Inspection Report

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: 04 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✖ Action needed
Management of medicines	✖ Action needed
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection there were 22 people living at the home. As part of our inspection we spoke with four people who used the service, five members of staff working at the service, including the registered manager and the relatives of someone who used the service.

People who used the service were happy with the care they received at the home. All of the people we talked to praised the staff who looked after them. One person said: "The staff here are all very good and very kind." Another person commented that: "We are looked after and I am comfortable." None of the people who spoke to us had any concerns with the care they received at the home.

We spoke with the relatives of someone using the service. They were happy with the care their relative received at the home. They told us: "The staff here are brilliant. They have bent over backwards to look after her."

Staff said they felt supported and that they had regular training and supervisions. We found this to be reflected in the staff files we looked at. None of the staff expressed any concerns about the quality of care being delivered at the home.

We found that consent to care and treatment was not always obtained at the service and that there were some improvements to be made in relation to the management of medication. We found that complaints were handled in line with the policy in place at the service and that the required checks were carried out on staff prior to them commencing work at the home.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 October 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Before people received any care or treatment they were not being asked for their consent and the provider had not acted in accordance with their wishes. Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We reviewed the care records for five people using the service as part of our inspection. We did this to ensure that the provider was obtaining and acting in accordance with the consent of people who used the service. Where people were not able to consent to their care and treatment due to their mental capacity we wanted to check that their best interests. We wanted to ensure that agreement to their plan of care had been sought from their legal representative or from someone acting in their best interests.

There was little evidence in the care plans we looked at that consent had been sought and obtained by the service. We asked the registered manager whether this had been done and she told us that it had not. One person, who had been in the home for five weeks, had not signed to consent to their care. There was no evidence that the provider had sought their consent. The registered manager told us that this would be done following our visit.

We did see evidence that the registered manager had implemented monthly reviews of the care plans. These were detailed in the records we looked at. However, these were signed as completed by the care home representative and there was only evidence in one of the care plans we looked at that someone's representative had signed during December 2012 to agree to the plan of care. People were not consenting to their care and they were not involved or consenting to reviews of their care thereafter.

We asked the registered manager what the process was for obtaining agreement for somebody's care when they themselves lacked the mental capacity to do so. We were told that no mental capacity assessments were carried out by the home and that no best interest meetings held been held for anybody living at the home to date. Many of the people living at the home had some degree of dementia. The registered manager referred

to several people who, they believed, lacked the mental capacity to consent to their care plan. The service did not have a process in place to ensure that, where a person lacked the mental capacity to consent to their care, they were acting in accordance with legal requirements to ensure the person was represented by someone acting in their best interests.

We observed the care being delivered to people by staff working at the service. We saw that people were consulted in relation to daily care tasks and that people would verbally agree to that care. People were given choices and were able to express their opinions about how and where they spent their time at the home.

Staff we spoke with understood and explained how they would obtain people's agreement before they delivered care to them and we saw that this was the case. However, staff, including the registered manager, had not received training in relation to the Mental Capacity Act. The registered manager advised us that this training had been booked for September 2013. Staff were not adequately trained in this area and no mental capacity assessments had been carried out for people living at the home to determine whether they were able to consent to their care and treatment.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not being protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at this outcome to ensure that the provider was safely recording, handling, storing and administering medication to people using the service. We looked at the medication policy, records and the way in which medication was being administered and stored in order to do this.

We found that medication was administered by trained staff. We reviewed the staff training records and saw that support staff at the home completed medication training to allow them to safely administer medication to people.

Medication was being stored in a medication trolley in a locked room at the home. The medication trolley was locked to ensure the safe storage of the medication. Medication was clearly labelled for each person using the service. Any medication requiring refrigeration was being stored in a secure fridge within the home. Both the medication room and the fridge temperatures were being regularly checked and recorded to ensure the safe storage of medication. We checked medication stocks and their expiry dates and found these to be in order.

We looked at how people's medication needs were recorded and explained to staff in their care plans. We found that care plans lacked detail for staff on what medication people were on. Care plans did not provide enough information to ensure that staff were safely administering people's medication to them. It was not clear from the care plans we looked at what medication people took, what this was for, and how it should be administered to them.

One person's medication needs had changed following a fall in June 2013. Although the person's care plan had been reviewed in July and August 2013, their revised medication needs had not been updated in their care plan. This meant that staff would not have had up-to-date information regarding this person's medication requirements.

There were not adequate risk assessments in place in relation to the administration of

medication. We asked the registered manager why this was. We were told that medication risk assessments were only devised for people who self-medicated or who had their medication given to them covertly. All of the people living at the home had their medication administered them. There were no assessments in place to assist staff in administering people's medication to them safely. The provider was not ensuring that people were being protected against the risks associated with medicines.

We looked through the medication administration charts in place for people and saw that these were appropriately completed. The records contained details on the medication each person was being given. Staff had completed these to record when a person had taken their medication.

Some people had medication prescribed to them to take 'only when needed'. There was no guidance in the care plans or in the medication recording charts to assist staff in making decisions about when to give these medicines. It is important that this information is recorded to ensure people are given their medicines when they need them and in way that is both safe and consistent. The provider could not be sure that medication was being given as needed by the person using the service.

The policy in place at the service did not adequately cover how the service ensure the safe management of medication in relation to medication prescribed to be given "as and when needed". There was a lack of detail on how the service was ensuring the safe management of people's medication.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with staff working at the home. All of them told us that they had gone through checks prior to commencing work at the service. They described having checks on their identification, their employment history, references from former employers and a check on their criminal record.

We checked the records relating to people's recruitment into the service and found that there was a robust system in place for ensuring that checks were carried out on people before they started work. We were shown records for staff currently delivering care at the home. From these records we could see that checks were carried out as required by the legislation around recruitment. All staff had undergone a check on their criminality, their identity, their employment history and their character prior to starting work.

There was a recruitment policy in place at the service which detailed what checks would be carried out on people before they started work. We saw that this policy was being adhered to by the service. The service was operating effective recruitment procedures to ensure that staff were of good character.

We saw that people's skills and experience were checked prior to people starting work and that an induction was delivered to staff once they were appointed. Staff told us that this was an effective induction and told us that they were given training on an on-going basis. We saw from staff records that this was the case.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at staff files to ensure that staff working at the service were adequately supported and trained. We found that regular supervisions were held between members of the care staff and the registered manager. We looked at the records of these supervisions and saw that they provided an opportunity for staff to raise and discuss any issues they may have with their role at the home. We also saw that staff had an annual appraisal as required.

We spoke with five members of staff as part of our visit. All of the care staff we spoke with told us that they felt supported by the manager in post at the home. They told us that they could approach the manager should they need to and raise any issues they may have. One staff member told us: "I really appreciate the working environment with my other colleagues." Another staff member said: "If there's a problem we just speak to the manager." They went on to comment: "It's very nice here now. There's been a lot of changes."

We looked at the training schedule in place at the home. We saw that staff had been trained in areas of delivering care safely and to an appropriate standard. Some of the training we looked at was due to be refreshed. This was specifically the case in relation to the Mental Capacity Act, dementia care and dignity in care training. We spoke to the manager about these gaps in staff training and they told us that this would be taking place for all staff over the coming months.

Regular staff meetings were held at the home and this provided an opportunity for staff to discuss any issues they may have. There were systems in place to support staff to deliver care and treatment safely and to an appropriate standard.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints policy and procedure in place. This detailed how complaints would be dealt with. Written complaints would be fully investigated within 28 days of them being received by the service. The policy also provided information to people about where to go if they were not satisfied with the response from the service.

The manager confirmed that the service had not received any written complaints directly to them in the previous 12 months. The manager explained that when people had any issues they would come to the management of the service who would aim to resolve these informally.

We saw evidence that comments and compliments were being logged by the service and that the provider was regularly seeking the views of the people using it by holding meetings for them at the home. Comments and compliments received had been recorded.

People who used the service and their representatives had information about how to complain and what the process would be. This information was readily available to people using the service and their representatives.

People we spoke with who used the service felt that any issues could be raised with the manager or staff and that these would be addressed. We spoke to the relatives of someone using the service and they told us that they felt comfortable to raise any issues should they need to.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: Consent was not always being obtained and recorded by the service. People who lack the mental capacity to consent to their care had not had a mental capacity assessment carried out and no best interest meetings had been held for anybody using the service. It was not clear from the care plans we looked at how and when people, or their appointed representatives, were consenting to their care. There were not adequate processes in place to ensure the provider was acting with the consent of people using the service, or in agreement with their representatives.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: Care plans lacked guidance and information for staff regarding people's medication needs. There were no risk assessments in place in relation to medication. There was a lack of guidance for medication people needed on an "as and when" basis and the policy in place did not contain enough information to ensure the safe management of medication.

This section is primarily information for the provider

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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