

Benslow Management Company Limited

Highbury Rise

Inspection report

6 Highbury Road
Hitchin
Hertfordshire
SG4 9RW

Tel: 01462437495

Website: www.benslow-care-homes.co.uk

Date of inspection visit:
07 September 2023

Date of publication:
20 October 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Highbury Rise is a residential care home providing accommodation and personal care to 20 people at the time of the inspection. The service can support up to 23 people.

People's experience of using this service and what we found

People's medicines were not always managed safely, while staff had been trained and audits were in place, we found systems did not always ensure records were accurate. When we visited there was a heatwave. We found the national heatwave plan was not consistently followed, and this placed people at risk. Management systems did not ensure these issues were identified or managed.

People told us they were happy and felt safe, and staff were kind. Relatives also told us they were happy with the care and support provided. Care plans were in place and staff knew people well. People told us they had enough to do. People were supported to eat well; however more frequency and accessibility was needed to ensure people had sufficient fluid intake during the heatwave.

Individual risks were assessed. Infection control measures were followed in most cases. However, some areas needed refurbishment due to chipped paintwork and carpets with malodours. The lift had been repeatedly breaking down which had meant people were frequently left in their rooms. Staffing was adjusted to manage this, but the reoccurring issue was causing frustration. The registered manager advised a new, and more efficient, lift company had been contracted to manage the issues.

People told us there were normally enough staff to assist them as needed, relatives agreed. Staff told us there was enough of them to meet people's needs, however the lift issues had been adding a strain. Staff received training and regular supervision. They felt well equipped for their roles.

Complaints systems were used and people and their relatives told us they could speak up.

People, relatives, and staff were positive about the registered manager and how the service was run. There were regular meetings to share feedback and obtain views. There were audits and checks in place to manage the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at last inspection

The last rating for this service was good (published 20 October 2017). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to the safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Highbury Rise

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

Highbury Rise is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Highbury Rise is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location.. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a health and social care providers. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service location on 7 September 2023. We spoke with 5 people and received feedback from 2 relatives. We reviewed feedback we had received from relatives for a recently completed monitoring process. We also spoke with 6 staff including the registered manager, regional manager and support workers. We received feedback from 1 health and social care professional.

We reviewed a range of records. This included 3 people's care records and a range of medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported to take their medicines in accordance with the prescribers' instructions in most cases. However, we identified shortfalls in the medicines records and the way medicines were stored.
- Medicines were stored securely, however during the inspection they were not stored in the air-conditioned room but left in the dining room when the temperature was very warm. In addition, we saw that the temperature of the medicines room had not been taken between 1 September and 6 September. A staff member told us the thermometer had needed new batteries.
- Medicine records were not always completed accurately. We counted a random sample of medicines and found that quantities from the previous medicines cycle had not been included so quantities recorded were inaccurate. A staff member told us it was the first day of the new cycle and they had not been able to do this yet.
- One person had a medicine prescribed 'as needed' so it had not been given on the day of our visit. However, there was no 'as needed' plan in place to let staff know when the medicine may be needed. On the previous month's cycle, the medicine was recorded 'as needed' but given every day of the month. There were 2 entries stating it was given for its typical prescribed need. We raised this with the registered manager to address.
- Record sheets showing the application and removal of patches had not been added to the new medication record folders. This presented a risk of missed administration. We also found for 1 person who had 2 patches daily, these were not included on their body maps on 4 and 5 September 2023. While they had been signed as being given and quantities tallied, there was no way of knowing where they had been applied and if old patches had been removed.

Assessing risk, safety monitoring and management

- This inspection was carried out during a heatwave. When we arrived, there were people upstairs in their rooms as the lift had broken down. The temperature in the upstairs rooms was extremely hot. Even though records showed people had been given drinks, there were no drinks left in their rooms. The registered manager told us jugs were not left with people in case they were spilled.
- Not everyone had fans. People who had a fan, for some it was on the other side of the room not reaching person or not turned on. We needed to move fans and turn fans on, and close curtains to prevent people being in direct sunlight as they told us they were too hot. We raised this immediately with the staff and management team.
- Even though the home was experiencing very high temperature, the main meal was cooked at lunchtime and there were 2 hot options. The heat from the kitchen was spreading to the downstairs and this was setting the fire alarm off. The management team told us they were awaiting a new kitchen being fitted. Staff

told us the fire alarms had been going off due to the kitchen the previous day too. We asked if there had been consideration for cold meals or alternatives to cooking on site. The registered manager told us there was not, they told us people liked to have their hot meal. We discussed if there was a heatwave plan in place and we were told the local care provider's association had sent one at the beginning of summer. However, this was not being followed on the day of our visit.

Therefore, due to the shortfalls in relation to medicines management and the lack of robust heatwave management people were placed at risk. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Following our feedback the registered manager spoke with the staff team about heatwave safety and carried out spot checks. They also carried out a full investigation into the medicines shortfalls and took any remedial action needed. These including sourcing an electronic records system to help ensure issues were identified swiftly.
- People had their individual risks assessed and there were care plans in place to reduce risks where appropriate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we observed a staff member came out of a bedroom after assisting a person on the toilet with their gloves on. They did not wash their hands, they took off the gloves and started assisting the person in the next room with eating, while holding their hands, before putting the used gloves on the radiator cover in the hall. The staff member then picked up the gloves, put them back on and went back to assist the first person from the toilet. We raised this poor hygiene observation with the registered manager who went directly to the staff member.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were able to come to the home freely and there were no restrictions. Controls were in place in accordance with government guidance to help reduce the risk of infection.

Staffing and recruitment

- The registered manager told us the home had staff vacancies and were actively recruiting. They used agency staff who were regular to the home and familiar with people they supported.
- People told us that most of the time staff were available. Although at times they needed to wait for support. A person told us that another person the previous evening had been waiting for the toilet for an hour as staff were busy. When we went upstairs there was a person calling out as they did not have their call bell and they told us they were desperate for the toilet. We pressed their call bell and a staff member came.
- Our other observations saw staff were available when people needed and responded promptly.
- A recruitment process was in place to help ensure staff employed were suitable for the role. This included references, criminal record checks and interview questions. However, the file we reviewed did not have full

employment history. The registered manager apologised stating they was not aware it was more than 5 years history required.

Systems and processes to safeguard people from the risk from abuse

- People told us if they felt safe. We observed people in the home and interacting with staff. People were relaxed, engaging with staff and going about their day. However, a person told us at night there were 2 staff who were not as friendly. We raised this with the registered manager and regional manager who both assured us they would investigate the feedback and take any action needed.
- Staff received training on recognising and reporting abuse. Staff were able to tell us what they would do in the event of concerns relating to abuse.
- There was information displayed about what to do if there were safeguarding concerns. We found that the provider had reported and investigated any concerns appropriately. We noted that the team were aware of potential external safeguarding risks to people.

Learning lessons when things go wrong

- Staff were made aware of any events or incidents during team meetings.
- The registered manager reviewed any events or incidents to ensure any learning from them was taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to moving into the home to help ensure they could be supported in their preferred way.

Staff support, training, skills and experience

- Staff received the appropriate training for their roles. This included positive behaviour support, dementia care, supporting autistic people and people with a learning disability. One staff member said, "Since I started my role I have had lots of training both online and physical which has given me the confidence to carry out my role confidently and effectively."
- Staff received formal supervisions. A staff member said, "I have regular supervision with my line manager."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat well. Weights were monitored and some people had fortified food and drinks if they were losing weight.
- Care plans supported healthy eating, detailed likes and dislikes and how to support each person maintain a balanced diet. Staff knew people's preferences or dietary needs and supported them appropriately with these.
- People were asked about their meal preferences. Staff asked people what they wanted for lunch and were shown 2 plated options, they all gave their preferred choice.

Adapting service, design, decoration to meet people's needs

- The service was a converted house and not purpose built. People had their own bedrooms and use of a communal kitchen, living room, dining room, bathrooms, and a garden. Bedrooms were personalised.
- Some communal areas were in need of redecoration as woodwork was chipped and some carpets held malodours. There was a refurbishment plan in progress.
- The lift had been repeatedly breaking down which had meant people were frequently left in their rooms. Staffing was adjusted to manage this, but the reoccurring issue was causing frustration. The registered manager advised a new, and more efficient, lift company had been contracted to manage the issues. They shared the new contract with us.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had regular access to health and social care professionals. Staff supported people with appointments. A relative said, "I am kept informed of [person's] medical needs and appointments and the

team work with me on arrangements if I am not available to attend."

- Staff worked with health professionals to help promote people's wellbeing. An optician was visiting people on the day of our visit.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 Mental Capacity Act 2005 (MCA). In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Care plans had clear information about all decision making.
- Where people had not been able to make a decision due to their ability to understand the information, best interest decisions were made and recorded appropriately, with the relevant advocates, professionals or family members involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people were able to express their views verbally about the care and support they received. A person told us, "They are very good." Another person said, "They are kind." For others we observed how they lived and how staff supported them. Our observations found that people felt at home and were comfortable with the staff team.
- Relatives were positive about the care and support provided. A relative told us, "When looking at homes we were impressed with the homely feel and caring staff and remain so."
- Professionals were positive about how staff treated people. A professional supporting a person in the home told us that on their last visit to the service, "My general observation is that the care staff I have seen, are supportive and talk to the residents appropriately and in a caring manner. I note that the staff speak to and treat the residents and visitors with dignity and respect."
- Staff knew people well and had developed positive relationships which enabled them to support people well. People were supported to celebrate events that were important to them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. We observed staff explaining things and giving choices to people to get them involved in their daily decisions. All interaction was done patiently and in a way that worked for the person they were supporting.
- Care plans showed people had participated in planning their care provision, and their views were reflected. Relatives and people's advocates said care was being provided as agreed. We discussed with the registered manager about capturing involvement of reviews in care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity while delivering personal care. However, we also saw that people cared for in bed had their doors open. For 3 people, their rooms were directly off a busy communal area meaning they could be seen by everyone. The registered manager told us this was so they were included in the day to day movements in the home and they felt in their best interests.
- Following our visit, the registered manager told us they had discussed this with people's family members, and they were happy that doors were kept open and they recorded it in plans as in people's best interests.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy with the care they received. We reviewed people's care plans and saw they were supported in their chosen way. A relative said, "[Person] has as much input into their care choices as possible, and staff know them well. Whilst the staff turnover has been regular there are a number of long-standing staff providing continuity."
- Care plans were detailed and gave information to staff so they could support people safely and appropriately. Care plans also took into consideration people's individual support needs relating to religion or health needs.
- Staff knew people well and how to meet their needs in a way that promoted their preferences and choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When the care plan was developed at the start of supporting a person, any specific need or preference in which people communicated was discussed. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- Relatives told us staff communicated well and in a way that met their family member's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People told us they had enough to do. One person told us, "I have plenty to do, I read and scribble (gesturing to puzzle book)."
 - Relatives felt the staff and service provided everything that was needed. One relative said, "[Person] enjoys craft and creative activities and likes being involved in preparing for celebrations such as the coronation, as well as individual activities such as colouring."
 - On the day of the visit the activities organiser was taking the optician round so there were no planned activities going on. People were colouring, reading and watching the TV. Photos seen showed there had been events at the home and celebrations such as the coronation, there were also visiting singers. Planned activities included a quiz, reminiscing, sewing, church services and social games.
 - We discussed activity and engagement for people cared for in their beds. The management team

monitored activity provision and involvement on their electronic care plan system.

Improving care quality in response to complaints or concerns

- Relatives told us they had not had any complaints but said they would be confident to do so if the need arose.
- The provider had a system in place to record and monitor complaints. This was to ensure they could identify any reoccurring issues so they could be resolved.

End of life care and support

- At times the team supported people at the end of life.
- Staff had completed training in end of life which included a mandatory E learning course on end of life and death, dying bereavement.
- Information about people's end of life preferences was recorded in their care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the service and address any shortfalls. Audits and quality checks were in place. However, systems in place did not ensure that there was sufficient oversight of the management of medicines. Planning for the deputy manager being on leave had not been factored in and this had impacted on the changeover of medicines cycle. In addition, management plans to ensure staff were following a heatwave plan to ensure people's welfare were not in place.
- Our observations showed that people were familiar with the registered manager and able to speak freely with them. Staff were positive about their leadership. A staff member said, "I think everything works good and no concerns right now. I discuss my concerns with the line manager."
- Actions plans were in place for areas identified by the management team as needing improving. These actions were signed off when completed.
- There were regular checks and audits by the regional manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and communicated about events and incidents in the service with people, relatives and professionals.
- The registered manager reported relevant events to external agencies as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive about how the service engaged with them and they felt their views were listened to. A relative said, "[Registered manager] fulfils the role of home manager conscientiously."
- People's feedback was sought through regular meetings.
- Staff had regular meetings where they were encouraged to share their views.

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The provider was linked in with a local care providers association to help provide training and keep up to date with changes to guidance and legislation.

- The registered manager and managers from all of the providers' locations met regularly to discuss updates, new projects and share any issues or successes they had.

Working in partnership with others

- There was joined up working between the team at Highbury Rise and health and social care professionals. This approach helped to ensure better outcomes for people. The PIR stated, 'We have built a strong working relationship with the MDT's (multi disciplinary teams) that support our residents e.g.: District Nurses, Mental Health Team, G.P, Crisis team, Frailty Team, Chiropodist, Social Workers and many more. This ensures we have a multi-disciplinary approach for all health needs and an open and transparent culture'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people's safety was always promoted.