

Rushcliffe Care Limited

Highfield Hall

Inspection report

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Date of inspection visit:

27 June 2017

28 June 2017

Date of publication:

14 August 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on the 27 and 28 June 2017 and was unannounced. At the last inspection on 24 August 2016, the service was rated as requires improvement. We made a recommendation that the provider should review their staffing levels against people's individual needs to ensure there are sufficient staff at all times. Improvements were also needed to ensure the staff followed legislation when they supported people with decision making and to ensure the systems used to monitor the quality of the service were consistently effective. At this inspection visit we found the provider had made improvements however some further action was still needed.

Highfield Hall provides accommodation and personal care for up to 21 people with learning disabilities. The service is provided in three units which comprise Abbey, Kingston and the main Hall. One the day of our inspection visit, 20 people were living at the home.

There had not been a registered manager at the service since February 2016. However, the acting manager had recently applied to register with us. 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.

People received their medicines when they needed them. However, some improvements were required to ensure the systems used to monitor the recording of medicines were effective in identifying and correcting inaccuracies. People and their relatives were asked for their views on the service but there were no systems in place to demonstrate how this feedback was used to make improvements in the service.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and acting manager. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. The provider ensured there were sufficient, suitably recruited staff to keep people safe and promote their wellbeing. Staff received training so they had the skills and knowledge to provide the support people needed. Staff felt supported and valued by the acting manager.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Staff acted in accordance with the legal requirements where people were unable to make their own decisions.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People had sufficient amounts to eat and drink to maintain a healthy diet. People were supported to access the support of other health professionals to maintain their day to day health needs.

People received personalised care from staff who knew their preferences and were offered opportunities to join in social and leisure activities. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

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 was safe.

Improvements had been made and there were sufficient, suitably recruited staff to meet people's needs. Risks to people's safety were assessed and managed and staff knew how to keep people safe. People received their medicines as needed.

Is the service effective?

Good ●

The service was effective.

Improvements had been made and the provider was acting in accordance with legal requirements where people lacked the capacity to make decisions. Where people were being deprived of their liberty in their best interests, the correct authorisations had been applied for. Staff received the training and support they needed to care for people. People received sufficient amounts to eat and drink and had their health needs met.

Is the service caring?

Good ●

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were supported to take part in activities and follow their interests. People's care was reviewed to ensure it remained relevant and relatives were invited to attend reviews. People and their relatives were able to raise any concerns and complaints and these were acted on.

Is the service well-led?

The service was not consistently well led.

The provider had made improvements to the quality assurance systems used to drive improvements in the service. However, further improvements were needed to ensure checks of medicines were effective in identifying shortfalls and making improvements. People and their relatives were encouraged to give their feedback on the service but there were no systems in place to demonstrate how this was used to make improvements. Staff felt valued and supported in their role.

Requires Improvement ●

Highfield Hall

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.'

This inspection took place on the 27 and 28 June 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. We also spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. Prior to the inspection, the provider had 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 used this information to plan our inspection.

We spoke with six people who lived at the home. Some people were not able to give us their views in any detail so we telephoned two people's relatives. We also spoke with seven members of the care staff and the acting manager and spent time in the communal areas observing how the staff interacted with the people who used the service. We did this to gain views about the care and to ensure that the required standards were being met.

We looked at the care records for two people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks and staff recruitment and training records.

Is the service safe?

Our findings

At our last inspection, we found that staffing levels were not being consistently monitored to ensure they were sufficient to meet people's needs at all times. We recommended that the provider should review their staffing levels against people's individual needs to ensure there are sufficient staff at all times. At this inspection, we found the required improvements had been made.

People who could tell us their views had no concerns about the number of staff on duty. Relatives we spoke with told us their relatives were safe and well cared for. One told us, "If I have any concerns, which I don't, I know who to speak with". We found that staffing levels had been increased and staff were deployed in each of the units in accordance with people's individual needs. This meant there were sufficient staff to meet the needs of people who required the support of two staff, which had been a concern at the last inspection. Staff were not rushed and had time to interact with people throughout the day. For example, we saw staff sitting and chatting with people. Staff we spoke with had no concerns about staffing levels. The acting manager and staff told us staffing numbers were varied to support people with activities outside the home. For example, on the day of our inspection, an additional member of staff was rostered on to take a person to visit a family member. We saw that staffing levels were kept under review and varied to provide this additional support when needed. This showed us there were sufficient staff to meet people's needs.

New staff had been recruited since our last inspection. Staff told us and records confirmed the acting manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. One member of staff told us they had to wait a month before all the checks were complete and they could start work. This showed us the provider followed recruitment procedures to ensure staff were safe to work in a caring environment.

People who could give us their views told us they liked living at the home. One person said, "We're all happy here". We saw that people were at ease in the company of staff and relatives we spoke were confident that their relatives were safe. One relative said, "[Name of person] is well cared for, fed, warm and safe". Staff recognised the different types of abuse and knew how to report abuse if they suspected it. One member of staff said "The manager and our head office take things very seriously but we have information in the office on how to contact social services". We saw that the acting manager reported concerns to the local safeguarding team for investigation and ourselves, to ensure people were protected from the risk of abuse.

Risks associated with people's care and support had been assessed and we saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. We saw that staff minimised the restrictions on people's choice and freedom as much as possible, for example people were able to spend time alone in the grounds of the home. Staff supported people appropriately when they presented with behaviour which challenged the safety of themselves and others. We saw staff used distraction techniques when a person became unsettled and followed advice that was documented in the person's care plan. Staff told us and records confirmed that when incidents

associated with challenging behaviour occurred, staff documented what had happened to try and identify what had caused the incident to minimise the risk of reoccurrence.

We saw that people received their medicines as prescribed. Staff who administered medicines were trained to do so and we saw they had their competence checked by the acting manager to ensure people received their medicines safely. Some people received their medicines on an as required basis. We saw that staff had guidance on when these medicines were required and the frequency and maximum dosage. This ensures these medicines are given in a consistent way when needed.

Is the service effective?

Our findings

At our last inspection, improvements were needed to ensure the provider was acting in accordance with the Mental Capacity Act 2005 (MCA) when supporting people who lack the capacity to make their own decisions. The 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.

At this inspection, we saw that the required improvements had been made. Where people lacked the capacity to make certain decisions, mental capacity assessments had been carried out and decisions made in their best interest had been clearly documented. For example, where people needed support to take their medicines or to manage their finances. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions whenever possible. One member of staff told us about a person who could not verbalise their wishes. They told us, "We offer choices with our hands, ie tea or coffee and they point. We know if they don't want something because they will turn their head away and we respect their wishes". We observed staff offering people choice. For example, one member of staff asked a person if they wanted jam on their toast at breakfast time. We saw the member of staff brought the jam over to show the person before spreading it on the toast. This showed us the staff understood their responsibilities to uphold people's rights.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager had made referrals to the local supervisory authority where people were needed and monitored these to ensure any conditions were met. We saw that approvals were notified to us in accordance with the requirements of registration with us.

Relatives told us staff understood people's needs and provided good care. One relative told us, "The staff are all brilliant, I can't fault them". Another said, "Staff are very competent". Staff were positive about the training and support they received to fulfil their role. We saw that staff were issued with a Training Passport which recorded the successful completion of training in areas including safe moving and handling, safeguarding and MCA DoLS. The acting manager monitored staff understanding of the training through observation and supervision sessions. Staff told us they had regular opportunities to meet with the acting manager or a senior member of staff to discuss their performance. This included an annual appraisal. One member of staff told us, "Our performance is graded and we discuss this and how we can improve". Another member of staff told us they were also supported to complete nationally recognised qualifications in health and social care, "I'm doing my level 5 which will help me move into management". This showed us staff were supported to develop their skills and knowledge.

New staff told us they received an induction and training to prepare them for their role. The provider told us this covered the standards set out in the Care Certificate, which supports staff to achieve the skills needed to

work in health and social care. Staff told us they had the opportunity to shadow more experienced staff to get to know people's needs. We saw they worked through a set programme of activities and training before being signed off as competent. These arrangements ensured staff received effective training and support to fulfil their role.

People were supported to have enough to eat and drink to maintain their health. We saw people were offered a choice and meals were planned to meet people's preferences. Staff ate their meals with people and encouraged people to eat and drink at their own pace. People enjoyed the food which was well presented and looked appetising. People's nutritional needs had been assessed and where risks were identified, people had been referred to specialists, such as the dietician and speech and language therapists. We saw that staff followed the advice given, for example some people had their food cut up to reduce the risk of choking. People's weights were monitored for weight loss or gain. One person was being supported to lose weight and staff encouraged them to make healthy choices, such as fruit, at mealtimes.

People were supported to access other health professionals to maintain their day to day health needs. Staff recorded visits to and from health professionals and any advice given was updated in people's care plans. For example, a risk assessment and care plan had been put in place for a person following a hospital investigation. Health action plans were in place for people, which detailed their health needs and how they would be met. For example, one person needed support to manage anxiety. We saw that people had hospital passports which provided information on how they should be supported when accessing health care services.

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. One relative said, "It's like a little family, staff take an interest in people". We saw that staff knew people well and had good relationships with them. People looked at ease with staff and we observed friendly banter and laughter between them. We saw staff were patient with people and listened and responded to them. One person was looking for something and we heard staff make numerous suggestions about where they could look for the item. When the person returned having found the item, staff acknowledged them and chatted with them about the item. Another person was upset and shouting. Staff responded quickly to them, reassured them and sat with them until they became calm again. Staff understood people's needs and knew the best way to communicate with them. One member of staff told us, "If [Name of person] is happy to join in with activities, they will link arms with you, otherwise they sometimes pinch you if they don't want to do anything".

Staff promoted people's privacy and dignity. We saw staff encouraged people to maintain their appearance, for example one person was encouraged to wear a belt to maintain their dignity and a staff member supported another person to rearrange their clothing after using the bathroom. One member of staff told us, "I always make sure people are covered with a towel when I'm supporting them with personal care and wait outside the bathroom to give them privacy". At lunchtime people who required support with their meals were provided with aprons to protect their clothing and were encouraged to wipe their hands and mouths after eating.

People had choice over their daily routine and were encouraged to be as independent as possible. One person had a lie in on the day of our inspection; staff told us they liked to do this from time to time. We saw that people moved freely around the home and could spend time alone in the grounds or could go to the activities centre on the site when they chose to. People made choices about their meals and drinks and were encouraged to express their individuality in their appearance. One person liked to wear jewellery and hair accessories. They told us, "I like going shopping, I buy bobbles for my hair".

People were encouraged to keep in touch with people that mattered to them. On the day of our inspection, one person was visiting a relative at their home. The acting manager told us, "One of the staff takes them and they usually have lunch out". Relatives told us they were kept informed of any changes in their family member and could visit whenever they wished. One relative told us, "I am kept fully informed. It's a long round trip for us to visit and it's very tiring so just knowing they are safe and in a great place makes a huge difference".

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Staff knew people well and treated them as individuals. For example, staff told us about a person who liked to spend time in the grounds collecting leaves and we saw them come up to the conservatory window from time to time to show staff. People were encouraged to decorate and personalise their rooms and staff supported them to keep them clean and tidy. One person told us, "It's my cleaning day today". A member of staff told us the person liked to hoard things and didn't always like to buy new things when needed. They said, "You're thinking of having some new pillows so we're having a clear out". We're going to buy some new pillows". Following our last inspection, we saw that the provider made adaptations to enable a person to access the assisted bathroom more easily. This showed us that people received care that was responsive to their needs.

People were provided with opportunities to take part in social activities both at the on-site activities centre and outside the home. People told us they were able to go out for a drive with staff and went to a local venue to sing in the choir and take part in drama productions. A member of staff told us, "They have their own community club; the residents love it because they get to socialise with people". They added that people were able to decide on the choice of events they took part in, "They have meetings so they can agree on the choice of events; bingo, quizzes and music or anything really". One person told us they had day trips out and usually went on holiday for a week. They said, "We've been to Rhyl on the bus". The on-site activities centre was staffed by activities co-ordinators who supported people to use the computer and engage in a range of crafts. A member of staff told us, "People are able to contribute to the newsletter that is shared with relatives; the draft file is left open on the PC so that any of the residents can contribute prior to it being issued". This showed us people were protected from the risks of social isolation and loneliness.

We saw that people were supported to have care plans that detailed their preferences for their care and support. Staff were able to tell us about people's individual needs, choices and preferences and we saw that this matched what was written in their care plans. For example, one person's care plan described their night time routine, and included where they liked to keep personal items such as their wallet and watch. People's care needs were kept under regular review and family members were invited to attend review meetings to support them. Staff were aware of changes in people's care and were responsive to them. For example, they told us about a meeting held with professionals and the action they were taking to monitor changes in one person's needs. We saw that the person's care plan had been updated to reflect this.

There was a complaints procedure and people were supported to raise any concerns or complaints they had. Relatives we spoke with told us they felt able to raise any concerns or complaints with the staff or acting manager. One told us they had reported some concerns to the acting manager who took action and the matter was resolved. Records showed complaints were recorded and investigated in line with the provider's policy.

Is the service well-led?

Our findings

At our last inspection, improvements were needed to ensure systems used to assess and monitor the safety of the service. At this inspection we saw the provider had made improvements to the systems used to monitor fire safety, accidents and incidents and the general environment. We saw the acting manager carried out monthly checks which were monitored by the provider's health and safety lead and an action plan put in place to address improvements needed. Problems identified that could affect people's safety were addressed as a high priority. For example, we saw that water temperature checks had been overlooked in Abbey unit and these were now being completed. Accidents and incidents were monitored for patterns and trends and risk management plans were updated to minimise the risk of reoccurrence. However, improvements were needed to ensure other checks carried out were consistently effective. Medicines audits needed to be improved as they had not identified that staff did not always follow the provider's procedures to ensure medicines were recorded accurately. For example, where people were prescribed variable doses of medicines, staff were not keeping a running tally of the medicine stock remaining as required by the provider. This meant there was no audit trail in the event of a medicines error. In addition, we saw that some medicine administration records had been completed by hand but not been checked for accuracy in accordance with the provider's policy and good practice. We saw that staff had clear guidance to follow where people were prescribed topical creams and discussions showed that creams were applied in correctly. However, there was no suitable recording system to evidence this. This had been raised with the provider at the last inspection.

People and their relatives were asked for their views on the quality of the service and a regular newsletter kept relatives informed of forthcoming events at the home. We saw that people were supported to complete satisfaction surveys, which were produced in an easy read format. The results of the 2016 survey were mostly positive. However, where people had made negative comments, the acting manager could not evidence how these had been addressed. They told us they would consider reporting this through a 'You said', 'We did' approach at the home and via the relatives newsletter.

The acting manager is registered at another of the provider's homes, which is located next to the Highfield Hall. At our last inspection, staff told us they did not always feel supported because the acting manager was not always based at the home. At this inspection, the acting manager had applied to change location and register with us at the home. We saw that they were fully accessible to people and staff and freely approached the acting manager to speak with them. Staff told us they had regular meetings with the acting manager and felt supported and valued by them. One member of staff said, "They are one of the best managers I have worked for and so supportive in everything we do. I'm aiming to become a manager and they are my role model". Staff were aware of the provider's whistleblowing policy, which is a process that supports staff to report any concerns they may have about poor practice and were confident they would be supported by the manager. We saw staff worked well as a team to ensure people's care needs were met. One member of staff said, "We don't socialise outside of work but we support each other when we are here".

The provider and acting manager understood the responsibilities of registration with us. We received notifications of important events that had occurred in the service, which meant we could check that appropriate action had been taken. The provider had published the service's performance rating on their website and a copy of the inspection report was displayed in the foyer of the home. This is so that people, visitors and those seeking information about the service can be informed of our judgements.