

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Highbury Residential Care Home

38 Mountsorrel Lane, Sileby, Loughborough,  
LE12 7NF

Tel: 01509813692

Date of Inspection: 07 February 2013

Date of Publication: February  
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Respecting and involving people who use services**

✓ Met this standard

**Safety and suitability of premises**

✓ Met this standard

**Assessing and monitoring the quality of service provision**

✓ Met this standard

## Details about this location

Registered Provider	Sudera Care Associates Limited
Registered Manager	Mrs. Ruth David
Overview of the service	Highbury Residential Care Home is registered to provide accommodation and personal care for up to 27 older people and those with dementia. The home is situated in the village of Sileby with access to local shops, cafes and other facilities. It can be reached by public transport and there is parking in the grounds.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Safety and suitability of premises	8
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Highbury Residential Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Safety and suitability of premises
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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We carried out this review of compliance to check whether the provider had made improvements in the areas we found them to be failing in when we visited the home in November 2012. During this visit we found that people were not involved in the planning of their care and that they were not being given choices about how they spent their time. We found that the physical environment people were living in was not being adequately maintained and that there was a lack of quality monitoring at the service.

In order to assess the improvements in these areas we spoke with the registered manager at the home, four people who used the service, and the relative of someone using the service who was visiting the home at the time of our inspection.

The people using the service told us that they were happy living at the home and that they were able to participate in activities should they wish to. They were all complimentary about the staff working at the home. One person told us that, at times, they had to wait to be attended to by staff. We saw that people were being cared for by staff who treated them with respect. There were activities taking place at the home at the time of our visit.

We spoke with the relative of someone using the service who commented that: "I think it has improved. There's more interaction somehow and more feedback from the manager."

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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When we visited the home in November 2012 we looked at this outcome as we had some concerns during our visit. People were not being given the opportunity to access the local community and were not being given choices about how they spent their time in the home.

During this visit we saw evidence that people living at the home had been out in the local community on numerous occasions since our last visit. We were told that people were due to be attending a local community event that evening and that this was now being done on a regular basis. People were being asked what they would like to do on a daily and weekly basis and the home was enabling people to carry out the activities they wished to participate in. The registered manager commented that: "They are doing a lot now." We saw people engaging in activities during our visit and people told us there was now much more for them to get involved with at the home. People were being encouraged to remain active and independent wherever possible.

We saw that regular meetings were now being held for people using the service. We saw that these had been carried out in November 2012 and January 2013 and that there was a meeting scheduled for February 2013. We looked at the minutes taken from these meetings and saw that people were being asked about what they would like to do in terms of accessing the local community. We saw that that activities and day trips were being planned and that people's views were being listened to.

The manager at the home showed us the rooms of everyone living there. We saw that people's personal space was respected by the manager and that all staff were required to knock on people's doors prior to entering. This was not always happening when we visited the home in November 2012. We saw that people now had personalised bedding and were told that each person had been consulted about how they would like their bedrooms to be decorated. We saw evidence that this had been done and people living at the home told us they were happy with the decor of their rooms. People were being treated with respect and their privacy and dignity was being given due regard by the staff working at the home.

We looked at care plans during our visit and found that each plan had been reviewed by the manager at the home. People had been involved in the reviews of their care plans and additional sections had been included to document that they were now being consulted on their care and in any decisions being made in relation to that care. People were now involved in the planning and delivery of the care they received at the home.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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When we visited the home in November 2012 we found that several items of furniture were broken, several carpets were soiled and needed replacing and that some of the doors and door handles were not functioning properly. We saw that furniture was being stored in people's bedrooms and that equipment was being kept in communal areas which was hazardous for the people living at the home. We concluded from this that the premises people were living in was not being adequately maintained to ensure people's safety.

During this inspection we were told that the home had now employed an additional member of maintenance staff on a full-time basis. There were now two people carrying out repairs and maintenance checks at the home. We saw that maintenance audits were now being carried out on a monthly basis and that this included a full check on the building, including people's personal bedrooms and the communal areas of the home.

We saw that furniture in the communal areas had been replaced and that furniture which had been broken in people's bedrooms had also been replaced by the provider. We saw that several carpets had been replaced and that people's bedrooms had been decorated. Several of the soiled beds had been replaced and people now had suitable and safe furniture in their rooms. We saw that plans were in place to continue these improvements, where required.

Fire doors which had been malfunctioning when we visited the home in November 2012 had been repaired and we saw that fire exits were now clear from any obstructions. The door handles to people's rooms were now all in working order and maintenance audits were now monitoring this on an on-going basis. The provider had systems in place now to ensure the safety and suitability of the premises in which people were living.

Any furniture, which was not in use, was now being stored appropriately and away from people's bedrooms. Equipment, such as wheelchairs, were no longer being kept in the hallway of the home and the communal areas were now free from any obstruction. The provider had converted a dining room, which was not being used, into an additional living room to allow visitors to the home to have some privacy when visiting people living there.

We concluded from our visit that the provider now had systems and checks in place to

ensure that people living at the home were safe from the risks associated with unsafe or unsuitable premises.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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During this inspection we found that improvements had been made in relation to this outcome and that people were now being given the opportunity to express their views on how the service was being run. The provider was now seeking feedback from people and systems had been implemented to continuously assess the quality of care being delivered at the home.

We saw evidence of regular meetings being held for people using the service. We saw that feedback from these meetings had been acted upon by the registered manager at the home. People were now able to express their views and we saw that these were being listened to and implemented, where possible, to improve the service for people.

The home had carried out a survey for the relatives of people living at the home. This had been carried out in November 2012. The results of this survey had been analysed by the registered manager and improvements made based on this feedback. For example, relatives had requested a more private space where they could meet and talk with the person living at the home. The manager had acted upon this request and an area had been created away from the communal living room. Relatives reported to be much happier now this was in place.

We saw that a survey had been carried out with people living at the home and that this had been done in a format which would be suitable for them to understand. People were being encouraged to contribute to how the service was being run with a view to assessing its quality and making improvements, where necessary. The manager informed us that these surveys would be carried out annually.

In addition to an annual survey, monthly quality assurance surveys were also being done with people living at the home to ensure that they were happy with the general running of the service. Areas covered in this were, staffing, meals, activities and the environment in which people were living. This on-going process demonstrated that the provider was now continuously monitoring the quality of the service and seeking the views of people living at the home.

A number of audits had been implemented since our visit in November 2012. Checks were now being carried out in relation to infection control, health and safety, food hygiene and medication. We saw that these were being carried out regularly and that they were all up-to-date. Regular audits were also being done on the premises and on people's bedrooms to ensure the safety and suitability of people's living environment.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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