Sudera Care Associates Limited

Highbury Residential Care Home

Inspection report

38 Mountsorrel Lane
Sileby
Loughborough
Leicestershire
LE12 7NF

Tel: 01509813692

Date of inspection visit:
06 June 2016

Date of publication:
30 June 2016

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

We inspected this service on 6 June 2016. The inspection was unannounced.

Highbury residential care home is a 27 bedded residential home for older people, some of whom have dementia. One the day of our inspection there were 23 people using the service.

The service had a registered manager. 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.

People were protected from harm. People told us they felt safe and that there were enough staff available to meet their needs. There was a recruitment policy in place which the registered manager followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required and medicines were managed and administered safely.

People enjoyed the meals provided and where they had dietary requirements, these were met.
Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support.

People were supported to make decisions about the care they received. People's opinions were sought and respected. The provider had considered their responsibility to meet the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was clear of their role in ensuring decisions were made in people's best interest.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals. Staff knew people well and treated them with kindness and compassion.

People were supported to follow their interests. Information about planned activities were displayed within the home. People's independence was promoted and staff treated people with dignity and respect.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role. People who used the service felt they could talk to the registered manager and were confident that they would address issues if required. Relatives found the registered manager to be approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe. The staff team knew how to keep people safe from harm. The provider carried out regular safety checks on the environment and the equipment used for people's care. People's medicines were managed so that they received them safely.

Is the service effective?

Good

The service was effective

Staff had received training and support to meet the needs of the people who used the service. People were supported to maintain their health. Their nutritional and hydration needs were assessed and met.

The registered manager understood and carried out their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. People's communication needs were identified and supported.

Is the service responsive?

Good

The service was responsive

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals. People were involved in planning and reviewing their care. The registered manager had sought feedback from people using the service.

Is the service well-led?

Good

The service was well led

People knew who the manger was and had faith in their abilities. Systems were in place to monitor the quality of the service being provided. The staff team felt supported by their managers.

Highbury Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 June 2016 and was unannounced. The inspection team consisted of an inspector and an 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.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Prior to the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who had funding responsibility for some of the people who were using the service.

As part of our inspection we spoke with 11 people who used the service. We observed staff and people's interactions, and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions. We spoke with, seven members of staff including the cook, and the registered manager and a visiting professional. We looked at the care records of three people who used the service, people's medication records, staff training records, staff recruitment files and the provider's quality assurance documentation.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I have always felt safe living here." Another person told us, "I have felt really safe since I came in here". A relative told us, "I know my [relative] is safe and looked after."

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "If I was worried about anything at all I would report it to the manager or even the CQC." Another told us, "We receive regular ongoing training including protection of adults and also discuss safety issues at staff meetings". The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff with details of how to report concerns and who to. Clear records were kept to evidence what actions had been taken when a concern had been raised.

People told us that there were enough staff to keep them safe. One person said, "If I want any help in my bedroom, I pull the cord and staff are normally there within a short time." A relative told us, "There seems to be enough." Staff agreed. The manager told us that they had employed a staff member specifically to work with one person whose condition meant that they required additional support. We reviewed the staffing rota and found that it was a true reflection of the staff on duty. On the day of our inspection we found that staffing levels were suitable for the needs of the people using the service. Staff did not seem to be rushed and spent time interacting with people. We did discuss with the manager how they ensured that staffing levels were appropriate to people's needs particularly during the night. They told us that they conducted regular checks.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at the recruitment files. We found that all the required pre-employment checks had been carried out before staff commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People could be assured that they received their medicines as prescribed by their doctor. Medicines were all stored securely. We saw that medication administration record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that a stock check of medicines was taken regularly. We observed staff administering medicines. Once a person had taken the medicine the MAR chart was then signed. We saw that people's doctors were contacted when staff had a concern about people's medications. Staff had received appropriate training before they were able to administer medicines to people.

Staff understood how people liked to receive their medicines information. The staff member who was administering the medication explained to us that they would need to wait until some people had finished

their meal before they were offered their medication as this was their preference.

We reviewed people's plans of care and found risk assessments had been completed on areas such as moving and handling, nutrition and skin care. These assessments enabled staff to identify risks to people's care and provided the guidance for staff to put plans in place to minimise the impact of these risks. People's risk assessments had been reviewed regularly.

Fire safety checks were carried out and there were procedures in place for staff to follow. There was a business continuity plan in place to be used in the event of an emergency or an untoward event and regular servicing on equipment used was undertaken. This was to ensure that it was safe. The needs of the people who used the service had been assessed for the help that they would need in case of fire. Staff were aware of these and practiced how they would response to emergencies. A fire risk assessment had been completed by an external fire officer. We saw that actions had been taken to address the issues raised.

Risk associated with the environment and equipment used had been assessed to identify hazards and measures had been in place to prevent harm. We saw that a store room was very cluttered and not easily accessed. The manger offered us assurances that this would be addressed. Where regular testing was required to prevent risk, such as electrical safety testing, these were recorded as having taken place within the required timescales.

We saw that accidents or incidents were recorded. Records included details about dates, times and circumstances that led to the accident or incident. Staff were clear about how to respond to accidents or incidents. We saw that changes were made to care plans as a result of the accident or incident where needed. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. One person said, "I think the staff are very experienced. The manager works with them and they all know their jobs." Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. Training included manual handling and health and safety training. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they supported people on their own. We saw training records that confirmed this but we were unable to see records to confirm that staff had shadowed more experienced staff. The manager told us that they would record this moving forward. New staff were required to complete induction workbooks to show their learning.

Staff told us that they had attended courses such as, dignity in care, safeguarding and practical sessions where they used people's safety equipment to practice their moving and handling skills. One staff member told us, "We get plenty of ongoing training, safeguarding, moving and handling, infection control, dementia, end of life care." The staff training records showed that staff received regular refresher training and ongoing learning. We saw that staff's understanding of the training materials used had been assessed. The manager had implemented work based competency checks for senior staff and intended to extend these to all staff over the coming year.
The registered manager conducted regular supervision with staff members. During supervision staff's progress, competency in their role, training and support needs were discussed. This enabled the registered manager to evaluate what further support staff required from them. We saw that the registered manager had conducted a supervision with one staff member in order to address an area of their practice that had been raised with them as a concern.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Act. 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 the service was.

The registered manager was aware of the legislation and had considered these requirements during care planning. Staff had received training about the MCA and understood how it affected their role and the people they were supporting. We saw that DoLS applications had been made where required. Mental capacity assessments were completed and the appropriate records were in place. We saw that there was reference to people's ability to make decisions in their care plans. Where people did not have the capacity to make decisions the relevant people had been consulted and best interest decisions had been made on behalf of people in line with the requirements of the MCA.

We reviewed records which showed that people signed to give consent to the care they received, for example their medications. The care needs of people had been assessed and documented. This enabled staff to know how best to support people. We were able to see that people's preferences and wishes had been taken into account.

People told us that they enjoyed the food provided. Comments included, "The food is very nice, always hot and plenty of choice", "I look forward to mealtimes, food is nice and tasty", and "the food is good, makes me feel better and happy." People were offered choices about what they wanted to eat. One person told us, "The chefs know what I like and I can ask for something different if I want." We saw that there was a three week menu. The cook told us, "I've always got plenty of things as an alternative." The registered manager ensured that the cook was aware of people's dietary needs and how to cater for them. We observed that some people required assistance to eat. This was done at a pace that people were comfortable with and in a dignified manner.

We saw that people were supported to have sufficient to eat and drink. Where people were identified as being at risk of dehydration or malnutrition appropriate action had been taken to reduce this risk. We observed people being provided with drinks throughout our visit. Staff kept records of how much people ate or drank. Food and fluid charts were completed during the day but the amount that people had drunk was not totalled and there was no guidance for staff as to how much people should have to drink. The records were not maintained throughout the night. We were offered assurances that people were provided with drinks throughout the 24 hour period. The registered manager told us that they would change how people's fluid intake was recorded and ensure that the fluid that people were offered at night was recorded.

We saw that people were being supported to maintain good health. People told us that they had access to health care professionals. One person told us, "The carer took me to the dentist last week." Another person said, "I needed my glasses changing and visited the opticians." We saw that health professionals were contacted in good time when required. A relative told us, "They are prompt at calling the doctor." The records that the service kept with regard to health professional input were clear and in depth. We saw that the guidelines that had been provided to ensure people's health needs were met were being followed.

Good

Is the service caring?

Our findings

People told us they were treated with kindness. One person said, "I'm very happy." A relative that we spoke with agreed. They told us, "I never worry about the care my relative receives. All staff and the manager are wonderful and very caring." Another relative said, "Very caring." We observed caring interactions throughout our visit. Staff reassured people when assisting them. One staff member told us, "People are always treated with kindness and compassion." There was a lot of laughter and friendly conversations between the staff and the people using the service and this was clearly enjoyed by all.

People's dignity was maintained and they were treated with respect. One staff member told us, "I care for my residents how I would like to be cared for." We observed staff interactions with people throughout our inspection which confirmed this. We overheard one member of staff ask a person discreetly if they would like a clothing protector before they took their lunch. Staff had received training regarding how best to support people's dignity.
People were supported to maintain their independence. One person told us, "The staff here are lovely and give me help when I want it although I do things to help myself." Where people needed adapted equipment to help them maintain their independence this was provided. For example if people needed a specially adapted cup for drinking.

People were able to make choices about things that mattered to them. They could retire to their bedrooms when they wished or choose to engage in activities. Each person had a key worker allocated to them. Information about how the keyworker would support them to achieve their goals, make choices and maintain independence was on display in each person's bedroom.

Where people required support with their communication and understanding this was provided. For example we observed one staff member tap their own chin to indicate to a person that they could eat while they were being assisted with their meal. We saw that the way people communicated was documented in people's care plans. One person was supported by a staff member who did not wear a uniform. The registered manager told us that this was their preference as their condition could make them anxious around people in uniforms.

People told us that they enjoyed interactions with other residents and that this was supported. One person told us, "I like to talk to my friends while having dinner, it is nice." A relative said, "The layout and nature of the place means they can interact if they want to." People were supported to maintain links with people who were important to them. For those people whose relatives could not visit them regularly due to distance the registered manager had set up video calls. Visitors told us that they were welcomed at any time. We saw from the visitor's book that people often visited.

The things that were important to people were recorded and respected. The registered manager was working with people to document their life history and the things that were important to them. We saw that photograph albums were being completed to help people with their memory and interactions with family and staff.

People were valued and respected. People told us that their bedrooms were respected as private. People were involved in the recruitment of their staff. We were told that this had been a positive experience for people who used the service and new staff recruits. The registered manager told us that the people that they employed needed to be able to communicate and interact with the people who used the service.

Good

Is the service responsive?

Our findings

The support that people required was assessed before they started receiving care. A visiting health professional told us, "The home manager is a stickler for good care assessments, they have to be right, she is very on the ball that way". Staff understood people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. We saw that the level of detail in the care plans was sufficient so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to
ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. The registered manager recognised that there was scope for greater detail to be documented.

We saw that people had been involved in the writing of their care plans and the information contained within them took into account people's preferences. One person told us, "I told them what I want and what my needs are, they know what I need and what I can do for myself, Staff are very good that way." Another person said, "I have seen my care plan and I can change things if I want." A relative told us, "I have been fully involved with the discussions around my [relative's] care plan." We saw in one care plan that the type of toiletries the person liked to use were listed. People were supported to contribute to their own care planning and reviewing of their care. The registered manager met with people six monthly to read through their care plan with them and check they agreed with the content. This meant that people were able to contribute and review the care that they received.

Staff were required to record the support that they provided in people's daily notes. We saw that these records were detailed and reflected the support that people had requested. Important information about changes in care needs for people were shared with carers via a communication book which all staff read. Staff also shared important information regarding people's care during staff handover. This was important so that staff coming on to a shift were made aware of the well-being of each person and any important information relating to their care.

People were supported to follow their interests. Comments included, "I enjoy TV, reading and doing things with staff, "I try to do the exercises and ball work, good for my muscles", and "I feed the birds in the garden every day. The cook gives me any leftover bread". An activities coordinator was employed by the service. We saw that a variety of activities had taken place during the previous month. The activities that people were offered matched things that they had said that they enjoyed doing. Information about planned activities had been displayed in the home.

People told us that they would feel comfortable making a complaint. One person told us "I would talk to [registered manager], she's a very nice lady, she would deal with anything straight the way." A relative told us, "I know [registered manager], I'm sure she would deal with things." We saw that the complaints procedure was available to all people who used the service and visitors. We saw that complaints were kept

confidential and were addressed by the provider in line with their policy. The registered manager was in the process of updating the policy.

The registered manager ensured that they met regularly with people that used the service. Staff told us, "She actively talks to the residents every day", "She is regularly walking the floor and available all of the time." During residents meetings people were updated on events happening at the service and they were asked their opinions on matters concerning them. Minutes showed that discussions took place around activities, entertainers and the menus. We saw that action had been taken as a result of the things that were discussed at these meetings. We also saw that people were reminded of the complaints procedure. This meant that people could express their feelings about the service and they felt included.

The provider conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. We saw that people had been asked to complete a food satisfaction survey. The manager told us that they were waiting for some of the surveys to be returned and then they would share the results with people and their relatives.

Good

Is the service well-led?

Our findings

People told us that they had confidence in the registered manager, knew who they were and would feel comfortable to address issues with them. Staff felt supported by the registered manager. One staff member told us the registered manager was, "Very good and a very supportive manager." Another said, "The manager listens to and takes into account our views".

Staff were clear about the aims of the home. One staff member said, "Team work is always encouraged to ensure good care." Staff had access to policies and procedures and understood how to follow them. Staff were clear on their role and the expectations of them. We saw that the registered manager had taken appropriate disciplinary action when required. The registered manager ensured staff meetings took place regularly. Staff felt that they could talk freely about any concerns they might have. During these meetings, the registered manager informed the staff team of any changes, training or updated them on policies and procedures. The meeting minuets reflected this.

The registered manager was keen to empower staff to develop their own skills and knowledge and take responsibility for aspects of the running of the home. The registered manager had appointed staff champions who had been given an area of responsibility. For example we saw that one staff member was working on implementing best practice guidance and systems for end of life care. The registered manager provided additional support and training to staff to ensure that they were able to fulfil the champion role.

The registered manager had effective systems for gathering information about the service. They had processes for identifying areas of concern and analysing how to improve on quality to ensure the smooth running of the service and drive improvement. For example, the monitoring of cleaning processes. Where actions were needed, these had been recorded and actioned. The registered manager conducted regular spot checks. These took place both during the day and night. The registered manager used these to assure themselves that they were aware of the day to day running of the service.

The registered manager had implemented systems to ensure that all of the necessary health and safety checks were seen to be carried out in a periodic and timely manner. The registered manager completed monthly audits of systems within the home such as medication systems. We saw that the registered manager and the provider had planned building improvement works for 2015 and 2016. This detailed what work was required and by when it would be completed.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken. The registered manager had not informed us when DoLs applications had been granted. We pointed this out and they completed the appropriate notifications immediately.

The service had achieved the standard to be given the local council's quality and dignity awards. The registered manager was proud of the standards that the service had achieved. For example an independent pharmacy audit had found that practice around people's medicines had achieved a 100% pass mark.