

Mrs M Mather-Franks

# Highbury Residential Care Home

## Inspection report

Highbury  
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Rushden  
Northamptonshire  
NN10 9XQ

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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

Highbury Residential Care Home is situated in Rushden and provides accommodation for persons who require nursing or personal care and are living with Dementia, Learning disabilities, mental health conditions, Physical disabilities, or other sensory impairments. At the time of our inspection six people were using the service.

At the last inspection, the service was rated Good. This inspection took place on the 18 July 2017 and we found the service remained Good.

During the previous inspection we found some areas of concern about the maintenance of the home and equipment. Improvements were required to ensure these were addressed. During this inspection we found that this work had been completed.

People continued to receive safe care. Staff had been trained to recognise signs of potential abuse and keep people safe. People had risk assessments in place to enable them to be as independent as they could be whilst remaining safe. Staff knew how to manage risks and balanced these against people's rights to take risks and remain independent.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs. Robust recruitment processes were in place and staff were not employed until satisfactory checks had been completed.

Safe systems were in place to ensure people received their medicines as prescribed.

Staff completed an induction programme when they first commenced work at the service. They were provided with on-going training to update their skills and knowledge to effectively support people with their care and support needs. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments when required and liaised with their GP and other healthcare professionals as needed.

People were treated with compassion and kindness by staff. Each person was supported in a way that individual to them. People's privacy and dignity was maintained at all times.

People's needs were assessed and care records gave clear guidance on how people were to be supported. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported. People were supported to follow their interests and join in meaningful activities of their choice.

There was an effective complaints system in place which was used to drive future improvement within the service.

There were effective management and leadership arrangements in place. Systems were in place to monitor the quality of the service provided to help further develop the service. The provider also submitted statutory notifications to the CQC when required.

## 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 remains good.

### Is the service effective?

Good ●

This service is effective.

Improvement had been made to the environment and the maintenance of the home and equipment had been completed.

Staff were appropriately trained and used their knowledge of each person to meet their specific support needs.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

### Is the service caring?

Good ●

This service remains good.

### Is the service responsive?

Good ●

This service remains good

### Is the service well-led?

Good ●

The service remains good.

# 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 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.

This comprehensive inspection took place on 18 July 2017 and was announced. This was because we wanted to ensure people would be available so we could talk with them about their experiences of using the service.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we observed how staff engaged with people during individual tasks and activities. Not all people were able to communicate with us but were able to use expressions and gestures.

We spoke with four people who used the service. We also had discussions with the home manager, a senior care worker and a care assistant. We reviewed the care records for three people using the service, medication records, three staff files and training records. We also examined further records relating to the management of the service, including quality audits and health and safety checks, with the intention of ensuring that the service maintained a robust oversight of the delivery of care.

## Is the service safe?

### Our findings

People continued to feel safe at the service and protected from harm. One person told us, "Yes, I do feel safe here. They [meaning staff] look after me." Staff had received training in safeguarding people from harm and neglect and knew how to recognise signs of abuse and report their concerns. One staff member said, "I would definitely go straight to the manager, or [name of provider]. I would have no worries about reporting someone." Records showed that safeguarding was a regular agenda item for staff meetings. Concerns had been referred to the local authority for investigation when required.

Each person had risk assessments in place to enable them to be as independent as possible taking into account the associated risks. These included accessing the community, working in the kitchen, and personal care. These had all been reviewed regularly. Staff told us, and records confirmed that additional risk assessments had been completed for extra activities or holidays. The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff continued to be recruited safely. Documentation showed that all the necessary employment checks had been carried out for all staff before they started work at the service. There were adequate numbers of staff employed with varying skills to meet people's needs. One person told us, "Yes there is enough staff." A staff member said, "I think we have just the right amount of staff. We are never rushed and it's very relaxed here. We are never under pressure." During our inspection we saw that staff were available at all times to support people and to respond to their requests.

People were supported to take their medicines safely. We looked at Medicine Administration Records (MAR) and saw they were completed correctly. Each person had a medication profile which explained what medicines they were taking and the reason why. It also gave an overview of how the person liked to take their medication.

## Is the service effective?

### Our findings

During the previous inspection we found some areas of concern about the maintenance of the home and equipment. Improvements were required to ensure these were addressed. During this inspection we found that this work had been completed.

People continued to receive care and support from staff with the required skills and knowledge. One staff member said, "There is always some training going on. It's very good." Records we saw confirmed staff had completed an induction to the service when they first started work and on-going training was up to date and appropriate to staff roles. The home manager told us that the service was signed up to the care certificate but staff turnover was very low so this had not been used yet. We saw this was ready for implementation when the service recruited a new staff member.

Staff told us they were well supported by the home manager and the provider and received regular supervision and annual appraisals. Records we examined confirmed this.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of peoples' rights regarding choice. Detailed assessments had been completed to determine people's ability to make decisions about their care and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority. We observed staff gaining consent from people throughout the inspection.

Staff assisted people with their choice of meals, using pictures where necessary. One person commented, "The food is lovely. Lovely." We observed staff asking people what they wanted to eat and drink. People chose their meals using pictures and this was displayed on the wall. Records demonstrated that specialist nutritional help had been accessed when required.

We saw that people had attended appointments with health care professionals to maintain their health and well-being. For example, visits to the doctor, dentist and hospital appointments. Each person had a 'health action plan.' This was a file which contained all relevant information regarding the person's health and medication with contact numbers and information. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

## Is the service caring?

### Our findings

People continued to receive care from staff who treated them with kindness and compassion. One person said, "They are all lovely. I have known them for a long time." Another person gave us a thumbs up sign and smiled when we asked them if the staff were kind. Our observations confirmed that people were at ease and comfortable in the presence of staff.

Staff were able to tell us about people's likes and dislikes, their hobbies and interests and family. We saw staff spending time with people, making sure they understood what was happening and assisting with what they wanted to do if required.

Where possible people had been involved in the development of their care and support plans. One person told us they knew what was in their care plan and said, "I know all about my care plan. I did it with the staff." Care records we viewed confirmed that people and their relatives, if appropriate, had been involved in the care planning process. People's individuality and diversity was respected and recognised by staff who made every effort to provide people with every possible opportunity as part of their care and support.

The home manager told us that there was an advocacy service available for anyone who needed it and there was one person using the services of an advocacy service at the time of our visit.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others. Files were kept in a locked cabinet in the office. We observed that people's privacy and dignity was maintained by staff, for example being spoken to appropriately and when being assisted with meals or care. Staff had a good understanding of privacy and dignity and there was a dignity champion. One staff member said, "We always make sure people are given privacy and spoken to with respect."



## Is the service responsive?

### Our findings

People continued to receive care that met their needs. One person told us, "It's very good here. I am looked after how I want." Another person smiled and gave us a thumbs up sign when we asked them if they were well looked after. A staff member said, "We have all worked here a long time so know people very well. We are like family. If there is a change in a person's needs we recognise it quickly just because we know people so well."

Care files we viewed showed a full assessment had been completed prior to admission. These had been followed by a comprehensive care plan which showed people's strengths as well as the support required. Care plans had been written in a personalised way for each individual and were reviewed regularly.

Activities were planned for people in accordance with their preferences. One person told us, "I like to sew and I can do that when I want to." There was a pictorial board in the dining area which showed the activities people were taking part in for that week. On the day of our inspection we saw that people were going out to their chosen activity and one person had one to one support to do this.

There was a pictorial complaints procedure in place and a copy of this was in each person's room if they wished to make a complaint. We saw that no complaints had been received since 2014. Records we examined showed that the home manager and provider encouraged people to talk about anything they were not happy about at regular house meetings. One person said, "I don't have any complaints at all."

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded.

## Is the service well-led?

### Our findings

A registered manager was in post at the time of the inspection. The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. During this visit we supported with the inspection by the home manager.

People who used the service and staff expressed confidence in how the service was run. One person told us, "I love [name of home manager]. She looks after us." Another person smiled and gave us thumbs up sign when we asked if [name of home manager] was a good manager. Regular meetings had been held with people who used the service and minutes of these meetings had been recorded and were seen. These showed that where suggestions had been raised actions had been taken to support the suggestion.

Staff we spoke with told us they were involved in the development of the service. They said that they were able to voice their opinions, which would be listened to, at regular staff meetings which resulted in a positive, open and transparent culture in the service. One staff member said, "We can talk to [name of home manager] about anything." Staff told us that the provider had a whistleblowing procedure and they would use it if required.

The home manager was aware of the day to day culture of the service. Staff told us she worked alongside them if they were needed and they knew all of the people who used the service. We observed this on the day of our visit. They also told us the provider visited on a regular basis and was very involved in the running of the service. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. This helped the home manager and provider ensure the service was as effective for people as possible.