Care Quality Commission

Rushcliffe Care Limited

Highfield Court

Inspection report

Stafford Road
Uttoxeter
Staffordshire
ST14 8QA
Tel: 01889 568057
Website: www.example.com

Date of inspection visit: 19 October 2015
Date of publication: 09/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Highfield Court on 19 October 2015. The inspection was unannounced.

The provider is registered to provide accommodation and personal for up to 59 people. The service comprises of 25 separate homes. On the day of the inspection, 56 people used the service. People who use the service have mental health and or learning disability problems and receive varying levels of staff support.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At our last inspection of the service on 4 July 2013, the provider was compliant against the Regulations we inspected against.

People felt safe and protected from harm. Staff understood what constituted abuse and took action when people were at risk of harm. There were appropriate numbers of staff employed to meet people's

Summary of findings

needs. People's care needs were planned and reviewed regularly to meet their needs. Their care records reflected the care they received. People's medicines were managed safely.

People were cared for by staff that had the knowledge and skills required to care and support them. Care staff demonstrated a good knowledge of the care needs of people and how high quality care could be provided. Staff had regular training, and were supported to have additional training which was specific to their roles and responsibilities.

Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. People liberties were not unlawfully restricted. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interest.

People had sufficient amounts of food and drink. A variety of food was offered at meal times and people could choose what they wished to eat or drink.

People had access to other health care professionals and were supported to attend healthcare appointments when they needed it. Recommendations made by other professionals were followed.

The provider had devised various ways of ensuring that people's individual needs were met in order for the environment to feel as homely as possible. People were supported to be independent.

People were treated with dignity and respect. People told us the staff were kind and treated them with dignity and respect.

The provider promoted people's personal interests and hobbies. Social activities were organised to be in line with people's personal interests and there was a lively atmosphere at the service. The service had strong links with the local community. A variety of activities took place at the service to minimise boredom.

People were encouraged to give feedback about the service. The provider had an effective system in place for dealing with concerns or complaints.

People who used the service the staff were very complimentary about the registered manager of the service. People told us that they were accessible and approachable. A positive and open culture was promoted at the service. The provider had effective systems in place to review the quality of the service provided.

Summary of findings

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 safe.

People were protected against the risk of abuse because staff were able to recognise abuse and took appropriate action when it was suspected. People had risk assessments and care plans to guide staff on how care should be provided. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good

Is the service effective?
The service effective.

People were cared for by staff who were knowledgeable, who knew them well and knew how to provide care and support. Legal requirements of the Mental Capacity Act (MCA) 2005 were followed when people were unable to make certain decisions about their care. This ensured that people's liberties were not restricted inappropriately. People who presented with behaviours that challenged were well supported by staff. People had access to adequate amounts of food and drink. Health care professionals were involved when staff were concerned about people's health and welfare.

Good

Is the service caring?
The service was caring.

People told us and we saw staff demonstrated kindness and compassion when they provided care. Staff knew people's needs and provided care in line with people's preferences and wishes. People were treated with dignity and respect and were supported to express their views about their care. Their views were listened to and acted upon.

Good

Is the service responsive?
The service responsive.

People's care plans were person-centred and their individual needs were identified and responded to. People were supported to maintain their independence. People were supported encouraged to pursue hobbies and activities they enjoyed. The provider responded effectively to people's complaints about the service.

Good

Is the service well-led?
The service was well-led.

The provider promoted an open culture within the service and supported staff to carry on their roles effectively. The provider had effective systems in place to monitor the quality of the service provided. The registered manager was available and people told us they were approachable.

Good

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 was 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 19 October 2015 and was unannounced. Two inspectors undertook 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. During the inspection, we checked if information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us.

We observed how care was provided and carried out a lunchtime observation to see how people were supported during meals. This helped us understand people's experiences of care. We spoke with 12 people who used the service, five staff members, and the registered manager.

We looked at seven people's care records to help us identify if people received planned care and reviewed records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at the service. People told us that they would approach staff if they had concerns about their safety or felt that someone was at risk of harm. One person said, "If there's something wrong, we tell staff or [Registered Manager's name]". They said that they were confident that their concerns would be dealt with appropriately.

All the staff we spoke with had a good understanding of the different types of abuse and knew what actions to take if they felt that people were at risk of abuse. All the staff told us they would not hesitate to whistle blow if they had concerns about people's safety and felt that the providers were doing nothing about it. Our records showed that staff had whistleblown in the past when they had concerns that people were at risk of harm. We saw records which indicated that allegations of potential abuse were reported to the local authority for investigation. We saw that the provider also investigated allegations of potential abuse and took action to prevent it from reoccurring.

People had been individually assessed before they began using the service in order for the provider to determine whether their needs could be met by the provider. Risk management plans were put in place to protect people from harm and maintain their safety. For example, one person who suffered with epilepsy had risk assessments and management plans in place to guide staff on how they person should be cared for.

People who smoked had risk assessments and plans to ensure that they smoked safely. Another person enjoyed going out in the community independently. A staff member said, "[Person's name] goes out so many days in the week to see their relative. Someone drops them off at the bus stop and they are able to do the rest for themselves". We saw that the person had risk assessments in place to ensure their safety when they were in the community. We saw that people's risk assessments were reviewed and management plans updated when their needs changed.

There were sufficient numbers of adequately trained staff to provide people with care and support. One person said, "Staff come to check on us throughout the night and then report to the day staff how we've been". Another person said, "There is always staff around when I need help". People told us they did not have to wait for long period for staff assistance when they needed it.

Staff told us that staffing levels had improved significantly. One staff member said, "Staffing is a lot better. They've [the provider] employed some more staff. They've [the provider] have brought in a new rota. Shifts have gone from 14 hours to 12 hours, which is a lot better". The registered manager told us that the change in staff rota was to ensure that people remained fit at work and to minimise absences due to staff feeling tired or worn out. Information given to us by staff and the registered manager matched information shared with us in the PIR.

Staff told us and records confirmed that the provider had an effective recruitment procedure in place. This meant staff that were employed had been subject to checks to confirm they were suitable to deliver care.

People's medicines were stored and managed safely. We observed that staff supported people to take their medicines and ensured that they took their medicines before they left. One person said, "The seniors give me my medicines. It's always on time and if I'm in pain, I ask staff and they would definitely give me my medicines".

Some people had been prescribed medicines to be administered on as 'as required' or occasional basis (PRN). Staff explained to us instances when they would give people PRN medicines. We saw that guidance was provided within Medicines Administration Records (MAR) on how PRN medicines should be administered, should they require it. The provider maintained records of when these medicines were administered and reasons why they were administered which demonstrated that these people's behaviours were not controlled by excessive or inappropriate use of medicines.

Good

Is the service effective?

Our findings

People who used the service and relatives told us that they felt that the staff understood their needs and had the skills to provide them with care and support. On person said, "They [the staff] have the skills or they wouldn't be in the job". People's needs were assessed and planned to ensure that they received appropriate care and support from staff that had skills and knowledge to meet their needs. Most of the staff we spoke with told us they had worked at the service for several years and said that they knew the people well and understood their needs.

Staff told us they had received training to give them the skills they needed to provide care and support. The registered manager told us they had links with local institutions where staff were encouraged to undertake additional training in a variety of health and social care related subjects. The registered manager said, "We are looking at individual care team leaders undertaking training in specific areas of interest". We observed how staff provided care to a person who had learning difficulties and noted that the staff member communicated with them effectively and supported them in a manner that met their individual needs. We reviewed staff training records and saw that a majority of staff had received training in a variety of health and social care related topic to enable them support people effectively.

People told us, and we observed that staff obtained consent from them before they engaged in activities with them or provided care. When people did not have capacity to make certain decisions, capacity assessments were carried in order to identify decisions that could be made in their best interest. We saw that people's capacity assessments were reviewed regularly to check for any changes. This was to ensure that the rights of people who were unable to make important decisions about their health or wellbeing were protected.

Some of the people who used the service sometimes presented with behaviours that challenged. We saw that these people had behaviour management plans in place to guide staff as to how these people could be best supported at these times. Staff told us that they used diversional techniques and ensured that people remained safe at all times. For example, one person liked gathering objects around the grounds and bringing them into their flat. Some of these objects could potentially cause harm to the person or others.

We saw care and management plans had been put in place to ensure that different objects which staff felt were safe were left around the grounds for the person to collect, whilst ensuring that potentially dangerous objects were removed. We observed how staff communicated with the person when they had objects and were able to persuade the person to keep safe without causing them to become anxious. Records showed that staff had received training on how to support and manager people when they presented with behaviours that challenged.

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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the provider followed legal requirements to deprive some people of their liberty. This was because these people were unable to make certain decisions for themselves and it was necessary for their liberty to be deprived to maintain their safety. Staff we spoke with knew why these people's liberties had been deprived. A staff member commented, "[Person's name] is quite independent in many ways. They can dress themselves up but they do not have capacity to be crossing roads and dealing with other things".

People told us and we saw that they had access to sufficient amounts of food and drink. People told us they liked the food and felt that it was of good quality. One person who used the service said, "They feed us well. We have a choice at breakfast and lunch". Another person told

Good

Is the service effective?

us, “We have tea, coffee, milk and sugar in our flats” and we saw that this was correct. This showed that people had access to sufficient amounts of food and drink. People had a choice to either have their meals in the communal dining areas or prepare their own meals in their flats. Some people were supported by staff to cook their own meals in their flats. People told us they liked to have the choice to eat and drink where and what they wished.

One person who was on a low calorie diets due to health problems had plans in place to ensure that they ate the appropriate food. They had a pictorial health action plan to enable them understand their health needs. Records showed that staff monitored the person’s food intake.

Other professionals were involved in providing people with care and treatment. Referrals were made to health professionals. We saw that people were supported to attend appointments at a local GP surgery. We saw records which indicated that people on special diets had been assessed by a professional and the appropriate diets for them recommended.

The service supported people to maintain healthy lifestyles. A staff told us that some people had expressed the desired to either reduce the number of cigarettes they smoked daily, or quit smoking. We saw that records which indicated that discussion about smoking cessation had taken place between staff and these people and plans had been devised to support these people in the ways that they preferred.

Good

Is the service caring?

Our findings

People who used the service told us that that staff were nice and treated them kindly and we observed this. We saw staff spending time to chat with people and engage with them in positive ways that made them feel valued. For example, in one of the flats we visited, we observed a staff member engaging with the service users who lived in the flat. They were all sat together having a conversation on a variety of topics. The staff member was blow drying another service users hair meanwhile the others were engaged in colouring or sewing whilst the conversations were going on. One of the people said, “The staff are brilliant. We’re friends here”. The people in the flat told us they like cooking and eating together and the staff member was always around to help them. The staff member said, “[Person’s name] goes to college at [time of day] so they have lunch early so that they can eat together”.

People’s flats and bedrooms were personalised and people were encouraged to bring items that provided information about their families, past histories and their hobbies. People told us they enjoyed sharing their past experiences with staff. Staff knew what people had done in the past and encouraged them to carry out activities that related to what they did in the past. For example, staff encouraged one person who used to be a care worker to be involved in supporting and engaging with other people who used the service.

People received comprehensive assessments of their health and social care needs to ensure that the service was suitable and could meet their needs. People who used the service told us they were involved and supported in planning their care. People told us they received care in line with their wishes.

People’s dignity was maintained. One person told us, “Oh yes they always knock before coming in”. We observed that staff knocked and waited before they went into people’s flats and rooms. We saw that staff did not speak to people in a patronising manner. People were spoken with and treated in a manner that reflected their age. People told us that their friends and relatives were able to visit them when they wished.

People were supported to be independent. Some people told us they were allowed to go out to the community independently and some told us they were able to prepare their meals. One person told us they enjoyed cleaning and we saw them cleaning and polishing their flat. Some told us the provider gave them allowances for carrying out certain roles in the service and this made them feelvalued. One person said, “I go and set the tables and I get paid for this”. People told us they had the freedom to choose how they spent their day. One person said, “I choose when to get up and when to go to bed. I like a routine so I set one up for myself”. This showed that people’s wishes were respected.

Good

Is the service responsive?

Our findings

People told us they were supported and encouraged to take part in activities they enjoyed. They told us they participated in a variety of activities within the service and out in the community. For example, one person said, "We go to the social club down town every [day of the week]". The provider supported some of the people who enjoyed horse riding to go horse riding regularly. Others enjoyed singing in the community choir, so they were supported to go out for choir practice. One person told us "We're going to the choir on Friday. We're doing a song from 'Frozen', so [service user's name] has brought in a 'Frozen' DVD because [another person who used the service] has never watched it".

The provider had an activities centre where people were supported and encouraged to learn new skills such as IT skills. There was a section for video games and a section for arts and craft. We saw that all these facilities were being used and the people told us they enjoyed spending time there. The provider had an activities coordinator. The coordinator told us coffee mornings were organised regularly at the service and people and their relatives were invited. They said, "We go to the social club regularly and we attend the community club down town". People who used the service confirmed that this was correct and they enjoyed the wide variety of activities the provider provided.

People's likes and dislikes had been recorded in their care records. Care plans were person centred and reflected how people wish to be cared and supported. Staff told us they knew people's likes and dislike because most of them had been employed at the service for a while and most of the people who used the service had been living there for a while.

People who used the service told us they would approach staff if they had any concerns and they felt that their concerns would be dealt with appropriately. The provider maintained records of complaints, both formal and informal and ensured that they were responded to in line with their policy on complaint. We saw records which indicated that appropriate action had been taken following an investigation into a compliant made about a staff member. We saw that the provider had a system in place to deal with and respond to complaints

Good

Is the service well-led?

Our findings

People told us that they felt comfortable expressing their views directly to the registered manager about the service and were confident that their views were taken on board. All the people we spoke with knew the registered manager by name. They told us the manager was always available and was very approachable. We observed positive interactions between the registered manager and people who used the service, which demonstrated that they felt comfortable approaching them with their concerns. One person said, "[manager's name] tries to help us as much as they can". The home organised regular 'coffee mornings' where people and their relatives were invited to attend and to share their views about services provided. This showed that the provider promoted an open culture.

Staff told us the registered manager was approachable and encouraged them to their raise concerns with them. They told us they manager had promoted new systems in order to improve their working conditions. For example. They told us they now worked fewer hours than before and this enabled them to maintain a good work-life balance.

Staff told us they had regular staff meetings where they were able to discuss concerns and share practice. Minutes of meetings we looked at confirmed this. The registered manager told us the provider had appointed staff representatives to encourage staff to raise concerns if they had any. The registered manager told us they promoted an open and transparent culture and people who used the service and staff were encouraged to bring any concerns to them.

The registered manager understood their legal responsibilities as a registered person. They ensured that the local authority's safeguarding team and we CQC were notified of incidents that had to be reported; and maintained records of these for monitoring purposes. The provider had completed a Provider Information Return (PIR) and sent it to us. We saw that the information provided in the return was similar to what we were told and observed during the inspection.

The provider carried out regular reviews in the form of service user, relative and staff meetings and feedback surveys. We saw minutes of a recent meeting and analysis of recent feedback surveys which indicated that quality reviews took place. We noted that comments made about the decoration of the dining area had been taken into consideration and the provider had development plans in place to improve the dining area. The manager told us that this was to make the dining experience more pleasurable for people who used the service and for the dining area to be used for other social event within the service.

The manager carried out regular quality monitoring audits of the service and reported findings to the quality monitoring team at the provider's head office. They maintained a record of incidents that had occurred and carried out regular reviews and analysis of incidents. They said, "I am aiming at trying to look at the bigger picture of what happened in the last 12 months". This ensured that actions were put in place to prevent them from reoccurring. Some of these audits included, care documentation audits, nutrition, safeguarding, falls and mobility, infection control, skin integrity and maintenance audits.

Service risk assessments were carried out and actions put in place when concerns were identified. Weekly and monthly MAR audits took place to ensure that that people received their medicines as prescribed and to identify any concern. We saw records of other audits that had been carried out and noted that where concerns had been identified, the provider took action to deal with them.