

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Highfield Court is a care home which provides accommodation with personal care to a maximum of 59 people aged 18 and over with a mental health condition, learning disability or autistic spectrum disorder. At the time of our inspection 46 people lived at the home.

Although registered with us as a care home, Highfield Court is made up of 22 bungalows, rather than one building. Nine bungalows were staffed 24 hours. The bungalows accommodated between one and six people on the day of our inspection visit. Three bungalows were empty. The site has a communal dining room where people can eat and staff cook meals in some of the bungalows.

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

Since our previous inspection, significant improvement had been made at the home. Feedback from people and staff was positive about the changes which had been made. Despite the improvements, there was still further improvement required and the home needs to demonstrate the improvements can be sustained.

Improvements to the management of medicines had been made since our previous inspection, but there was still further improvements needed to ensure they were administered safely.

People's fluid intake was not always monitored and timely action was not taken when people's fluid intake was low. People's assessment of risk informed staff how care should be provided to the person to minimise the risks to them. However, staff did not always follow the care plans which had been put in place.

Despite the provider having effective infection prevention and control systems in place, staff did not always follow these. Not all staff wore their personal protective equipment correctly to help ensure the risk of infection was reduced.

Whilst some improvements had been made since the last inspection in relation to the governance of the home, the systems in place were not always effective in identifying and addressing quality concerns.

The provider's oversight of staff practice still needed to improve. Because not all staff fulfilled their responsibilities, errors were not always picked up, such as incorrect daily records. Staff did not always take accountability to identify and report issues which they had been trained to do, such as reporting missing signatures on medicine administration records.

Staffing had improved since our previous inspection. This had impacted positively on the lives of the people who lived at Highfield Court. Because of the improvements to staffing people had a greater range of experiences and independence.

People were happy with the care and support they received and gave positive comments about the staff and

management at the home.

The management team had made significant improvement in the culture of the home. People were involved and consulted in the running of the home and there was a more open culture than there had been at our previous inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 28 January 2020) and there were multiple breaches of regulation. We imposed conditions onto the provider's registration for Highfield Court.

This service has been in Special Measures since 17 December 2019. During this inspection the provider demonstrated 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 was a focussed inspection which looked at the key questions of safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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 Highfield Court on our website at www.cqc.org.uk.

Enforcement

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 to hold providers to account where it is necessary for us to do so.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 consistently 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 ●

Highfield Court

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 Care Act 2014.

Inspection team

The inspection was completed by four inspectors.

Service and service type

Highfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the registered manager short notice of our inspection so we could assess any risks associated with COVID-19.

What we did before the 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and one relative about their experience of the care provided. We spoke with 14 members of staff including care staff, team leaders, the quality manager, deputy manager, registered manager, cleaning supervisor and maintenance staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek information and clarification from the provider to validate evidence found at our site visit. We looked at information remotely to reduce the length of time we spent at the home. The registered manager also kept us up to date on actions they took following our site visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not consistently safe.

At our last inspection the provider had failed to ensure the risks to people were being assessed and managed appropriately. These risks were in relation to medicines, infection control and specific risk associated with people's anxieties and health. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although the provider had made significant improvement, they were still in breach of regulation 12.

Using medicines safely

- At our previous inspection staff could not demonstrate people had received their medicines in accordance with special instructions, such as with food, on an empty stomach or to avoid alcohol. At this inspection we again found no evidence to show these special instructions had been followed. One person needed one of their medicines to be given on an empty stomach, 30 minutes before food and another medicine to be given with food. Both of these medicines had been signed as administered at the same time. Therefore, one of the medicines had not been administered as prescribed.
- People's medicines were not always managed safely. Staff had not identified one person's medicines did not match their medicine administration record. Although the person had received the correct amount of their daily medicine they had not received it at the correct time.

Preventing and controlling infection

- The provider had failed to ensure everyone's mattress was clean. One person had an obviously stained mattress which was accompanied by a strong malodour in their room. We spoke with the registered manager about this and they confirmed after the inspection, a new mattress was in place and the flooring was to be changed.
- Due to the current pandemic, staff are required to follow revised national guidance for infection control and the use of personal protective equipment (PPE). Staff should be bare below the elbow, with the exception of a wedding or plain band. This is so effective hand hygiene can be maintained. Some staff wore watches, bracelets, stoned rings and had long manicured nails. Some staff also failed to wear their PPE correctly and wore masks below their noses, rather than over. This placed people at an increased risk of infection.

Assessing risk, safety monitoring and management

- At this inspection, although there was improvement in how risk to people was managed, there was still further improvement needed. Staff did not always take the action identified in some people's care plans, for example getting medical advice when one person's blood sugar was high.

- People were at risk of not drinking enough fluids. Staff recorded but did not report concerns when people's daily fluid intake was poor. One person's fluid chart showed a low fluid intake on several occasions. There had been no action taken in response to this.

We found no evidence that people had been harmed. However, systems did not demonstrate all risks to people were consistently and effectively monitored. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after our inspection. They provided evidence to show concerns we identified had been addressed. New systems were either in the process of being put in place or had already been put in place. This helped to mitigate the risk of harm to people.

At our last inspection the provider had failed to ensure people were supported by enough staff at all times. This was a breach of Regulation 18 (Staffing) 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 18.

Staffing and recruitment

- At our previous inspection staff were not deployed in a way which was consistent with safe, personalised care. People had told us they wanted to do more and be more independent but there had not been enough staff to support them safely. At this inspection, people told us there were more staff and they could do things now which they could not before, such as cooking and eating meals in their bungalows.
- The provider had completed a recruitment day since our previous inspection. People who lived at the home had been involved in this. The provider has increased the number of care staff and activity staff on duty. One staff member told us staffing was the biggest improvement since the previous inspection and it had had a positive impact on people's lives. Another staff member said, "Staffing numbers have got better, there are a lot more staff since the last inspection."
- The registered manager had made improvement to the allocation and deployment of staff at the home. Staff worked in 'zones' and so supported the same people. This had helped with staff being able to meet people's individual needs. One staff member said, "We're not rushing anymore, there's more time to do what we need to. It's eased the pressure."
- Since our previous inspection there had been an improvement in how medicines were stored and where medicine records were kept. At our previous inspection, medicine administration records were not kept with people's medicines and team leaders signed these records even though they had not administered the medicines. Protocols had also been put in place for if people refused their medicines.
- People now had protocols in place for when they were prescribed medicines, 'as required'. These protocols gave staff clear direction on how to support people who may be experiencing pain or anxiety. In terms of people's anxiety, staff were directed to try specific techniques to help the calm the person before administering their 'as required' medicine.
- At our previous inspection, six of the home's bathrooms were found to be dirty, mouldy, stained and unhygienic. At this inspection we saw bathrooms had been refurbished and were clean and hygienic. This had helped to reduce risks associated with these environments.
- Staff had infection and prevention information, including information about Covid-19 available to them.

The registered manager kept notice boards up to date with information and updates were provided to staff at shift handovers.

- Staff told us they had received training in infection control. The local authority had also provided training and guidance. The registered manager told us staff had received instruction in how to use PPE effectively and this had also been discussed at meetings.
- The registered manager had created 'zones' where people were supported by the same staff group. The registered manager told us this 'zoning' of the home would also be beneficial should there be any infection outbreak. People and staff could be effectively isolated from the rest of the home to reduce the risk of cross infection.
- At our previous inspection we found people's behaviour care plans gave little information on how to reduce a person's anxiety and how to support the person. The provider had improved these care plans to give staff more information. Staff told us they felt confident in supporting people's anxieties.
- The provider had an on-going programme of refurbishment and maintenance at the home. This had focused on the priority areas identified at our previous inspection. Although this had been impacted by the pandemic, there had been noticeable improvement since our previous inspection.

Learning lessons when things go wrong

- The provider monitored all incidents which affected the safety of people. The registered manager told us they completed monthly reports of incidents to look at any trends and the actions taken. They had already identified the reporting and investigation of incidents needed improving so they could ensure existing control measures were effectively reviewed.
- Staff understood their responsibilities to report incidents, accidents and any concerns they may have about people's safety.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. People told us they felt safe living at Highfield Court and with the staff who supported them. One staff member told us people had their voice heard now.
- One relative told us they were happy with the care provided and felt their family member was safe at the home.
- Staff understood what abuse was, how to protect people from this risk and how to raise any safety concerns. The registered manager was aware of their responsibilities in reporting concerns and took advice from the local authority about any safety concerns. This helped to ensure people were protected from the risks of abuse and discrimination.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent.

At our last inspection the provider had failed to ensure continuous and sustainable improvement within the service. 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

- Following our previous inspection, we imposed conditions onto the provider's registration. Imposing a condition is part of our enforcement processes which we use to ensure providers comply with their legal obligations. This helps to ensure people who use regulated services are kept safe and receive an acceptable standard of care.
- Even though there has been improvement at the home, we still found issues which were present at our previous inspection. The conditions which are in place have driven some improvement, but there is still improvement needed.
- At our previous inspection we found the provider had not provided effective oversight and governance of the service. At this inspection the oversight of staff practice still required improvement.
- The provider's medicine policy and systems had been reviewed since our previous inspection. Despite this, we continued to find concerns with the management of people's medicines. Staff had not identified when people's medicines were not correctly dispensed, and staff did not follow safe working systems when signing for medicines. Although the provider had the systems in place, staff did not always follow these. The provider had not ensured the effective oversight of staff practice.
- Despite staff receiving training in what their responsibilities were, not all understood or consistently completed these, which could impact on people's health and wellbeing. Where daily records should have been checked at the end of a shift this was not always done. Staff did not always report errors on paperwork, for example, staff administered people's medicine when the previous dose had not been signed for.

The provider had failed to ensure consistent oversight of their quality assurance systems and staff practice to ensure people's safety at all times. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our previous inspection the local authority's provider improvement team have supported the service with the improvements they needed to make.

- The registered manager had already identified many of the concerns we did at this inspection. They were able to demonstrate either during or after our site visit they were already taking action, such as recognising the daily information staff recorded was an area that required improvement. This was a positive step in showing they were able to identify and take action to mitigate risk within the service.
- Despite staff failing to adhere to PPE guidance consistently, the provider had policies and procedures in place in respect of mitigating the risk of COVID-19 to keep people safe. People had individual COVID-19 risk assessments completed. These guided staff in any extra precautions they needed to be aware of to protect the person. This is important as people at the home were at an increased risk of COVID-19 due to their health conditions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Since our previous inspection, a new manager is in post and they are now registered with us. They have been supported by a strong management team and the provider to make the required improvements within the home.
- The management team had worked to improve the culture of the home for the benefit of the people living there. Considerable progress had been made to open up the culture at the home and make it more inclusive. One staff member said, "We have a very open culture now and everyone speaks to each other."
- Staff were confident to report concerns and speak up if anything worried them. All staff told us the management team were approachable and they felt they were now listened to. One staff member told us the communication between the team was the best they had experienced.
- Staff and managers all told us the home had improved since the previous inspection. They were open about still having work to do, but we found staff had a drive to improve people's lives. Staff demonstrated a positive attitude and approach towards the people in their care.
- The previous inspection rating was displayed in the home and on the providers website, in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People understood COVID-19 and what they needed to do to stay safe. Staff had supported people to understand the pandemic and people had information they could understand. One person told us they had to self-isolate when they came back from the hospital recently and they understood the reasons why. Throughout the home we saw reminders to people about COVID-19, keeping their distance and the importance of hand hygiene.
- People had been involved in improvements to the service. Regular meetings were held for people to express their views. The quality manager told us the same people attended these meetings, so they were conscious not everyone's opinions were represented. They were currently wanting to make improvements to the home's dining room. The quality manager had created a feedback box which had been put in each bungalow so people could give their opinions on the improvements and changes they wanted. This helped to ensure everyone had a say in what happened at the home.

Working in partnership with others

- The service worked collaboratively with other healthcare agencies to ensure people received the care they needed. During the pandemic the registered manager had maintained links with people's GPs, the local authority and local clinical commissioning group (CCG).
- The registered manager ensured we received notifications about specific incidents which happened at the home. This was so we could check appropriate actions had been taken.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured medicine and infection prevention and control and risks were effectively managed at all times.</p> <p>This is a continued breach of this regulation.</p>

The enforcement action we took:

Following our previous inspection, we imposed conditions onto the provider's registration of Highfield Court to address this breach. These conditions are still in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured consistent oversight of their quality systems and staff practice to ensure people's safety at all times.</p> <p>This is a continued breach of this regulation.</p>

The enforcement action we took:

Following our previous inspection, we imposed conditions onto the provider's registration of Highfield Court to address this breach. These conditions are still in place.