

Rushcliffe Care Limited

Highfield Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 10 and 11 September 2018, and was unannounced. At the last inspection completed on 6 April 2017, we rated the service as Requires Improvement.

At this inspection we found improvements had been made but more were needed and the provider was not meeting the regulations for governance arrangements. You can see what action we asked the provider to take at the end of this report.

Highfield Court 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.

Highfield Court accommodates up to 59 people in one adapted building. At the time of the inspection there were 53 people using the service. The location is currently registered; however, the location would no longer be registered under Registering the Right Support. Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen

There was a registered manager in post at the time of our inspection. 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.

Governance systems were not always effective in identifying concerns and driving improvements. There were insufficient staff and some staff did not have the skills to meet people's needs safely. Risks to people were not always managed safely and documentation about people's care was not consistently completed, including when people had an accident. People were not always protected from the risk of cross infection.

Staff had received training but further work was required to ensure staff competency was checked effectively. However, staff felt supported in their role. Improvements were needed to ensure the environment was suitable for people and that they received consistency with their care and support.

People were supported to have maximum choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice. However, documentation required some improvement.

People received support from staff that were caring. However, improvements were needed to make sure that this was consistent. People's communication needs were planned but staff did not always follow these plans. People were respected but sometimes their right to privacy was not protected and they did not always receive care in a dignified manner.

People's preferences were clearly documented and staff understood these. However, staff did not consistently follow the plans. People's end of life wishes was documented. People were not always clear on how to make a complaint.

Staff were safely recruited. People were safeguarded from potential abuse. People were supported to meet their dietary needs. People were supported to take their prescribed medicines. People were supported to maintain their health and well-being.

Notifications were submitted as required and the registered manager understood their responsibilities. We found improvements were needed to how people were engaged in the service.

The location has previously been rated as Requires Improvement. At this inspection the provider had not made all the required improvements. We may consider enforcement action if there is a continued lack of improvement at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People did not receive support from sufficient numbers of staff.

People's risks were assessed but plans were not always followed.

People were not protected from the spread of infection.

People's medicines were administered safely.

People received support from safely recruited staff.

People were safeguarded from potential abuse.

There were systems in place to learn when things went wrong.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's needs were not consistently documented as assessed and planned for.

People were not always supported by staff with the right training to provide safe care.

The environment required further improvement to meet the needs of people.

People's rights were protected by staff, however clearer records of how staff worked within the principles of the MCA were needed.

People's nutrition and hydration needs were met; however, people did not always have a choice about their meals.

People did not always receive support to monitor their health. Advice from health professionals was sought but this was not consistently followed.

Is the service caring?

The service was not consistently caring.

People were supported by caring staff, but staff sometimes missed opportunities to engage with people.

People were not consistently involved in choices about their care and communication needs were not always met.

People's privacy was not consistently maintained, however people sometimes experienced care that did not take account of their dignity.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People were not always able to follow their interests or spend time doing activities they enjoyed.

People's needs and preferences were not consistently followed by staff, despite being documented in people's care plans.

People were not clear about how to make a complaint.

People were supported to identify their preferences for support with end of life care.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The systems in place to monitor care delivery were not effective in driving improvements.

People did not always understand how they could comment on the quality of the service.

Staff felt supported by the management team.

The provider notified us of incidents.

Requires Improvement ●

Highfield Court

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 unannounced inspection visit took place on 10 September 2018, with an announced follow up visit on 11 September 2018. The inspection team consisted of three inspectors, one assistant 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 13 people who used the service and two relatives. We also spoke with the registered manager, the deputy manager, the business development and quality assurance officer, operations director, a maintenance worker, administrator, cook, two activities coordinators, nine support staff and two visiting health professionals.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We reviewed the care records of ten people and four staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 6 April 2017, we rated Safe as Good. At this inspection we found the service was not ensuring people were supported by sufficient numbers of staff, risk assessments were not always followed, accidents were not always investigated and infection control required improvement. This meant Safe was rated as Requires Improvement.

People were not consistently supported by sufficient numbers of staff. People told us they had to wait for staff to do things with them. One person told us, "I have been asking to go to the shops to get toiletries for over a week and this has not happened." Another person said they loved to go out, but it didn't happen often as the staff did not have time. Whilst another person told us, they would like to do their own cooking but when they ask they are told there is not enough staff available. Staff told us they did not think there were enough staff to support people and sometimes people had to wait for their care and support. One staff member told us, "It's generally a nice place to work but there are never enough staff for us to support everyone in the way they should be." Another staff member commented, "Some people have lots of energy but unfortunately there is nothing for them to do and so they get very bored. If there were more staff we could support some of the more independent people more so that they have a better quality of life."

Staff said they did not have enough staff to care for people and they felt people were not being monitored as they should be and were sometimes not having their needs met. One person's daily records had entries missing on several days. This meant there was no record of whether the person had received care or not on those days. We looked at the staff allocation sheets for these dates and found there were no allocated staff recorded. Staff and the registered manager said the person had received their care. however, the person this care record related to was unable to tell us if they had received the appropriate care and support.

During both days of the inspection we observed most people spending large amounts of time alone, some were engaging with each other and many sat outside their bungalow most of the day without any purposeful activity. The registered manager was asked how staffing was determined and they told us there were set staffing hours which meant 12 staff should be on duty in the mornings. On the day of the inspection we found there were only ten staff on duty and some staff were providing one to one support where this was needed and people were kept safe, however they were limited with what they could do during the day as there was insufficient staff. This meant there were insufficient staff to meet people's needs. Following the inspection, the provider sent us a plan which said they were going to review staffing levels to make sure there were sufficient staff to meet people's needs.

These issues constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance for staff on how to support people with risks to their safety was not consistently in place. For example, one person had two separate protocols in place to administer medicines if they had a seizure. Staff were informed of which protocol to follow depending on the person's needs that day. We found the person's records only had one protocol in place for staff. This meant staff may not have the correct protocol in place

to follow if they needed to give medicines in an emergency. Records showed the person had recently had seizures and the correct protocol had been followed. However as the guidance was not available we could not be sure the risks for this person's health were being managed effectively.

Risk assessments were not consistently followed by staff. For example, one person had an assessment and guidance in place to support them if they became anxious and displayed certain behaviours. Whilst the plan gave detailed guidance for staff on how to offer the person support we observed staff did not follow this during the inspection on more than one occasion. This meant the person was left displaying signs of anxiety and becoming distressed.

Accidents and incidents were not consistently reported. We found one person had experienced an accident. The person's notes stated they had been found on the floor by staff. Staff had not reported this to the registered manager and they had not documented the circumstances of the fall. This meant the person's care plan had not been considered to see if any changes were needed to prevent them from experiencing further falls. We spoke to the registered manager about this and asked they investigate the situation. The registered manager updated us about this person following the inspection and their care plan had been updated, there was also a plan in place to review accident procedures and to ensure staff understood these.

People were not always supported in a clean environment to protect them from the risk of cross infection. We observed some bathrooms had no toilet paper or soap and where towels were in place they were stained and in need of washing, some bed linen was also stained and unclean. One person told us, "It's up to me when I change my clothes or my bed and I do my washing when I please." We saw there was a cleaning schedule in place which was completed. However, we observed some bungalows were unclean, there were dirty marks on walls and furniture and the floors needed bits of food debris removing and sticky marks. We observed that some bungalows did not have towels for people to dry their hands and some areas of the bungalows had odours which were unpleasant. Bins had food waste on the lids. Staff told us they had received infection control training, records confirmed this and we did see staff wearing gloves and washing their hands. However, on the second day of our inspection, the cook was not wearing any protective clothing when working in the kitchen. The registered manager told us there were cleaning schedules in place and checks were completed every three months along with regular visual checks. However, this had not been sufficient to address the concerns we identified.

These issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to manage fire safety. However, there was not an environmental risk assessment for the site and security was a concern as access to the site was open and people's individual bungalow doors were not locked. The provider confirmed following the inspection they would be completing a site risk assessment to check on the security of people, staff and visitors.

People had mixed views about how safe they felt. One person told us, "I have a key to my bedroom door which I like to lock during the day otherwise my things go missing. The front door is left open at night so the night staff can get in." Whilst another person told us, "Sometimes people here can get quite agitated and becomes aggressive. They shout and punch things. This scares me and I tend to run away. I usually try and avoid them."

Medicines were stored safely. We found some people had their medicines stored in their individual bungalows in lockable facilities. Other medicines were stored in a central location. Medicines were stored at

the correct temperature and checks were carried out. Medicines stocks were checked on a regular basis and any issues with stock counts were investigated. Medicine administration record (MAR) charts were in place and these were accurately completed. We found there was guidance for staff on how people preferred to take their medicines and staff followed this. We saw where people had medicines which needed to be taken on 'a required basis' for pain management or to help them calm down there were detailed descriptions in place for staff on how and when these should be administered. This showed medicines were administered safely.

People were safeguarded from abuse. Staff could describe how to recognise abuse and the steps they would take to report any concerns regarding people that may be experiencing any form of abuse. Staff told us they would escalate any concerns straight away. We saw where concerns had been raised these had been reported to the local safeguarding authority. This showed there were systems in place to investigate and report any signs of potential abuse and concerns that were raised and staff followed the procedures promptly.

There was a system in place to learn when things went wrong. We found accidents and incidents were evaluated and peoples' plans were updated and action was taken to ensure the risk of reoccurrence was minimised.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting.

Is the service effective?

Our findings

At our last inspection on 6 April 2017, we rated Effective as Requires Improvement as improvements were needed to how people's capacity was assessed. At this inspection we found the service had made some improvements but more were needed to ensure the service was consistently effective and we rated effective as Requires Improvement.

Staff did not consistently have the knowledge, skills and training to support people. One person required immediate administration of medicines if they had a seizure. Those administering the medicine required specific training to do this safely. We spoke with the staff member who was supporting the person on the first day of the inspection and found they had not received this training. We confirmed this with the training records and the registered manager. This meant there was a risk the person's medicine would not have been administered correctly by the staff member or they would have had to wait for a trained member of staff to arrive at the bungalow, despite the medicine being required straightway. Staff were not consistently aware of people's needs and what actions they needed to take to support them. One person required one to one care and needed support to manage their behaviour. We spoke with the staff member supporting them and they were unaware of the person's behaviour management plan and although they had been working at the home for two months had only recently completed their induction. This meant the person may have been at risk if the staff member was unable to follow their behaviour management plan. Staff told us they had not had supervision for some time, and the records we saw supported this. Improvements were needed to ensure staff supporting people had a consistent understanding of their needs.

These issues constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff told us they felt supported by the registered manager and they could approach them for anything. We found the registered manager was knowledgeable about people's needs. Some staff we spoke with had good knowledge of people's needs and could describe how they supported people, however this was not consistent. We saw staff had been trained in mandatory areas and this had been updated as required. However, some staff reported they had not had the time to read people's care plans, and that their induction had not given them the information they needed to support people effectively. Staff had undergone competency assessments for medicines administration and we found they could demonstrate a good knowledge of the policy and how to support people. Staff received an induction into their role and those without other qualifications worked towards the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People had their consent sought prior to receiving care and support. Staff were heard asking for consent and could describe how they supported people that were unable to consent. Staff understood the principles of the MCA and had received training. Where people were unable to consent to their care an assessment of their mental capacity had been undertaken which considered the individual decision being made. We found staff were making decisions in people's best interests and could describe how this had been considered. However, the records of the best interest discussions lacked detail about who had been involved in the discussions and whether other options had been considered. This shows improvements were needed to ensure best interest discussions were fully recorded and person centred.

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). People had their capacity assessed and where people were having their liberty restricted an application had been made to the authorising body. Where conditions were in place these were being met. This showed people were supported in the least restrictive manner and the principles of the MCA were followed.

Care plans identified people's preferences and gave guidance for staff. One person had specific needs identified, however during the inspection we observed staff were not following the guidance which meant the persons preferences were not being followed. This showed improvements were needed to ensure assessments and care plans were in place and followed by staff. The provider told us they would be completing a review of all care plans in the next two months to ensure they were person centred, with a view to all care plans being transferred onto an electronic care management system. We will review this at our next inspection visit.

People had their needs assessed and plans put in place to meet them. One person had seizures, their needs had been assessed and there was guidance in place for staff about the possible triggers of the person's seizures. Staff understood the guidance and ensured the persons care was delivered as planned. However, this was not consistent. Another person needed support with their continence needs, their care plan lacked detail about how staff should support the person. We observed the person had not had their continence needs met and were left in wet clothing. Staff told us the person had been asked to have their needs met but had refused which was a regular occurrence. We confirmed in the persons care plan that they would sometimes refuse care and staff needed to keep trying. The refusals were not being recorded or monitored. This meant we could not be assured how long the person had been left in wet clothing. The registered manager confirmed they would update the persons care plan and ensure staff kept accurate records. Assessments identified if people had specific needs in relation to their culture, religion and sexuality.

People were not always provided with consistent care. The registered manager told us there was a keyworker system in place and people were supported by staff that understood how to provide consistent care. Some staff told us the system had recently changed and they were unable to confirm which people they supported as a keyworker. There were handover meetings at the point of shift changes. These included documented records about any people's needs which had changed and allocated staff to different bungalows. However, these allocations were not consistently in place for each bungalow, so it was unclear if there was a consistent member of staff in place. During the inspection we spoke with some staff that were unfamiliar with the people in the service. They told us they were from another part of the service and were covering and not yet familiar with everyone's needs. This meant people may not receive consistent care. The provider told us after the inspection they would be revising their handover format and would provide training for all care staff on the new system by the end of the month.

The environment was not consistently meeting people's needs. People were supported in individual bungalows, which housed small numbers of people. There was a communal dining area, garden and activities centre on the site, with plans to introduce a further communal room. However, there was not always consistent support available to enable them to maximise their independence within their bungalows, and limited opportunities for engagement between people and staff. One person told us they had to have their meals in the bistro, despite having access to their own kitchen as they were unable to safely access the kitchen facilities. Another person told us there were no places to meet and sit together which was why they spent most of their time outside where they could see and talk to other people. Most of the bungalows decoration looked tired and some furnishings looked old and worn. We found there was limited information available in an easy read or picture format, despite most people having assessments and plans in place for communication which stated this was needed to help them understand information. This showed there were improvements needed to ensure the environment was adapted to meet people's needs.

People did not always feel health advice was sought as quickly as it could be. One person told us they had to wait sometimes for a doctor to call when they were unwell. Records showed people were referred to a range of health professionals and advice was sought on how best to support people. Information was then used to develop people's care plans and provide guidance for staff. We found one person experienced seizures, guidance was in place for staff about the risks from sudden unexpected death in epilepsy and how to complete monitoring charts about what was happening when the person experiences a seizure to help identify any triggers and avoid reoccurrence. Despite the professional guidance, this had not been done and when the person had experienced seizures records had not been completed, this meant the person may be put at risk of further seizures occurring. Visiting health professionals told us communication was sometimes difficult and the lack of consistent record keeping meant they could not be assured people's needs were met in the way they required. The provider told us after the inspection that staff would be retrained on the importance of effective record keeping. They said the registered manager would speak with health professionals to ensure effective feedback was provided regarding the outcome of any health professional visits.

People's nutritional needs were assessed and planned for. We saw care plans identified where people needed support to eat and drink sufficient amounts. Staff were knowledgeable about people's needs and preferences including religious and cultural needs with their diet. The cook told us, "We have a sheet with all the people who we provide meals for and this is colour coded to reflect special dietary requirements."

People were happy with the quality of the food and told us they could choose what they wanted to eat. Staff told us there was a choice, however, in the evenings when the bistro was closed, if someone wanted an alternative they would struggle to provide this as they did not have access. We were informed the bungalows each had access to snacks and drinks. However, we found some of the cupboards and fridges were not stocked. People could not access food and drinks for use in their bungalows at some points during the day. One person told us, "We have to wait now until in the morning or we will get told off, I have no butter, but we are supposed to get it in the mornings." People told us they did not have access to what was described as 'goodies' [crisps, biscuits and cakes] and they had to purchase their own. We did see some people had spent their personal monies on this type of item.

The registered manager told us there was a budget for each bungalow for food and that people went out shopping with staff to purchase things. Staff confirmed they sat with people each week to confirm what meals they would like and that people were involved in the shopping. One person told us they were not able to have two jacket potatoes and they felt the portions were small. The cook said portions were based on preferences however staff told us they were unable to offer people a second helping as they were limited

with the budget. However, staff did provide the person with a second helping. The provider told us following the inspection a list of food and snack items for each bungalow would be written and kitchen staff would check daily that people had access to what they wanted and top up supplies where required. They also confirmed people's assessments and care plans would be reviewed to ensure they were more person centred and people were supported to maximise their independence with meals.

Is the service caring?

Our findings

At our last inspection on 6 April 2017, we rated caring as Good. At this inspection we found improvements were required to how people received their care and the approach from staff and Caring was rated as Requires Improvement.

People and their relatives told us they felt staff were kind and caring but some people said there were not enough staff and only those most in need got help and support from staff. People told us the activity centre staff were all good and they loved to spend time with them. One person told us, "I come up here because the activity staff are great and really look after us." Another person commented, "I like to come because the staff understand me." Another person said, "I love it up here. I would be really bored without them and they are so kind." However, one person commented, "The night staff can be grumpy and abrupt. When they come into my room I ask them what time it is or if I can get up but they tell me to get back into bed and go again, this upsets me." We found some staff had good relationships with people and observed some warm interactions between people and staff. For example, we saw one staff member complimenting a person, saying "You are beautiful [Name]." The person was smiling and appeared happy. However, opportunities were missed for staff to interact with people. We found staff often only spoke to people in passing, as they were on their way to do something else and often carried out tasks without using the opportunity to speak with people. For example, staff supporting in the bistro at lunchtime did not interact very much with people when giving out food, there was no conversation between people and staff. This shows improvements were needed to ensure staff were consistently caring and engaging with people.

People were not consistently supported to make choices about how and when they were supported and to maintain their independence. One person told us, "The meals are not very big portions. Tonight, we're getting jacket potato, we're not allowed two." Another person told us "It would be nice for us to cook our own meals. We've asked to make our own. Sometimes it feels like a prison here, they treat us like kids." One person told us they were very independent and could do their own washing and clean their bungalow and did not need much support from staff. Other people told us they could choose things but it was limited by the staff available to support them. This shows improvements were needed to ensure people had consistent choices about their care and support.

People had their communication needs assessed and plans were in place to meet them. We saw one staff member supporting a person with communication difficulties and behaviours that challenged. The staff member communicated very well with the person following their care plan and could understand what the person was trying to say. Some people's needs meant they needed to have pictures and easy read language to help them understand what was being said. However, we found there was little information for people in easy read or pictorial format to share information in the bungalows visited or in communal information areas and reception.

People did not consistently have their privacy and dignity maintained. Staff were observed communicating with people in a dignified manner most of the time. However, some actions of staff meant they did not always consider people's privacy. For example, throughout the inspection we saw staff entering people's

bungalows and rooms without announcing themselves or knocking doors. Whilst staff engaged with people generally, this was as they were passing by and busy doing other things. There were little observations of staff having conversations with people or encouraging them to do meaningful activities. Staff did not appear to encourage people to maintain their personal hygiene, shave or change their clothing. We observed people with clothes which were not clean or in good repair. Some people walked about outside in slippers and most, although it was cold, were still wearing summer clothing. Whilst many people could carry out their own personal care, some would have benefited from encouragement. This shows staff were not consistently supporting people in a way that maintained their privacy and dignity.

Is the service responsive?

Our findings

At our last inspection on 6 April 2017, we rated responsive as Good. At this inspection we found improvements were needed to how people received personalised care and support and Responsive was rated Requires Improvement.

People and relatives were not involved in assessments and care plans. We found no evidence that showed people had been involved in discussions about their care and support. We found care plan monthly reviews had taken place, however there was no evidence of involvement by either the person, their advocate or relatives. Some people said the service wasn't right for them and they wanted to live in the community and have more independence. One person said, "This place isn't for me, I've had enough of it. My social worker says after Christmas but I want to get out of here now." This meant improvements are needed to involve people in their care plan reviews and ensure people received personalised care and support which was suitable for their needs. The provider told us all care plans would be reviewed with people and their relatives input where appropriate, utilising appropriate communication methods within two months.

Assessments of people's needs and preferences relating to their protected characteristics had been undertaken, this included assessing needs in relation to people's culture, religion and sexuality. People's preferences were documented in care plans and staff understood these and could describe them to us. However, staff were not always following people's preferences. One person had specified some preferences related to their protected characteristics. However, whilst staff all could describe this, some were not following the person's wishes. This meant people's diverse needs and preferences were not being met by staff.

People had mixed views about how they spent their time. Some people told us they enjoyed the activities which were on offer and could tell us how they spent their week. Others told us they were bored and had nothing to do and staff were not able to take them out as there were not enough of them. One person told us, staff supported them to visit a relative once a week who was now unable to travel to visit them. Another person told us, "I purchased a greenhouse so that I can grow things but I still need some help in getting it set up properly. I have asked but I don't think they have had time to help me so I cannot use it yet." People told us they were able to do their own meals, do their own cleaning and washing within their bungalows. We observed some people carrying out these tasks with staff, and others who were able to do this without support.

There was an activity centre on site, shared use with another location and which had separate staffing arrangements. The centre was open each day from 10am–1pm then from 2pm–5pm Monday to Friday. In addition, it was open for a coffee morning on one Saturday every month. The staff explained that it is open to everyone to attend but it is usually the same group of people who go along. On the day of the inspection people were observed doing jig saws and colouring whilst watching a film and making woollen pom-poms. We found some people accessed keep fit each week and a mini bus took some people for a choir morning each week. Some people also attended a community club once a month. Some people had chosen to go on holiday with staff and a holiday was planned for later in the year. One person told us they had a job which

they attended a couple of days a week. Staff confirmed two people were supported with employment. However, not everyone had access to these activities. We saw many people walking about the site all day and they did not take part in any meaningful activity or have access to go out into the community. Some people said they would like to go out more and said they were bored. With one person saying, "I have asked to go out but there is never enough staff, it is boring there is nothing to do". This showed people were not always supported to access social activities or their local community. The provider told us following the inspection that activities were to be reviewed and people's care plans would include likes and dislikes. Following this exercise each person would have a weekly activities programme put in place within one month.

There was nobody receiving end of life care at the service. However, we found people's future wishes had been discussed with them or their relatives and there were documented plans in place which set out people's preferences.

People we spoke with said they would go to the office staff if they were upset about something. Most people did not appear to understand they would be able to make a complaint about something. Staff told us they were aware of the complaints system. One staff member said, "We have a complaints and compliments file. The registered manager gets notified and they try and resolve any issues." We saw where complaints had been received these had been investigated and responded to and learning had taken place. We did not see any information on display which told people and relatives how to make a complaint. There was limited information available in a format which people using the service would understand. This shows improvements were needed to how information about complaints and feedback were given to people that used the service to improve their understanding.

Is the service well-led?

Our findings

At our last inspection on 6 April 2017, we rated Well led as Requires Improvement, this was because the systems in place to monitor the quality and safety of the service were not effective in identifying shortfalls and driving improvements. At this inspection, we found the provider had not made the required improvements and Well-Led continued to be rated Requires Improvement.

There was no tool in place to assess the dependency levels of people that used the service to ensure sufficient staff were on duty to meet people's needs. The registered manager told us they had been operating below the number of staff allocated as they were short staffed and recruitment was ongoing. There were no agency staff in place to support with the staffing vacancies. This meant people were not supported by sufficient staff. Following the inspection, the provider shared their plans with us to review staffing levels and ensure there were enough staff on duty. We will check this at our next inspection.

The training matrix did not ensure all staff that were required to administer a specific medicine received the additional training needed to do this safely. This meant people were left at risk of having medicines administered incorrectly.

The system in place to check people's care plans had sufficient guidance was not effective in identifying concerns. For example, the system had not identified a protocol for administering one person's medicine was not accessible to the staff that needed to administer it. This meant the person was at risk of having their medicine administered incorrectly. In another example, the systems did not identify staff were not following the guidance to minimise risks.

The systems in place to check people's daily care records were not effective in ensuring people had the care they needed. For example, the system had not identified an accident which had taken place and not been reported. In another example the systems had not identified that recording the circumstances of seizures had not been completed or that records were not completed to show how the principles of the Mental Capacity Act had been followed.

The quality checks had not identified people were not receiving person centred care, had their independence and choice respected and their dignity maintained. People's access to social activity had not been reviewed. Therefore, people had been left without having their social needs met.

Cleaning and checks on infection control were not effective. The systems had not identified the issues we found with areas of the home and equipment which were not clean. This meant people were left at risk of cross infection. Checks on the environment and equipment were not effective in identifying areas for improvement in people's individual bungalows. This meant action had not been taken to address these areas.

These issues constitute a breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had identified some concerns about the quality of the service and had appointed a Business Development and Quality Assurance Officer appointed to undertake audits at Highfield Court in line with Company policies, with analysis and appropriate action plans put in place. The post holder had started work on the day of the inspection. The provider confirmed after the inspection this would be in place within two months. The provider also confirmed that work would take place to assess people's needs and risks to determine the required numbers of staff and this would include ensuring the training required to meet these needs was in place within two months.

Accidents and incidents were monitored and analysis was completed. The registered manager told us, and records confirmed, these were reviewed to identify any trends or patterns and learning was in place to drive improvements and prevent reoccurrence.

People were not consistently involved in managing the service. Some people told us they had been involved in resident's meetings and these had been used to discuss meal arrangements. One person told us they liked takeaways and was told to save up his money so he could buy one. We found residents meetings had taken place but not for some time the last recorded notes were in March 2017. This meant people's views were not obtained on a regular basis to provide a service that reflected their needs. We saw no evidence of relatives offering feedback on the service or being involved in meetings. Staff told us they had opportunities to speak with the registered manager and found them supportive. One staff member said, "The registered manager is good and very supportive, whenever I have raised any concerns they always listen to me." We saw staff meetings had taken place and these had been used to remind staff about actions they needed to take such as four-week care plan reviews and responsibilities for cleaning bungalows. Managers meetings also took place. This shows some improvements were needed to ensure people and relatives had opportunities to be involved in the service.

The provider had submitted notifications to Care Quality Commission (CQC) in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate; however, at the time of the inspection the impact of staffing levels meant some of these changes had not been fully embedded and so further improvements were identified.

At our last inspection the service was rated as Requires Improvement. At this inspection the provider had not made all the required improvements. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. We recommend you consider support and guidance available to achieve and sustain an overall rating of 'Good'. Where a location fails to achieve and sustain a minimum overall rating of 'Good', we may consider enforcement action if there is a continued lack of improvement.

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 Guidance was not consistently in place to manage risks. Risk assessments were not consistently followed. Accidents were not always documented and the home was not consistently clean.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor quality were not effective in identifying concerns and driving improvements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff in place to consistently meet people's needs and the systems did not ensure staff had the training needed to meet people's need's safely.