Hawthorne Care Limited

Highbury Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 3 and 6 July 2017. The first day of the inspection was unannounced. Highbury Residential Home is a 27 bedded residential home for older people, some of whom have dementia. On the first day of our inspection there were 21 people using the service. This was the first inspection of the service since the provider changed their legal entity in October 2016.

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 the risk of fire. Action had been taken when it had been identified that fire safety precautions were not adequate to prevent harm in case of a fire. Safety checks had been carried out on the environment and the equipment used for people's care to ensure that they were safe.

There were enough suitably trained, supported and competent staff to meet people's needs.

Staff understood how to support people to remain safe and measures were in place to prevent avoidable harm.

People received their medicines as prescribed by their doctors. Their health needs were met and if required they were supported to access health professionals. People enjoyed their meals and had enough to eat and drink.

People were supported in line with the requirements of the Mental Capacity Act 2015.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted. People were supported to pursue activities of interest to them if they wanted to.

The care needs of people had been assessed and were regularly reviewed to ensure they continued to be met. Staff had a clear understanding of their role and how to support people who used the service.

People were given opportunities to feedback about the service they received. People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

Systems were in place to measure the quality of care delivered. The registered manager had a good over sight of the service.

Staff were clear on their role, the expectations of them and the aims and objectives of the service. Where

necessary the provider's disciplinary procedures had been implemented.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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 told us they felt safe and that there were enough staff to meet their needs.

The staff team knew how to keep people safe from harm. Risks associated with peoples care needs were assessed and action taken to prevent harm.

People's medicines were managed so that they received them safely.

Is the service effective?

Good

The service was effective.

People were supported in line with the requirements of the Mental Capacity Act 2015.

Staff received appropriate training and supervision to enable them to meet the requirements of their role.

People were supported to maintain good health. People were supported to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and understood that they should be treated with dignity and respect.

People felt listened to and that they mattered. Staff understood people's individual needs.

People's independence was promoted and encouraged.

Is the service responsive?

Good

The service was responsive.

People received care that was based on their individual needs and preferences. People and their relatives were involved in planning and reviewing their care.

People were supported to pursue activities of interest to them if they wanted to.

Feedback from people who used the service was sought. People were aware of the complaints procedure. Action was taken to address concerns raised.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor the quality of the service being provided and drive improvements.

People and staff felt the service was well led and had confidence in the registered manager.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Highbury Residential 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 checked 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.

We inspected this service on 3 and 6 July 2017. The first day of the inspection 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.

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. 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. We contacted the local authority who had funding responsibility for some of the people who were using the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During the inspection we spoke with four people and two relatives of people who used the service.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with and it helped us to understand the experience of people who chose not to talk with us.

We spoke with the registered manager, the cook and four care workers. We also spoke with a visiting health professional during our inspection visit and a fire safety officer after we had completed the inspection visit. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, medication records, staff records, training records, staff rota and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People felt safe at the Highbury Residential Home, One person said, "I am safe here with them [staff]." People told us that there were enough staff to meet their needs. Comments included, "There are always plenty of staff on", "There are enough staff I think", "We have enough carers, even at night." "I don't have to wait a long time if they need to help me." Staff confirmed that they felt there were enough staff on each shift. During our inspection we did not observe that people were waiting for support when it was required. The rota reflected the staffing levels that the registered manager had set. The registered manager told us that they had recently increased staffing levels in the early morning as staff had identified that this was needed. The registered manager did not formally assess staffing levels on a regular basis. We recommended that they do so in order that they could be sure there were enough staff to meet people's changing needs. They told us that they would do so.

Staff were aware of how to report and escalate any safeguarding concerns that they might have 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, "Go to the manager, whistle blow or tell CQC if needed." The registered manager was aware of their duty to report and respond to safeguarding concerns. They had made referrals to outside agencies when they were concerned. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns.

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 three recruitment files. We found that most of 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 use care services. We did see that suitable references had not be sourced for one [none care] staff member. The registered manager informed us that they would ensure suitable references were obtained for all staff regardless of their role in the future.

Where people needed equipment to help them with their mobility or to keep them safe, this was provided. One person told us, "I am safe here as I have my frame and that helps keep me standing." A staff member told us, "(We) check there are no trip hazards or clutter." Not all equipment was regularly checked and maintained to ensure it was safe for use. We identified that bed rails and wheelchairs were not consistently checked for their safety. Following our inspection the registered manager implemented these checks. At the time of our inspection the person who checked the equipment had not received specific training to carry out these tasks. Since our inspection the registered manager informed us that they had completed the relevant training and was competent in this role. Risks associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been put in place to prevent avoidable harm. Where regular testing was required to prevent risk, such as water safety testing, these were recorded as having happened within the required timescales.

The help that people would need if there was a fire had been formally assessed. Fire safety checks were carried out and there were procedures in place for staff to follow. Staff's understanding of fire procedures was checked regularly to ensure they were confident. There was a business continuity plan in place to be used in the event of an emergency or an untoward event. Fire fighting equipment had been checked by qualified external professionals. However these checks had not taken place within the recommended six monthly period. We pointed this out to the registered manager who arranged for the checks to be made. An inspection by a fire officer in May 2017 had identified that the existing fire alarm system was not appropriate for use in the building. The provider had organised the necessary work to be carried out to ensure that systems were in place to protect people from the risk of fire. We received confirmation from the fire officer that the necessary work had been carried out.

People were protected from risks relating to their care needs. We found that risk assessments had been completed on areas such as mobility and falls, nutrition and skin care. The information within these was specific to the person and reflected their changing needs. For example we saw in one person's mobility risk assessment, "On a good day I can walk slowly." The risk assessment guided staff on how to support the person with their mobility when they were feeling less well. We did see that the risks associated with one person's breathing aid had not been formally assessed. Staff however had an understanding of the risks and had received some guidance to be able to support the person. Following our inspection the registered manager had formally assessed the risks and shared these with the staff team. Other risk assessments included guidance from external health professionals where appropriate. For example, a speech and language therapist had advised that a person be provided with meals that were of a softer texture to prevent the risk of them choking. Where staff were required to take action in order to minimise the risk of harm, we saw that they did. For example, people were supported to be repositioned regularly in order to protect their skin. A visiting health professional told us, "They know what to put in place." We saw that when people's needs changed, staff guidance had been updated to reflect this. This meant that staff had the information they needed to minimise the impact of the risk.

We saw that accidents or incidents were recorded. Action had been taken following accidents or incidents to prevent further occurrences. For example, following a fall a person was referred to their GP who reviewed their medicines which may have been a contributory factor to the person falling. Staff were clear about how to respond to accidents or incidents. People's care plans were updated to reflect changes as a result of the accident or incident if required. The registered manager had systems in place that enabled them to look for trends in incidents or accidents.

People received their medicines as prescribed by their doctor. One person said, "Medicines are fine." Another person said, "You only have to ask for a paracetamol if you want it." We observed people being supported to take their medicines. We observed that this was not rushed and the staff member informed people about their medicines. Medicines were stored securely. We saw that medication administration record charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Where people had PRN [as required] medicines there were protocols in place. This was important so that staff had clear guidance about when they should give the medicines. We saw that a stock check of medicines was taken regularly. Staff had received appropriate training before they were able to administer medicines to people. Their practice was monitored to ensure that it continued to be safe.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Staff told us that they received training when they started working at the service that enabled them to understand and meet people's needs. This included manual handling and health and safety training. Records reflected this. Staff confirmed that they shadowed more experienced staff members before they supported people on their own so they could understand their needs. As part of their induction we saw that staff's understanding and competency to complete each aspect of their role was assessed. Staff received regular training refreshers to ensure that their knowledge was kept up to date. One staff member told us, "We did so many [training course] in one day a while back." They went on to say, "We are kept up to date with the training, it's pretty frequent." We noted that not all staff had received training regarding supporting people with dementia. The registered manager told us they would look into sourcing this training for staff.

Staff were supported in their role. One staff member told us, "Supervisions are pretty regular, it's about how we are getting on, [registered manager] gives you feedback on how you are doing." We reviewed staff supervision records. We saw that the registered manager used staff supervisions to provide guidance and support to staff. They also checked staff understanding of the provider's policies and procedures, for example asking them to explain the safeguarding procedures.

People enjoyed the meals that were on offer. One person said, "The food is okay, nothing to complain about. It is similar to what I cook at home." The cook told us, "They like traditional food." We observed the lunch time service. Food portions were generous and well presented. People were able to choose where they wanted to have their meals and this was respected by the staff. Where people needed support with their meals this was given and people were not rushed. However we did observe missed opportunities for people to exercise choice over their meals and to retain some independence, for example gravy was served already on people's plates. We pointed this out to the registered manager who told us that they would address it.

People were encouraged to have enough to eat and drink. A staff member told us, "We make sure they have got a lot to eat and drink, fluid especially in this weather." We saw that drinks were available and people were encouraged to drink throughout our visit. Snacks were provided in the afternoon and included cake and biscuits. This was particularly important for people who were at risk of de-hydration and weight loss. Where people's weight was identified as a concern they had been referred to their GP or dietitian for advice. Staff were clear about which people required support to maintain their diet and fortified foods and drinks were offered to the people who required them. Where people required specialised diets, such as diabetic diets, these were provided and the cook was knowledgeable about which people required these diets.

People's health needs were met. We saw that people had access to health professionals for routine check-ups as well as when health conditions had occurred or deteriorated. A visiting health professional told us, "The are usually quick to report concerns." They went on to say, "Any action that needs to be carried out, they do it." A staff member told us, "We observe if people are not eating and drinking so we contact the GP." Records reflected that people were referred to medical professionals when their health had become a concern.

The Mental Capacity Act (MCA) 2005 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people were being supported in line with the MCA. Staff received training on the MCA and understood how it applied to their role. The registered manager had requested DoLS authorisations for people who required them. We saw that mental capacity assessments had taken place when people needed them. Decisions had been made that were deemed to be in people's best interest when it was evidenced that they no longer had the mental capacity to make the decision for themselves. Where people retained the mental capacity to make some decisions, such as what to wear and what to drink, this was recorded so that staff had guidance. Some people had a lasting power of attorney (LPA) agreement in place regarding their care and welfare and finances. This is a legal agreement that allows another person to manage a person's finances or make decisions on their behalf with regard to their care. We asked the registered manager to ensure that it was clear within people's care plans what LPA was in place. They told us that they would. Where people had the mental capacity to consent to their care, this had been sought.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Comments included, "[Staff] are very caring, they look after you very well and attend to all of your needs." "They are very caring and look after us" and "you can't fault the staff, they are very good." A visiting health professional told us, "People seem to be quite happy." We observed that staff supported people in an attentive manner, ensuring that support was measured to the pace of the individual. Staff were cheerful, and reassuring in their interactions with people who used the service. We observed that there was a relaxed atmosphere in the service.

People were treated with dignity and respect. People were not rushed and received care at a pace that suited them. One person said, "[Staff] have time to speak to you." A staff member told us, "I treat them how I want my mum and dad to be treated." We observed the staff team interacting with the people using the service. Staff were kind and respectful. At different points during the day we saw staff assisting people to transfer using a hoist. Each time we saw staff do this they ensured the person was appropriately supported and explained throughout what they were doing. This ensured the person did not become anxious whilst they were being supported to manoeuvre.

Care staff ensured that the wishes of people were respected. One person said "I go to bed at 12pm; they [staff] don't stop me staying up. I can sit in the garden until 10pm if it's warm and then I watch TV. I get up at 10-10.30am which is when I like to get up." A staff member told us, "Give them choice." People were included and their opinions and views sought. The registered manager told us that people using the service were involved in recruitment of new staff. We spoke with a person using the service who explained, "I help them get their new members of staff in." They were pleased to be included in this process and were happy with the staff recruited. Staff knew people well and understood what was important to them. For example the cook kept bread crusts for one person who collected them to feed the birds in the garden.

People were supported to maintain their independence. A staff member said, "If they can do things themselves allow them to do it for as long as they can." We saw within people's care plans that staff were guided on elements of care tasks that people were able to do for themselves. We discussed measures that the registered manager could implement to aid people living with dementia to retain their independence for longer. For example clearer signage to aid people's orientation. They told us that they would look into these options.

People's communication needs were identified in their care plans, for example if they wore glasses or had problems with their hearing. Staff were guided to adapt their communication styles to people's needs. For example we saw staff were encouraged to speak clearly and allow people time to process the information they had received. We suggested that the registered manager could consider how people were presented with choices, particularly around meal times in order to greater increase their understanding of the choices on offer. They agreed to consider these.

People's relatives were able to visit them without undue restrictions. We saw from the visitor's book that people's relatives had visited throughout the day. People were supported to maintain relationships with

relatives who lived overseas and were unable to visit with them on a regular basis.

Good

Is the service responsive?

Our findings

People received the care that was centred on them as individuals. Their needs had been assessed and care plans were in place for staff to follow to ensure that people's needs were met. Care plans contained information about people's preferences and usual routines. For example we saw in people's care plans the times that they usually preferred to go to bed in the evening. Information about what was important to people, details of their life history and information about their hobbies and interests were also included. Staff were guided to provide support to people in the way that they wanted in order to meet their care needs.

People and their relatives were involved in planning and reviewing their care. One person's relative told us they had been impressed with the comprehensive document they had been sent for the family to complete. This requested information about the person's background, likes and dislikes and any other information necessary for staff to get a good understanding and knowledge of the person. People's relatives felt involved in their care and when appropriate staff communicated any issues or changes in people's care needs with them. The relatives we spoke with were happy with the communication so far. We saw that care plans were reviewed regularly to check if they continued to identify people's care needs and guide staff appropriately.

People felt able to raise concerns and make complaints if they needed to. One person said, "I am very happy here, I have no complaints but I would raise any issues and I would be very happy to do so." A relative said, "I have no complaints but would go to [registered manager] should I do." One person told us that they had raised a concern regarding the care that they had received with the registered manager. Since this having been raised they had not experienced any further problems. We saw that when a complaint had been received it had been handled in line with the provider's policy. Complaints had been investigated and action taken to resolve the concern. If appropriate the registered manager had issued an apology. Complaints had been used as an opportunity to learn and improve the service. For example we saw that extra cleaning checks had been implemented at weekends following a concern raised.

People were supported to pursue activities of interest to them if they wanted to. The service employed a staff member who organised and provided activities to people. On the day of our visit, activities included floor dominoes and ball catch. We observed interactions between people during this activity and people sat laughing. In the afternoon, art was the activity on offer. A staff member said, "There are plenty of activities on. We are currently planning a trip out to the pub. Everyone enjoyed the trip to the farm last year." People told us that they would prefer the option of more community based activities and to use the garden more. One person said, "We very rarely go in the garden as we have to be accompanied." We raised this with the registered manager who told us that they would ask the person who co-ordinates the activities to make these activities a higher priority for people. Staff felt that people were engaged in activities as much as they wanted to be.

Good

Is the service well-led?

Our findings

People were aware of who the registered manager was and were happy to speak to them. One person said, "They have a friendly smile." Another person said of the registered manager, "I have a grumble to her and they do listen and sort things out." A relative said, "They [registered manager] are willing to talk and listen to you." People and their relatives felt the service was well run. We saw complement cards which reflected this.

People were asked for feedback about the service they received. One person said, "They often speak to me and review what I like, especially the food." The cook told us, "They now have ham, egg and chips every week because they enjoy it." The registered manager had asked for people's feedback via a residents listening forum. This involved regularly asking for feedback from people. Questions included, "Are you given privacy and treated with respect?" and, "Are you happy with the food you receive?" We also saw that residents meetings took place regularly. The last meeting was held on 12 May 2017. During this meeting people were asked to feedback about the decor, activities on offer and staff support. The registered manager also used these meetings as an opportunity to remind people who used the service of the standard of care that they should expect and how they could raise a complaint if they needed to.

Staff felt supported by the registered manager. A staff member we spoke with felt that, "The home is all run very well." and that there was, "Good team morale and we all feel supported by [registered manager]". They went on to give an example of a personal situation and how the registered manager, "Works around your needs and alters shifts." Which they told us was much appreciated. Another staff member said, "She is a fair manager, very supportive." Staff were aware of their responsibilities. We saw that the registered manager took action when they identified that staff were not meeting the expectation of their role. Supervision notes demonstrated that the registered manager had brought concerns to staff's attention and guided them on best practice and reviewed progress following supervision. Where necessary the provider's disciplinary procedures had been implemented.

Staff were kept up to date with developments in the service and their input was sought. Monthly staff meetings took place. A staff member we spoke with said, "The manager will make instant changes" and gave an example of the cook ensuring a person was offered a different potato to mashed potato when it arose at a staff meeting that they didn't like it. Another staff member told us that staff meetings were used to get staff feedback about things that were happening in the service and for staff to be guided by the registered manager. For example on one occasion they had discussed how best to support people in the hot weather.

The registered manager had systems in place to ensure the quality and safety of the service. We saw that they conducted regular spot checks. These took place during the day as well as at night and were intended to check that the quality of service was maintained. Systems were in place to audit the care practice within the home and check the smooth running of the service. For example, we saw that the registered manager checked the cleanliness and records of the kitchen. Other checks included medication systems and cleaning rotas. The registered manager conducted daily walk around checks. Action had been taken when external professionals had made recommendations. For example when it was identified that the existing fire alarm system was not appropriate for use in the building. The provider had commissioned the work to be

carried out to the satisfaction of the inspecting fire officer. In this way they ensured they had over sight of the systems and processes in place and that they were effective and drove improvement.

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.