Care Quality Commission

Outreach Community and Residential Services

Highbury Court Flats

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

Highbury Court Flats is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates six people, with mental health issues and/or learning disabilities in their own flats. Highbury Court Flats is based in Prestwich, Greater Manchester and provides accommodation for up to six people who require personal care and support.

The inspection took place on 30 October 2018 and was unannounced. At our last inspection on 26 July 2016 we rated the service good in all domains and overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager at the service. 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.

Appropriate safeguarding systems were in place to keep people safe. Recruitment procedures were robust and staffing levels were appropriate.

Health and safety measures were in place. There was an infection control file in place with guidance for staff to follow. Accidents and incidents were recorded appropriately, and medicines systems were safe.

Care files included all relevant health and personal information and there was evidence that referrals were made to other agencies as required.
Induction for new staff was comprehensive, all mandatory training was up to date and service specific training was delivered as required.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff interactions throughout the day were respectful and friendly. People's privacy and dignity was respected, and service had a policy and training in place regarding equality and diversity.

Care plans demonstrated that people who used the service were fully involved with their care and support planning. People were encouraged to be independent and pursue their own interests and hobbies.

There were monthly residents' meetings where people could put forward their views and suggestions for the service. Policies were in place with regard to confidentiality and data protection.

Care files were person-centred and included information about what was important to the individual, their daily routines, strengths and gifts. People were supported to access activities, work and interests and to maintain relationships with family and friends.

People who used the service were aware of how to make a complaint and there were regular house meetings as well as annual surveys, providing opportunities for people to voice their opinions and raise concerns.

The registered manager was supported by a service manager and was accountable to a management committee. The service had good links with the community and we saw evidence of good partnership working with other agencies.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care Quality Commission

Highbury Court Flats

Detailed findings

Background to this inspection

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

The inspection took place on 30 October and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. This helped us to gain a balanced view of what people experienced accessing the service. We received no negative comments or concerns.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

We did not use a used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. However, all the people in this service lived in individual flats and went out for a large part of each day, so this was not a suitable tool to use in this instance.

During the inspection we spoke with the registered manager and a support worker. We spoke with three people who used the service and met two others who did not wish to speak with us. We also spoke with two relatives. We contacted three health and social care professionals. All the feedback we received was positive.

We looked at records including five support plans, policies and procedures, training records, health and safety records, audits and meeting minutes.

Good

Is the service safe?

Our findings

When asked if they felt safe a person who used the service said, "Yes, there are staff on the premises 24/7 if they are needed. Health and safety checks are done every Monday".

People were safeguarded from abuse by the service having appropriate policies and procedures in place, which staff were aware of. All staff had undertaken safeguarding training and this was updated regularly. The service followed the guidelines of the local authority when reporting any safeguarding concerns, and logged these for monitoring and analysis. The information about how to raise a concern was displayed on the office wall for staff to follow. There had been no recent concerns. There was also a whistle blowing policy which staff were aware of, to report any poor practice they may witness.

Recruitment procedures were robust. Applications were made on line or via post and the service also held job fairs and open afternoons to promote careers with them. People applying were invited for an interview, had to supply two written references and proof of identity and gaps in employment were checked. All new employees were subject to a Disclosure and Barring Service (DBS) check. A DBS check helps a service to ensure people's suitability to work with vulnerable people. Some people's DBS checks were live, so any new information was uploaded immediately. Others were renewed on a three-yearly basis.

The service was small and many of the people who used the service were quite independent. There was one staff member on during the day and at night, with an extra person being on shift to support people to appointments. The service manager was at the properties approximately twice a week and there was an on-call manager available at all times for support and advice. The head office was also nearby and people who used the service and staff were able to contact the office if they needed assistance.

Health and safety measures were in place and there was a policy and procedure for guidance. We saw that the electrical certificate, fire risk assessment and legionella testing certificate were all up to date. There was a weekly check carried out in all flats and regular checks of fire alarms were undertaken.

We were unable to look at people's flats as they did not want us to go into their private areas. However, there was a daily cleaning schedule followed and fridge and freezer temperatures were recorded and were within the recommended manufacturers' limits. There was an infection control file in place with guidance for staff to follow.

Personal emergency evacuation plans (PEEPs) were in place for each person who used the service and these were up to date. There was a business contingency plan to be put into practice in the event of an emergency occurring.

Accidents and incidents were recorded in care plans and we saw Antecedent, Behaviour and Consequence (ABC) charts which recorded antecedents to behaviours, the behaviour and the consequence. These helped guide staff to recognise triggers and deal with them in the most effective way.

The medicines policy outlined how to deal with issues such as medicines given as and when required (PRN), homely and covert medicines. Covert medicines are medicines that are given without the person's knowledge when they are unable to make an informed decision and the medication is given in their best interests. Most people who used the service were able to self-medicate. Medicines were ordered by staff, stored safely in a locked cupboard in the lockable office and given weekly to those people who self medicated and audits of these medicines were undertaken weekly. One person had their medicines administered by trained staff. There were no controlled drugs (CDs), which are prescription medicines subject to controls under the Misuse of Drugs legislation.

Good

Is the service effective?

Our findings

The five care files we looked at included all relevant health and personal information. There was clear information about daily support needs and health appointments. Where it was required, people's weights were recorded on a monthly basis and there was evidence that referrals were made to other agencies as required. Staff were required to read and sign care plans to agree that they had understood the contents.

The service used a hospital passport which included all the essential information needed for a hospital stay. This helped make people's stay less stressful and ensure the hospital had relevant documents.

Induction for new staff was comprehensive and consisted staff undertaking the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. They also had orientation to the service and six weeks shadowing with an experienced staff member.

We looked at training records which showed that all mandatory training was up to date. The service also provided service specific training, such as diabetes, and behaviour that challenges.

Bi-monthly reflections (supervisions) were carried out with all staff. Any changes to practice, updates to guidance and legislation were discussed at these sessions. Annual appraisals gave staff an opportunity to reflect on the previous year and plan for the coming year, identifying training and development needs.

The Accessible Information Standard applies to people using a service who have information or communication needs relating to a disability, impairment or sensory loss. Information at this service was given to people in the form that best suited their needs. For example, many documents within people's care plans were produced in an easy read format. In some cases, staff explained the content to the person to ensure their understanding and involvement.

One person was supported with meals, but others were independent with cooking or needed minimal support. Some people were supported with shopping and, as all the people who used the service were of the Jewish faith, they were supported to buy and cook Kosher food.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the 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 saw that, where possible, people had signed to indicate consent to issues such as medicines administration. We saw evidence of best interests decision making and one person was subject to a DoLS authorisation. This was relevant and the service were aware of when this needed to be reviewed and re-applied for.

Good

Is the service caring?

Our findings

One person who used the service told us, "Staff are not bad". Another said, "Yes, staff are good. I'm alright, they look after me". A third told us, "Oh yes, it's great. I have independence and my own space. Staff are excellent. I'm very happy here, always have been". One relative we spoke with told us, "It [the service] has been good recently. Money has been spent on the flat. [Relative] is happy and settled".

Staff interactions throughout the day were respectful and friendly. It was clear staff knew each individual well and people who used the service popped into the office throughout the day to have a chat or ask a question.

People's privacy and dignity was respected and we saw that staff did not enter people's flats unless they were invited in. The service had a policy in place regarding equality and diversity and all staff had received training in this area. Staff were aware of people's different needs and requirements.

Care plans demonstrated that all people who used the service were fully involved with their care and support planning. Families were involved in people's day to day lives and reviews of care. We also saw that people who used the service could be involved with interviewing potential new staff members if they wished to and they were encouraged to participate in quality monitoring.

There were monthly residents' meetings where people could put forward their views and suggestions for the service. All those who lived at the service had a service user guide. Advocacy was arranged for people as and when the need arose.

All staff signed a confidentiality clause when starting work at the service. There were policies and procedures in place around confidentiality and data protection and all staff had been updated about the recent changes to data protection legislation.

People were encouraged to be as independent as possible and pursue their own interests and hobbies. We saw that one person had been supported to use their wheelchair less and improve their skills in walking independently. Another person had been supported to bring their diabetes under control via a healthy diet.

Good

Is the service responsive?

Our findings

Care files included a section entitled 'All about Me'. This included anything that was important to the person, their daily routines, strengths and gifts. Each individual's person-centred care plan contained their life story, dreams and wishes, preferences regarding food and drink, what would be a good or bad day, emotions and feelings. Communication methods and support required were documented and each of these plans was regularly reviewed and updated to ensure information remained current.

We saw that people were encouraged to reach their full potential. Two of the people who used the service had jobs, one in a shop and one assisting with clerical work at the service's head office. One person also assisted at the Jewish theatres. Other people were supported to access outreach activities, including a drop-in centre, day centre and leisure group. People were helped enhance their computer skills or encouraged to do activities such as gardening. There were outings to local places of interest, such as Blackpool and Chester.

Staff had undertaken training in Judaism to help them understand the way of life of the people they were supporting. One person we spoke with told us they liked to go to religious lectures and classes and visit the synagogue and this was supported by staff.

People were supported to maintain relationships with family and friends. People who used the service could invite friends and family into their flats as they wished.

The service sent out annual surveys to people who used the service, families and staff. Results were largely positive for the most recent survey. Relatives' comments included, "I am pleased with the cleanliness of the home staff work very hard with a lot to cover in a day"; "I think the standard of the home is good"; "Improvements could be made to the steps, the path and the road surfaces immediately outside of the property to provide a more level and therefore safer area". People who used the service, when asked what they liked and disliked about the service commented; "The staff are nice"; "I like the people"; "Independence own flat is safe"; "I want to be more independent I don't want to live in Outreach". The staff survey indicated a high level of satisfaction from staff around the job, support, training and induction.

There was a complaints log in place and people who used the service were aware of how to make a complaint if they wished to. This was reiterated at the monthly house meetings to help ensure people were able to speak up if they needed to. One person who used the service told us, "I know how to complain".

The registered manager had been involved in end of life training. There was a file in place with regard to end of life care and this included guidance for staff around the religious aspect of this. People who lived at the service were members of Jewish burial boards, which provide funeral services for Jewish people. The registered manager told us that people would be supported to remain at the home at the end of life if this was their wish.

Good

Is the service well-led?

Our findings

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. There was a registered manager in place who had been at the service for a considerable length of time.

The registered manager was supported by a service manager and was accountable to a management committee. This committee undertook quarterly quality checks of the service to help maintain standards.

One person who used the service said, "If I had a problem they [management] would sort it. Any issues can be brought up at the meetings". A relative we spoke with told us, "You can get hold of the manager. I have no problems at present".

There was a statement of purpose which outlined the aims and objectives of the service, including providing excellent care and support, offering opportunities and empowering people to integrate with the community.

There was evidence of regular meetings where discussions included health and safety, training, safeguarding, fire procedures and quality monitoring. There were regular staff forums and house meetings for people who used the service. We saw evidence that suggestions for improvement to the service were encouraged.

The service had good links with the community, including the local synagogue, a Thursday leisure group and the local drop-in centre. The service had a contingency plan in place to ensure people would be supported in the event of an emergency situation.

The registered manager, along with another registered manager, were involved in the North Manchester General Hospital steering group to improved hospital visits and stays for the individuals they supported. The registered manager also attended the local Residential Care Forums where good practice and up to date guidance was discussed.

Quality was monitored via a number of audits, including medicines, weights, safeguardings, accidents and incidents, complaints, training, support plans and risk assessments. The local authority quality team were sent quarterly updates from the service and visited annually to check on quality standards.

We saw evidence of good partnership working with other agencies. These included social work teams, dieticians, diabetic nurses and GPs.