1973 to be purchased and installed.</p> <p>To ensure the safe storage of Controlled Drugs.</p>	01/08/09

			By failing to do so you are in breach of Regulation 13(2), which is an offence under the Care Homes Regulations 2001.	
5	OP12	16	<p>The registered person to consult with service users and/or their representatives about their social interests and activities which are then to be provided, as detailed within the Statement of Purpose.</p> <p>This would promote enables individual to live a lifestyle of their choosing, and reflect their individual interests and wishes.</p> <p>By failing to do so you are in breach of Regulation 16(2)(n), which is an offence under the Care Homes Regulations 2001.</p>	01/08/09
6	OP19	16	<p>The registered person to ensure that furniture and furnishings are clean and are free from offensive odours.</p> <p>To promote the dignity of people living at the home, and provide a comfortable and homely environment for people to live.</p> <p>By failing to do so you are in breach of Regulation 16(2)(c), which is an offence under the Care Homes Regulations 2001.</p>	01/09/09
7	OP27	18	<p>The registered person to review staffing levels and provide sufficient numbers of staff to meet the assessed and individual needs of people living at the home.</p> <p>To ensure that people receive care which is individual to them and delivered in a manner which promotes their choices and preferred daily routines.</p> <p>By failing to do so you are in</p>	01/08/09

			breach of Regulation 18(1), which is an offence under the Care Homes Regulations 2001.	
8	OP30	18	<p>The registered person to review the training provided to staff, and establish a training plan which enables staff to meet the needs of people living at the home, and enables staff to understand and promote the rights of people. Training to include:-</p> <ol style="list-style-type: none"> 1)safeguarding adults from abuse 2) dementia awareness. 3) mental capacity act training to include deprivation of liberty safeguards. <p>To ensure that the needs and rights of people are being met and supported by staff who are trained and are competent to do so.</p> <p>By failing to do so you are in breach of regulation 18(1), which is an offence under the Care Homes Regulations 2001.</p>	01/09/09
9	OP31	26	<p>The registered person to carry to visit Highbury Residential Home at least once a month unannounced, and interview with consent and in private, service users and their representatives and persons working at the home; and shall inspect the premises and its records and prepare a written report as to the conduct of the home, which details the findings and includes an action plan to address issues and shortfalls.</p> <p>To ensure the home is managed well and is run in the best interests of people who receive a service.</p>	01/07/09

			By failing to do so you are in breach of regulation 26, which is an offence under the Care Homes Regulations 2001.	
10	OP33	24	<p>The registered person to establish a system which reviews and improves the quality of care people who live at the home receive, that includes consultation with people who live at the home, and their representatives.</p> <p>To enable people who receive care and support to influence the day to day management of the home and improve the service they receive.</p> <p>By failing to do so you are in breach of regulation 24, which is an offence under the Care Homes Regulations 2001.</p>	01/09/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	The frequency of baths and or showers service users receive is based on their individual choices, and that the use of the 'bath book' is stopped.
2	OP15	People living at the home to be consulted about the meals provided, and are offered choices as to the food they eat on a daily basis. People have the opportunity to serve themselves, by serving dishes being placed on dining tables.
3	OP19	Communal areas in the home to be decorated, with consideration to the needs of people with dementia.

4	OP33	Meetings and opportunities are developed for people who use the service and their relatives to meet with the registered person and manger to discuss their views as to the care and service they receive.



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