

Highfields Limited

Highfields Nursing Home

Inspection report

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Bulwell
Nottingham
Nottinghamshire
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Tel: 01159278847

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17 August 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Highfields Nursing Home is a residential care home providing personal and nursing care for 27 people aged 60 and over at the time of the inspection. Some people living in the service live with dementia. The service is registered with the Care Quality Commission for up to 42 people. Highfields Nursing Home accommodates people in one adapted building over two floors. There were communal lounges and dining facilities for people within the service.

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

The leadership, management and governance arrangements did not provide assurance the service was always well-led, that people were safe, and their care and support needs could be met. The provider had not ensured that their systems and processes were robust in enabling staff to provide safe and effective care for people.

Records relating to people's care did not always contain information and guidance to enable staff to provide the safe care and support people required. Risk management was not in place for some people who were at a high risk of falls and who may present a risk to others from their behaviour.

The provider had quality monitoring systems and processes in place. Some of these were not used effectively to reduce risks for people. Medicines management was not always safe. Medicines were not always stored and managed correctly.

Infection control standards and staff personal protective equipment (PPE) compliance within the service had improved since the last inspection. The provider and registered manager now had oversight of cleaning and environmental safety.

Staff were safely recruited and had completed all training which the provider had identified as necessary. Staff were kind and respectful and understood people well.

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.

Rating at last inspection and update.

The last rating for this service was inadequate (published 24 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made some progress towards the improvements required. However, further improvements were still needed and the provider was still in breach of Regulation 17 (Good governance).

This service has been in Special Measures since 24 December 2021. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

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.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken prompt action to mitigate the risks identified at inspection and has provided evidence of improved processes and risk management which they are implementing. We will review this at our next inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report.

We carried out an unannounced inspection of this service on 17 August 2022. At our last inspection, breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment) and Regulation 17 (good governance).

We undertook this unannounced focused inspection on 17 August 2022 to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfields Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to Regulation 17 Good Governance 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always Well-Led

Details are in our Well -Led findings below.

Requires Improvement ●

Highfields Nursing Home

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

The inspection was carried out by one inspector, a Specialist Advisor Nurse 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

Service and service type

Highfields Nursing Home 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. Highfields Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the care director, registered manager, deputy manager, registered nurse, two senior carers, carers, domestic staff, laundry staff and the cook.

We reviewed a range of records. This included five people's care plans, multiple medicines charts, staffing rotas and meetings records. We reviewed recruitment records of four staff and supervision and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and supplementary documentation sent to us by the provider.



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 Inadequate. 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.

At our last inspection, we found systems were either not in place or not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were not always protected from the risk of falls. There was a lack of clear instructions in care plans for staff to follow to ensure people who were at risk of falls were supported to ensure their safety. For example, ensuring people were wearing spectacles, shoes and using walking aids if these were required. We signposted the provider to National Institute of Clinical Excellence (NICE) guidance for the management of falls; to ensure people were safely risk assessed and clear guidance for staff was implemented. The provider accepted this recommendation and provided evidence following our inspection they were implementing this.
- We identified gaps in records for a person who lived with mental health needs and diabetes. The information from community health professionals' and the care plan within the service were conflicting. The Care Director reviewed and amended this care plan following our inspection and contacted the appropriate teams for guidance.
- People's risks were assessed, and care plans were in place. However, two people's care plans we reviewed did not have up to date risk assessments for their mobility. Details had not been developed into personalised plans to enable staff to provide effective support. The Care Director reviewed and amended these risk assessments following our inspection.
- During our inspection, all of the people we spoke with told us they felt safe. We found no evidence that people had been harmed. The provider was following local safeguarding protocols.

Staffing and recruitment

- We received a mixed response from people regarding the timeliness of staff responses to their call bells. One person told us, "I know I've got to keep pressing until they [Staff] come." Another person said, "I just have to be patient; they [Staff] will say wait, I will come, I've just got to attend to another person." Whilst another person said staff were prompt to attend them.
- The service had an activity coordinator in place. We saw evidence of an activity planner, and personalised support being provided to people who required tailored activities. One person told us, "The staff are lovely,

we have been playing dominoes this morning." We observed timely interactions between staff and people during our inspection. People were spoken to with respect and kindness by staff.

- We saw staff training was improved across the whole service. This was monitored by the registered manager and deputy manager to ensure compliance. Since the last inspection, staff had received training in subjects which covered specific areas of peoples identified clinical needs, such as Epilepsy and Diabetes.
- Staff were safely recruited. The provider and registered manager ensured appropriate pre-employment checks (DBS) and safe recruitment processes were carried out for new staff members; to ensure they were suitable to work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were not always stored and managed safely. The storage fridge temperature in the clinic room had been out of range, in total, for 15 consecutive days. This fridge was used to store certain medicines that needed to be maintained at a certain temperature range to be safe and effective. We brought this to the immediate attention of the registered manager and Care Director. They contacted the Pharmacist for guidance and arranged for the fridge to be reviewed.

The provider responded immediately during and after the inspection. The Care Director informed us they had addressed the concerns found at our inspection. We will review this at our next inspection.

We have also signposted the provider to resources to develop their approach.

- Medicines administration records were accurate. Photographs on people's profiles were current and their allergies were clearly recorded at the front of the files. 'As required' medicines protocols, and body maps for pain patch medication were well documented.
- Some people were receiving medicines covertly. The documentation was clearly defined as to the pharmacological impact of adding each medication to food and drink. This meant staff were administering covert medicines in the prescribed way.
- All of the people we spoke with told us they received their medicines safely, and as they wished them to be given.
- Staff involved in handling medicines had received recent training and competency checks around medicines.

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 supporting people living at the service to minimise the spread of infection. The provider was carrying out increased high touch point cleaning. The service was visibly clean.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff within the service were wearing PPE in line with current Government guidance. PPE stations were fully stocked.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Extensive refurbishment had taken place, which had improved the safety and standards of the environment.
- 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

The provider was facilitating visits for people living in the home in accordance with the current guidance. We saw that the registered manager had discussed and recorded the essential care giver role with relatives of people in the care records for people using the service. All of the people we spoke with described their family members being able to visit within current Government guidelines. One person told us, "[Name] always comes, sets a date, and it is booked, they do a Covid-19 test." Another person said, "Staff let me know when my family are coming, making arrangements when they want to come."

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 (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- 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. Any conditions related to DoLS authorisations were being met.
- We saw that the registered manager had requested a review of current DoLS authorisation decisions which were in place for people.

Learning lessons when things go wrong

- We found improvements in the way staff were given feedback on incidents or safeguarding events to learn from. We saw that concerns from the previous inspection were discussed at staff meetings. The provider completed regular audits of the service to identify shortfalls in service provision.
- There were improvements in the regular checks completed for fire safety, moving and handling equipment, mattresses and Legionella. People had accurate and reflective Personal Emergency Evacuation Plans (PEEP's) in place.

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 Inadequate. 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.

At our last inspection we found systems and processes to monitor the quality of care and monitor staff were not being followed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Falls risk management was ineffectively monitored within the service. Although analysis of incidents for themes and trends had been completed by the registered manager; this had not informed the risk assessments or staff deployment within the service.
- There was ineffective monitoring of the environment and the potential impact of this on the risk of falls. There was an area of mixed floor coverings which created a significant falls risk to people living with dementia, cognitive impairment, sensory loss or limited mobility.
- Records of wound management were not always maintained. We found gaps in record keeping that were not addressed to ensure effective support was provided in line with advice from professional teams.
- Systems were ineffective in reviewing where staff were required to be positioned across the service. There were insufficient staff deployed on the first floor of the building to support the identified needs of people using the service. This put people at risk of avoidable harm. The provider responded immediately during and after the inspection, to review the dependency tool and staffing ratios on the first floor of the building.
- Quality monitoring systems and processes were in place but not always effectively used to reduce risks for people. For example, the call bell audits did not analyse the response times by staff which were outside the acceptable response time range defined in the provider policy. This would enable risks to people to be reduced, and service improvements to be made.
- The registered manager had failed to meet their responsibility to report all significant events to CQC in a timely manner. We discussed with the registered manager the importance of ensuring that the CQC has a clear overview of all incidents at the service, so they can check that the provider has taken appropriate action. We received retrospective submissions for the incidents identified and will monitor the service to ensure the registered manager now understands their responsibility to meet the legal requirements to submit statutory notifications.
- Systems and processes to monitor the quality of care and monitor staff were not being followed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and

The provider responded immediately during and after the inspection to concerns raised in relation to the environment, falls risk management and documentation of wound management. The Care Director informed us they had addressed the concerns found at our inspection. We will review this at our next inspection.

- The provider now regularly visited the service to complete checks on the quality of care and perform audits. The management team told us they felt supported by their Care Director. We could see there had been improvements made to systems and processes within the service since the last inspection. The provider acknowledged there was still improvement work to be completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw evidence of regular site visits from the Care Director and observed a supportive relationship between them and the staff team which had improved since our last inspection. One person told us, "[Name] is great, top class, they sorted out a problem for me straight away. I can ask them anything."
- We saw evidence of regular staff meetings; staff were invited to suggest agenda items. A staff member we spoke with told us they felt able to raise concerns, and they would be listened to.
- The maintenance person had created a high-quality interior to support people living with Dementia or those people who used non-verbal ways to communicate. This included themed walls of historic Nottingham, with pictures of old buses and trams and the local football clubs. A marketplace, trinkets and events from Commonwealth history. There was also a moving display board to honour the National Day of Reflection, for those people and staff lost to Covid-19, represented in the form of butterflies.
- We saw minutes from a recent relatives meeting, which the registered manager told us had been challenging to engage with the numbers of relatives they would wished to have attended. They were working on ways to improve this engagement in future.
- People and their relatives told us the relationships between the management and staff team was positive in their opinion. One person told us in relation to the atmosphere within the service, "Yes, they all get on alright definitely."
- We saw evidence of actions being implemented following these meetings, such as changes in the food supplier. The cook told us this was a positive change, "People eat with their eyes, the food is more appetising now it is all freshly prepared. People are enjoying the new menu's much more"
- The service used a range of methods to support people who did not have English as their first language or who may live with communication challenges. Staff had learned specific signs or phrases to enable them to communicate with people in a way which suited them.

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 aware of their legal responsibilities to be open and honest, and we saw from records the registered manager informed relatives if accidents or incidents had occurred.

Working in partnership with others

- The registered manager worked in partnership with appropriate health and social care professionals. We saw from records that people had been referred in a timely manner when a specific health or social care need had been identified.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Due to poor governance people were placed at risk of harm. Systems and processes to monitor the quality of care and monitor staff were not being followed. This placed people at risk of harm.</p>