Rushcliffe Care Limited

Highfield Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 6 April 2017 and was unannounced. At the last inspection, the service was meeting the legal requirements and was rated as good.

Highfield Court provides accommodation and or personal care for up to 59 people in a complex of 23 bungalows. People living at the home have mental health needs and or a learning disability and receive varying levels of staff support dependent on their assessed needs. On the day of our inspection 54 people were living at the service.

There was a registered manager at the home. 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.' The registered manager was absent from the service on the day of our inspection. We were assisted by the service manager who manages another of the provider's homes, which is located on the same site.

We found improvements were needed to ensure the registered manager and staff always followed the legal requirements to ensure people's rights were protected when they lacked the capacity to make their own decisions. Action was also required to ensure the registered manager's quality monitoring checks were effective in identifying shortfalls and making improvements where needed People were supported and encouraged to eat and drink enough to maintain a healthy diet but improvements were needed to ensure people were always supported to enjoy their mealtime experience.

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 management team. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. People received their medicines when they needed them. 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 gained people's consent before providing care and support and encouraged them to have choice over how they spent their day. Where people were restricted of their liberty in their best interests, for example to keep them safe, the provider had applied for the appropriate approval. People were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care 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.

There was a relaxed, informal atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. Staff felt supported by the provider and management team and were encouraged to give their views on the service to improve people's experience of care.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Risk to people's safety and wellbeing were assessed and managed and staff understood their responsibilities to keep people safe. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were needed to ensure the registered manager and staff followed the Mental Capacity Act 2005 where people lacked the capacity to make decisions for themselves. Staff received training and support to fulfil their role. People had sufficient to eat and drink but improvements were needed to ensure people were supported to have an enjoyable mealtime experience. People were supported to access other health professionals when needed.

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 felt able to raise concerns and

complaints and were confident they would be acted on.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People and their relatives were encouraged to give their feedback on the service and where possible this was used to make improvements. There was a positive atmosphere at the service and staff felt supported in their role.

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 checked 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 6 April 2017 and was unannounced. The inspection was carried out by two inspectors.

We reviewed information we held about the service and the provider including notifications they had sent to us about significant events at the home. 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 also spoke with commissioners who are responsible for arranging services on behalf of people. We used this information to plan our inspection.

We spoke with 11 people living at the home and with four relatives by telephone. We also spoke with six members of the care staff, the service manager and the provider's operations director. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Some of the people living in the home were unable to speak with us in any detail about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at 11 people's care records to see how their care and treatment was planned and delivered. We also looked at records relating to the management of the service, including staff recruitment and training records.

Good

Is the service safe?

Our findings

People who were able to give us their views told us they felt safe and liked living at the home. One person told us," I like it here, it makes me feel happy. Another said "It's a very special place". Relatives we spoke with felt their relations were happy and were satisfied with their care. One relative told us, "I have no concerns for [Name of person's] safety; I wouldn't leave them there if I did". Staff could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. One member of staff told us, "We make sure people are safe and if I had any concerns, I'd go to the manager". All the staff we spoke with were confident that any concerns they raised were acted on but told us they had the information they needed to escalate their concerns if necessary. One member of staff said, "I haven't had to go the manager yet but I think they'd take it seriously". Our records confirmed the registered manager reported any concerns to the local safeguarding team and ourselves. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

Risks to people's health and wellbeing had been identified and risk management plans were in place to minimise the risks. We saw that where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. We observed staff followed the plans to keep people safe, for example when moving people using equipment. Staff understood people's needs and were able to tell us how they supported people, for example where people were at risk of choking. We saw that this matched their documented records. Personal evacuation plans were also in place, setting out the support and level of assistance people needed to leave the building in the event of an emergency, such as a fire.

There were suitable arrangements in place to ensure people received their medicines when they needed them. We saw that medicines were stored securely and appropriately recorded. Some people received their medicines on an as and when needed basis and protocols were in place to ensure sufficient information was available to guide care staff on when the medicine was needed. This would ensure people received their medicines in a consistent way. Staff told us and records confirmed that they received training to administer medicines and had their competence checked to ensure people received their medicines as prescribed. These actions ensured the risks associated with medicines were minimised.

We saw there were sufficient staff on duty to meet people's needs and keep them safe. Relatives we spoke with told us there were enough staff. One relative said, "There's always staff around. [Name of person] gets one to one support 24/7 and two staff support when they go off site". We saw that people did not have to wait when they needed support. For example we heard a member of staff calling for assistance from other staff when they needed assistance to move a person safely using equipment and they came within a few minutes. Staff told us there were usually enough staff on duty to meet people's needs. One member of staff said, "There are enough staff. When I need assistance to support a person using equipment, I just call the office and they are here in a matter of minutes so it's never a problem".

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS).

The DBS is a national agency that keeps records of criminal convictions. We saw that checks were carried out to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the provider had not always acted in accordance with the MCA. Where people lacked the capacity to make decisions for themselves, we saw a number of decisions had been made on people's behalf which the provider could not evidence had been made in line with the principles of the MCA. For example, we saw that two people had restrictions imposed on them if they displayed behaviour that challenged their safety and that of others. There were no mental capacity assessments or best interest decisions to show how the decisions had been made or that it was the 'least restrictive' option. In addition, there was no clear guidance for staff on how to best support people when they presented with these behaviours to ensure they received consistent support which could be monitored to ensure it was effective.

Where mental capacity assessments were in place, these were not always decision specific. For example, one person's mental capacity had been assessed in a number of areas including leaving the home unescorted, receiving medicines and managing their finances. A best interest checklist had been completed in relation to medicines but this did not show how the decision had been made or who had been involved. This meant we could not be sure that these people's rights were being upheld.

Our observations showed that staff sought people's consent before providing support, for example when administering people's medicines or before assisting them to the bathroom for personal care. However, we found there was a lack of understanding among staff about how the actions they should take to meet the requirements of the MCA and the provider's training records showed that some staff had not received training since 2015. We saw that staff did not always respect people's capacity to make their own decisions and some people were being restricted on how many cigarettes they could have each day. Staff told us and records confirmed that these people had capacity to make the decision for themselves but they were restricted to help support them to budget or to prevent them chain smoking. One member of staff said, "[Name of person] would spend all their money on cigarettes and smoke constantly. They would be unable to pay their contribution to their care. They also disregard the risks about smoking in their bedroom and could fall asleep whilst smoking". There was no information in the care plans to confirm that these people had given their consent to their cigarettes being restricted. This meant these people were being deprived of the right to make choices in relation to their care and support.

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 under the DoLS. We saw that the registered manager had made applications where people were being deprived of their liberty in their best interest and approvals were notified to us as required. However, discussions showed that not all staff were clear on who had a DoLS in

place or any conditions in place. For example, one member of staff said, "I'm not sure about conditions, or what they are for". This meant we could not be sure that the legal authorisations were being followed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received training in areas that were relevant to the needs of the people living in the home. However, as noted above some areas of this training had not been updated annually in accordance with the provider's training policy. For example, some staff had not received training in moving and handling since 2015. The service manager explained that the mandatory training process had been updated for 2017 and training sessions had been delivered and were ongoing. For example, a moving and handling practical training session was planned for 21 and 22 April. We saw that staff were issued with a Training Passport which recorded the successful completion of this training. Staff told us they had an annual appraisal and usually had a one to one meeting with the registered manager every three months, which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs.

New staff received an induction and completed the mandatory training which had been designed to cover all aspects of the Care Certificate, a nationally recognised set of standards, to support staff to achieve the skills needed to work in health and social care.

People who required assistance to eat their meals were not always supported to enjoy the mealtime experience. For example, at lunchtime, our observations showed that staff were not always deployed to assist people who were at risk of choking. We saw one member of staff was supporting two people and had to keep leaving a person who required constant supervision to check on the other person when they occasionally coughed. The member of staff told us, "It can be difficult going between two people". We discussed our concerns with the provider who told us they would be putting in additional support on a daily basis and meal times would be protected to ensure there were no phone calls or interruptions to ensure people's individual needs would be met. We will follow this up at our next inspection.

People were supported to eat and drink sufficient to maintain good health. Some people were supported with meal preparation and ate their meals independently in their bungalow. One person told us "Staff cook, we pick what we want and they cook it because I can't cook myself". People who were more independent could choose to eat at the on-site 'bistro' or collect a meal and take it back to their bungalow. People had a choice of meals and told us they enjoyed the food. One person said, "I'm having the curry, it's usually nice; I chose it yesterday so I know I'm having it". Another person said, "I have no complaints, it's usually nice I've chosen fish and chips tomorrow, that's my favourite". We saw that people were offered a choice of drinks and additional helpings. A relative told us, "[Name of person] eats and drinks well. We saw that staff monitored people's weight where needed and encouraged them to follow a healthy diet.

People were supported to access other health professionals to maintain their day to day health needs. One person told us, "I've got an appointment today to have a blood test". Another person told us they had been in hospital recently and showed us some equipment they had to have at night. Relatives we spoke with were happy with the care the staff provided and told us they relations saw other health professionals when needed. One relative said, "Staff understand and meet [Name of person's] needs well". Another said, "Staff are really good". We saw that people had documentation in their records which provided information on how they should be supported when accessing health care services.

Good

Is the service caring?

Our findings

People told us they liked the staff and were happy living at the home. Comments included, "I like it here the staff are kind", and "It's very nice here, the staff are wonderful to me". All the relatives we spoke with were confident that their relations were happy living at the home and were well cared for. We observed positive and caring relationships between people living at the home and the staff. Staff members greeted people when they met them and people responded positively. Staff treated people with kindness and spent time chatting with people about what they were going to do that day. A relative told us, "[Name of person] has an amazing relationship with the staff, it's not formal; [Name of person] gives them a hug and loves them to death". We saw staff were patient with people and took the time to stop and answer their questions, and we saw people felt listened to and valued by these interactions. For example, we heard a person discussing how they wanted to change their hairstyle with a member of staff. This showed the staff cared about people's wellbeing.

We saw staff knew people well and treated them as individuals. For example, staff told us about the kind of music people liked to listen to and the activities they enjoyed and people we spoke to confirmed this. People's individual communication needs were met, for example some people had information in a pictorial format but one person was able to read and everything was provided for them in a written format. People were encouraged to personalise their bedrooms with their own furniture and personal items. One person showed us how they had fitted wardrobes to store all their clothes, "I love buying new tee-shirts, jeans and trainers".

We saw that staff respected people's privacy and promoted their dignity. Staff knocked on people's doors and waited to be asked in and closed the door to the bathroom when supporting people with personal care. People were encouraged to maintain their appearance. We saw staff discretely encouraged people to change their clothing when they had spilled food on themselves of if they were going out with a family member.

People were able to make decisions about their daily routine. One person told us, "I've had my shower this morning, I have one every morning. I get up when I want and go to bed when I want". We saw that people were able to move freely around the complex and had formed good relationships with the other people living at the home. One person said, "We all like living together and get on very well. We meet up out outside and go for walks". A relative told us, staff encourage "[Name of person] to mix with the others. They go to another person's bungalow for a coffee on a regular basis. Relatives told us they could visit whenever they liked and were welcomed by the staff. One relative told us, "Staff all know me and call me by my first name". This showed people were encouraged to develop and maintain important relationships.

People were encouraged to be as independent as they wished. One person told us, "I have my breakfast as soon as I get up, I can do it myself but staff are here to help me if I ask". We saw that some people helped with chores, such as clearing their plates after meals and loading the washing machine. One person told us, "I wash my hair, clean my teeth and keep my room tidy and clean, my hygiene is pretty good". This showed

people were encouraged to maintain their daily living skills.

Good

Is the service responsive?

Our findings

People were provided with opportunities to follow their interests and take part in activities they enjoyed both in and outside of the home. One person told us, "We have leisure club and play football, we also play other games like bingo. I also go to the community centre in the town for I choir and drama on Fridays. We're doing 'The Jungle Book' and putting on a performance at Easter. I love it". Another person said, "I like animals, we haven't got any here but I go out and see them". A third person told us they liked knitting, "I've just finished something and I've been asked to make a jumper for somebody else". People could go to the activities centre on the site where they were supported to use the computer and complete crafts or watch their favourite films. People told us they played bingo and other games and sometimes played football. We saw one person was knitting and other people were colouring in Easter related pictures. One person told us "I like it in here, I come in every day. We are doing cooking next week". Staff told us there were various clubs for people to join and a coffee morning was being held on Saturday, which was open to relatives and friends. People told us they went on holiday every year and one person got the map out and showed us the route they took in the minibus. This showed us the provider ensured people had a good quality of life.

Relatives we spoke with told us people received personalised care because the staff knew people's well. One told us, "[Name of person] has very limited speech. Staff know her well and always seem to understand what [Name of person] is saying". They added that staff also used Makaton, which uses signs and symbols, to help their relation communicate. We saw that people's care plans were personalised and were in a pictorial format to assist people to understand the content. People's care was reviewed and relatives told us they were invited to attend to support their relation. Some people were supported by an advocate, who is a person who acts on behalf of people to make sure their views and wishes are listened to. Staff kept daily records about people which documented the support people had received and any concerns that had been noted during the day This information was shared during shift handover which meant incoming staff received information to update them about people's needs. Relatives told us they were kept informed of any changes in people's needs.

People told us they knew who to go to if they had any concerns or complaints. There was a keyworker system in place and people who could tell us their views knew which member of staff they went to if they had any worries. There was a complaints procedure in place, which was available in an easy read format to ensure it was accessible to people living at the home. Relatives we spoke with told us they felt able to raise any concerns or complaints with the staff or registered manager. One told us they had raised a complaint and this had been resolved to their satisfaction. Another said, "I've no concerns or complaints and can ring the manager any time, they always make time for me". Records showed that complaints made had been logged and investigated in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

The registered manager carried out a range of audits to monitor the quality and safety of the service. However, these were not always effective in identifying shortfalls and driving improvements.

Care records were not always kept up to date to ensure people were consistently protected from the risks of unsafe or inappropriate care and treatment. We found that when incidents occurred, risk assessments and risk management plans were not always updated. We saw that one person was identified to be at risk of self-harm and records showed there had been seven incidents of behaviour that challenged in the last two months. The person's risk assessment had not been updated and there was no behaviour management plan in place. Staff told us how they supported the person but this information was not documented in the person's care plan which meant that there was a risk that the person would not be supported in a consistent way. Another person's records had not been updated following two incidents of self-harm in two months. The service manager told us an alternative placement was being sought for this person, however, there was no behaviour management plan in place to support staff to manage the immediate risks in relation to the behaviour that challenged. Relatives and staff told us that some people received one to one support to keep them safe when they presented with behaviour that challenged their safety and that of others. However, there were no care plans to demonstrate that this support was being provided for these people. We discussed this with the service manager and provider, who told us they had not received detailed information about how people were funded when they took over the home some years ago. We asked them to provide this information after the inspection. Whilst we did receive some information, this did not clearly demonstrate that staff were allocated to meet these people's needs. We have shared this information with commissioners of the service.

We saw that the manager monitored accidents and incidents for patterns and trends. Some of the care records we reviewed contained copies of body maps recording minor incidents such as bruises. The service manager told us these should be passed to the manager and was unable to demonstrate if an incident report had been completed. This meant there was a risk that the records may incomplete and any analysis to monitor for patterns and trends ineffective. We also found that the registered manager had failed to notify us of two incidents where people had left the home and the police had been notified. This is a requirement of the manager's registration with us and enables us to check that appropriate action has been taken. The service manager sent the notifications to us following the inspection and our records showed that we had been notified of all other events as required.

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

The registered manager carried out other checks to ensure the environment and equipment was well maintained and safe for people and systems were in place ensure that people's personal monies were kept securely.

People and their relatives were invited to give their feedback on the service in a variety of ways, including residents meetings, an annual satisfaction survey, which was produced in an easy read format. We saw the provider had taken action to address concerns raised in the 2016 survey, for example walkie talkies had been introduced to ensure staff could call for assistance from other staff when they were supporting people in their bungalows. The provider's PIR stated that they planned to adopt a "you said, we did" ethos to publicise how they acted on feedback to improve the service. We will follow this up at the next inspection.

The provider had published the service's performance rating on their website and a copy of the latest rating and inspection report was on display at the entrance to the home. This is so that people, visitors and those seeking information about the service can be informed of our judgements.

There was a relaxed, informal atmosphere at the home. Relatives told us the staff were approachable and the registered manager had an open door policy. One relative said, "The manager always makes time to speak to me". One relative told us they though the home wall well managed. Staff we spoke with told us the registered manager and provider's management team were supportive and approachable. One member of staff told us, "I'd be happy to go to them about anything". Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using them. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing at work. Staff told us they had regular team meetings to keep them updated about changes in the service that affected them and felt able to raise any concerns. This showed us staff were supported to fulfil their roles.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager and staff did not always act in accordance with the Mental Capacity Act 2005 where people lacked the capacity to make decisions for themselves. Regulation 11(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems did not ensure their systems and process were always up to date and effective in assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users. Regulation 17(2)(b)(c)