

Kingston upon Hull City Council

Highfield Resource Centre

Inspection report

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Date of inspection visit:
18 January 2016

Date of publication:
23 February 2016

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 ●

Summary of findings

Overall summary

Highfield Resource centre is registered to provide care for up to 34 people who may have health, social or dementia care needs. There are three permanent beds and 31 which are jointly funded with the NHS to provide reablement support to people leaving hospital. The home is run by Kingston upon Hull City Council and is located on the outskirts of Hull and has access to good public transport.

This inspection was undertaken on 18 January 2016, and was unannounced. The service was last inspected on 7 July 2014 and found to be compliant with all of the regulations that we assessed.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. Care workers had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Appropriate numbers of safely recruited staff were deployed to meet the assessed needs of the people who used the service. Systems were in place to manage medicines safely. Staff who administered medicines had completed relevant training to enable them to do so safely and people were supported to self-medicate when possible.

People's needs were met by staff who had undertaken relevant training. Staff received effective levels of support, professional development and mentorship. People who used the service were supported to make decisions about the care and support they received. Staff followed the principles of the Mental Capacity Act 2005 and understood the need to gain consent before care was provided. People's nutritional needs were assessed and monitored; their preferences and dietary requirements were known and catered for. Advice from relevant health care professionals was provided as part of the multi-disciplinary approach utilised within the service.

People were supported by kind, caring and attentive staff who understood their preferences for how their care and support should be delivered. Staff understood the importance of respecting people's privacy, supporting them to maintain their dignity and treating them as an individual.

A needs assessment had been completed for each person who used the service which was then used to develop an individual plan of care. People's views were listened too, recorded and used to ensure they received care in line with their preferences. A range of equipment was available which helped to ensure people could maintain their independence and develop their independent living skills.

A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service. When shortfalls were identified action was taken to improve the level of service. There was

a registered manager in place who understood the requirement to report notifiable incidents that occurred within the service.

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. People were protected from abuse and avoidable harm by staff that had been trained to recognise the signs of potential abuse and knew how to keep people safe.

Accidents and incidents were investigated, analysed and action was taken to prevent their future re-occurrence.

People's needs were met by suitable numbers of adequately trained and experienced staff who had been recruited safely.

People received their medicines as prescribed and were supported to self-medicate when possible. Medicines were ordered, stored and administered safely.

Is the service effective?

Good ●

The service was effective. Staff had completed a range of training and were supported effectively which enabled them to meet people's assessed needs.

People received care, treatment and support from a range of healthcare professionals including consultants, physiotherapists and occupational therapists.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

People were supported to eat a healthy diet of their choosing; when concerns were identified their dietary intake was recorded and relevant healthcare professionals were contacted for their advice and guidance.

Is the service caring?

Good ●

The service was caring. Staff supported people in a kind, attentive and caring way.

Staff understood people's needs and their preferences for how they should be met. People were treated with dignity and respect.

People were involved in the planning and delivery of their care when possible.

Is the service responsive?

Good ●

The service was responsive. People's care was reviewed on an on-going basis to ensure they received the most appropriate treatment and support to meet their needs.

Equipment was used to enable people to maintain and develop their levels of independence

There was a complaints policy in place at the time of our inspection, which was made accessible to the people who used the service.

Is the service well-led?

Good ●

The service was well led. The registered manager understood their responsibilities to report notifiable incidents as required.

Staff we spoke with told us the registered manager and deputy managers were supportive, approachable and valued their opinions.

A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service.

Highfield Resource Centre

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 registered 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 18 January 2016 and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, the provider 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 looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

During our inspection we spoke with three people who used the service and four visiting relatives. We also spoke with the registered manager, two deputy managers, three members of care staff, the cook and three visiting professionals.

We looked at six people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, staff recruitment records, training records, policies and procedures

and records of maintenance carried out on equipment. We also took a tour of the service to check general maintenance as well as cleanliness and infection control practices.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I know I am safe. I can use my buzzer to call for them if I need help with anything." Another person said, "My consultant and my physio know what my limits are and make sure I am safe and don't do too much."

A visiting relative told us, "Mum has been so well looked after, she has been safe here. There is always someone [a member of staff] about so they keep an eye on her." Another relative commented, "Mum feels safe here which is so important to us."

People and their relatives also told us they were supported by suitable numbers of staff. One person said, "I see the staff throughout the day, there is always someone around." Another person commented, "They [the staffing levels] are marvellous." A relative told us, "Mum has her buzzer so she can call for help anytime. Whenever we are here, which is every day really; we never struggle to find staff. That was one of the things we liked when we first came to see what it [the service] was like."

People who used the service were protected from abuse and avoidable harm by staff who had been trained to keep people safe. Staff we spoke with could describe the different types of abuse that may occur and the action they should take if they suspected someone had received poor care or was at risk. One member of staff said, "I would report anything I saw to my shift leader and my manager. I know they would investigate any concerns I had." A second member of told us, "I have had safeguarding training, we do regular updates" and "I know I have to report anything I witness or become aware of."

Accidents and incidents that took place within the service were investigated and action was taken to prevent future re-occurrence when possible. Further analysis of the time and location of each incident enabled the service to be aware of when and where people were at the highest risk and make adjustments to staff deployment or working practices to ensure people remained safe and known risks were minimised. A deputy manager told us, "All the incidents are reviewed and sent to the health and safety team; any advice they offer is recorded and implemented."

People were supported to remain safe whilst taking positive risks in their lives. The registered manager told us, "All of our clients take positive risks. Everything we do is planned with the occupational therapists and physiotherapists; we are supporting people to regain and develop their skills again." A person who used the service said, "It feels risky when I am trying to climb the stairs but they [relevant professionals] are with me and we take it one step at a time."

We saw that staffing levels were determined by the assessed needs of the people who used the service. At the time of our inspection the 34 people who used the service were supported by two care leaders and seven members of care staff. The registered manager and two deputy managers were supernumerary; two cooks and a domestic team were also employed. Staff we spoke with told us they believed staffing levels within the service were appropriate. Their comments included, "We have busier days and quieter days, no matter what happens everyone gets the support they need" and "I think there are enough of us."

People were provided with portable nurse call buzzers so they could call for assistance at any time. We saw that numerous electronic notice boards were utilised to inform staff who had requested assistance and their current location. The registered manager confirmed they reviewed call bell response times which helped to ensure people received the care and support they required in a timely way.

Staff were recruited safely. We checked five recruitment files and saw that before prospective staff were offered a role within the service suitable checks were carried out. This included, completing an application form, attending an interview, the return of two suitable references and a Disclosure and Barring Service (DBS) check.

The service had a dedicated medicines room for the safe storage of medicines. Medication cabinets were secured as per best practice guidelines. Specific arrangements were in place for controlled drugs and a medicines fridge was utilised to store medication at cooler temperatures. We saw that temperatures were recorded daily to ensure medicines were stored appropriately. Access to the medicines room was gained by a key coded lock. A member of staff said, "Only the managers and care leaders know the code to the room."

We observed part of a medication round and saw people received their medicines as prescribed. Medication Administration Records (MARs) were used within the service to help minimise potential errors from taking place. The MARs we checked were completed accurately by staff who had completed safe handling of medication training.

People's ability to self-medicate was assessed and regular checks took place to ensure people took their medicines safely. A care leader told us, "We assess people and provide them with whatever support they need to make sure they are managing." One person told us, "I look after my own medicines; they [the service] order them for me when I start to run low but I do everything else. I have no problems doing it [administering] myself."

Is the service effective?

Our findings

People who used the service confirmed they were supported by capable and competent staff. Comments included, "The staff are brilliant", "They are ever so good, I don't want to be here but I can't go home yet, the staff know that and do a really good job of looking after me" and "I see consultants, physios, nurses and carers, I think they all know what they are doing."

People also told us they enjoyed a healthy and varied diet of their choosing. One person said, "The food is really good, not like the muck you get in the hospital. It's all made here you see, it's not ordered in." Another person told us, "The food is very good" and "I always get asked what I would like." A relative told us, "We are amazed at the amount of choice, there is always a hot meal available and it looks really nice."

Staff had the skills and abilities to meet people's assessed needs. Records confirmed staff had completed relevant training including, safeguarding vulnerable adults, the Mental Capacity Act (MCA), health and safety, infection control, first aid, dementia as well as nationally recognised qualifications in care. A deputy manager told us, "The physios and occupational therapists run courses and talk to our staff so they have a better understanding of how to support people."

A deputy manager told us, "The staff can access e-learning [computer based training courses] it's available for them at any time but we always do classroom based training." A health and social care advisor was visiting the service at the time of our inspection, they told us, "I have been coming here for a number of years; the manager is very supportive and encourages the staff to develop. They [the staff] complete one course and start another so they are always learning new skills."

Staff received on-going support and mentoring. Personal and professional development meetings were held on a six monthly basis which provided staff with an opportunity to discuss their skills, areas for improvement and personal aspirations. However, the registered manager told us, "We have fallen behind with the staff supervisions. We [the management team] are always available to support them but we do need to catch up with the supervision meetings." A deputy manager explained, "We also need to get better at recording the support we give the staff, we often give support and guidance in different areas and need to make sure we record that as formal support."

Staff had the skills to communicate with people effectively. A deputy manager told us, "Some of the staff had done deaf and disabilities courses and we have had to write things down for people in the past." The other deputy manager told us, "If we don't have the certain language skills [to support people whose first language is not English] then we can use interpreters if we need too." We saw that information was made available in other languages and formats to support people's preferred methods of communication.

Staff understood the importance of gaining people's consent before care, treatment and support was provided. People's capacity to provide consent and make informed decisions was recorded in the care plan. When people's ability was in question, a capacity assessment was completed before a best interest meeting was held. A best interest meeting is attended by relevant healthcare professionals and other people who

have an interest in the person's care, like their relatives or advocates. The meeting is held to ensure any decisions made on a person's behalf was in their best interests and respected their known wishes.

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.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to DoLS and had made applications to the Supervisory Body which helped to ensure, as far as reasonably practicable, people were only deprived of their liberties lawfully following current legislation.

People who used the service had their needs met by a number of healthcare professionals. We saw multi-disciplinary meetings were held on a weekly basis. The registered manager explained, "We have 31 rehabilitation beds; people come straight from the hospital and need further support before they return home or move to another service." A deputy manager said, "We have a holistic, multi-disciplinary approach to care, meetings are held every week which include consultants, physiotherapists, occupational therapists, social workers, pharmacists and pharmacy technicians."

People were supported to eat a balanced diet. Their individual dietary requirements were recorded and catered for. The cook told us, "When people first come to the service we are told if they have any specific needs, if they are diabetic, if they need a soft diet and about their preferences." We saw records that evidenced relevant professionals such as dieticians and speech and language therapists were contacted for their advice and guidance when concerns were highlighted.

Is the service caring?

Our findings

People told us the staff who supported them were caring. One person said, "Everyone who comes to see me is very caring." Another person said, "I think it's brilliant here, I could stay here for the rest of my days" and "They [the staff] are all lovely."

A relative said, "She [the person who used the service] loves all the staff, she has been here a few weeks and they all know her and stop to talk to her. They are all so kind." Another relative told us, "We think all the staff are wonderful, they are very caring people."

We spent time observing people's lunch time experience and saw one person needed assistance to eat their meal. The member of staff supporting them took the time to explain the food being offered and used a calm, gentle voice. The person could not communicate verbally so the member of staff used eye contact to ensure the person was supported at their preferred pace. Their attention remained focused on the individual throughout the episode of care which ensured the experience was meaningful for the person who used the service. This approach helped to ensure people received care and support in a person centred way which met their individual needs.

At the time of our inspection there was a known issue with the heating in the main dining room which was being addressed. We heard staff regularly checking if people felt cold and if they were warm enough. Staff offered and brought blankets for those people who requested one.

Throughout the inspection we heard staff speaking to people in a friendly, inclusive way; using their preferred names and engaging them in conversations about their known interests. A member of staff explained, "We have had some people that have lived here for years so we know practically everything about them. Other people come in and I really enjoy learning about who they are and what they have done in their lives."

People were provided with information in a way they could understand. A deputy manager told us, "They [the people who used the service] see consultants and occupational therapists, physio's lots of different professionals. Sometimes they need us to bring things down for them, talk it through stage by stage and just offer reassurance." This helped to ensure people understood the support that was available to them and received explanations when they needed them.

Staff told us they understood their responsibility to keep people's private and personal information confidential. A member of staff told us, "I would never break anyone's confidentiality. We do data protection training and have a policy about it." However, when we took a tour of the building we saw that certain private information was written on the door to people's room; such as if their food and fluid intake needed to be documented, how often they needed to be weighed and if they had hearing problems. We mentioned this to the registered manager who told us they would ensure personal information was no longer displayed on the door of people's room.

A deputy manager confirmed the care plans for people who lived at the service permanently were held electronically. They also told us the system used by the service linked to a central hub which ensured information could not be lost or deleted in error. Paper copies of people's care and support plans were stored in their own rooms which helped to ensure they could not be accessed by people unnecessarily.

Advocacy information was displayed on the main notice board close to the entrance of the service. This signposted people to a service that would attend meetings and offer support to make decisions about their care. The registered manager told us, "We haven't had anyone use it recently but we would help them make contact if they needed it."

The registered manager confirmed there were no restrictions placed upon visiting times. They explained, "We don't tell people when they can visit, some families can only come at certain times, after work or they might come on the bus so we are happy for them to come whenever they can." Four visiting relatives we spoke with confirmed they had not been told about any specific visiting times and had had visited their relative at various times of the day.

Is the service responsive?

Our findings

People who used the service or those acting on their behalf told us they were involved with the initial planning and on-going delivery of their care. One person said, "I see the physio every day. We talk about what he wants me to do, what I can manage and what I need to be doing. Bit by bit I'm get better." Another person confirmed, "I get asked all sorts of questions about what I can do myself and what I need help with. They record everything but it's all based on what I want and what I need to get back on my feet so to speak." A relative said, "We get regular updates, they [the staff] keep us involved at every stage."

People also confirmed they knew how to raise concerns or make complaints regarding the care, treatment and support. One person said, "I would just tell the staff if I needed to complain, but there hasn't been one problem so far." Another person told us, "I know how to complain." A third person said, "I would speak to the manageress if I had a complaint." A visiting relative told us, "If anything was wrong I would complain straight away. You hear terrible things on the T.V about some care homes but this place isn't like anyone of those."

People who used the service received personalised care that met their assessed needs. The registered manager told us, "A lot of people come here straight from the hospital; the discharge liaison team have access to our system and can see if we have empty beds" and "A care plan is put together by the intermediate care nurses which is sent to us and assessments are done in the MDT [Multi-Disciplinary Team] meeting here in the service."

People contributed to the planning of their care and their strengths and abilities were recorded. A deputy manager told us, "People's needs are assessed daily and during the MDT walk rounds on a Tuesday the clients [people who used the service] get to give their views about everything." A person who used the service said, "I have targets set by the physio [for their rehabilitation] but it's me who decides what I can do every day. I had a bad day today and couldn't do a full flight of stairs but that's ok; I know I'll do better tomorrow."

Pre-admission assessments were completed by the registered manager and a deputy manager before people were offered a permanent place within the service. We saw that a number of personalised care and support plans were developed using the information gathered during the assessment and from the placing authorities 'my life, my way' care plan. The care plans we saw included communication, personal care, continence, mobility, night care, diet and nutrition and social activities.

Each plan contained details regarding people's known preferences, levels of independence and abilities. A 'what's important to me', a 'how best to support me' and a 'what people admire of me' profile had been created for each person which enabled staff to provide people with care that met their needs and reflected their preferences. People's social interests, hobbies and religious beliefs were also recorded.

People were encouraged to take part in social activities and we saw staff supporting people to follow their interests. Records showed people had gone for meals out, to local attractions such as East Park, Hull Fair and to watch the Christmas lights be turned on. In-house activities such as playing cards and dominoes also

took place. The registered manager told us, "We do try and get people involved but not many of the rehabilitation clients want to, they all have I pads and gadgets and tend to be quite happy to entertain themselves" and "We got more sockets put in people's rooms so they could charge their phones and computers."

The service had a range of equipment to enable people to remain as independent as possible. For example, tracking hoists were situated in a number of bed rooms, bath hoists, profiling beds, swivel seats and turntables, specialist wheelchairs, specialist cutlery and plates, raised toilets seats, grab rails, a self-service kitchen, perching stools [which people sat on so they could perform their own personal care] and sloped corridors and entrances to the service. The registered manager told us, "We are here to support people to regain their independence." A deputy manager commented, "We try and get people back to their baseline, when some people go home they need a care package and we make sure they have the equipment and support in place before they leave." A relative we spoke with said, "Mum has not wanted or waited for anything, she has all the equipment she needs, we particularly like the bed, it has the sides so she can't fall out and has a special mattress which stops her getting sores."

The service had a complaints policy in place at the time of our inspection. We saw that 'comment, compliment and or complaint' information was displayed at various locations and that people were provided with this information on their arrival to the service. A deputy manager told us, "We don't get a lot of complaints at all really and I think that's because we are proactive, we regularly check with people that they are happy with the care and fix any issues that come up."

Is the service well-led?

Our findings

People who used the service told us they knew the registered manager and thought they were approachable. One person said, "I see the manageress quite a lot, I can talk to her if I want too." A relative commented, "The manager is always here, she speaks to us whenever we are here and she knows Mum well, so we are happy."

Staff told us the management team were approachable and receptive. One member of staff said, "We do get lots of support from the manager, you can discuss anything with her; she is always there for us and will help us with anything." Another member of staff said, "All the managers are good, they listen to any thoughts or suggestions we have and change things so we can improve." A third member of staff said, "We are lucky the manager is supportive and comes and helps out when we need her."

An effective quality assurance system was operated in the service which consisted of audits, checks and questionnaires. Audits were completed periodically of medicines, infection prevention and control, staff training, supervisions and people's care plans. A deputy manager told us, "Weekly kitchen and domestic checks are done to make sure all their tasks are completed" and "Part of my job is to make sure everything is up to date and done as it should be."

Regular checks of facilities and equipment ensured they were in good working order and remained fit for purpose. We saw electrical and gas certificates for the service, servicing records for mobility equipment, specialist beds and wheelchairs. Portable Appliance Testing (PAT) was also undertaken.

People who used the service, their relatives and staff were involved in the development of the service. The registered manager explained that service user meetings were not currently held due to poor levels of attendance. However, they informed us they consistently spoke with people who used the service and their visitors to gain an understanding of their opinions and experience. We saw that questionnaires were sent out annually and people's comments were used to make improvements to the service people received. The registered manager also told us they operated an open door policy and made themselves available to meet with people when required.

Multi-disciplinary team meetings were held on a weekly basis to discuss people's level of need and their care and treatment options. Team meetings were held bi-monthly which enabled the staff to discuss any changes to best practice, developments in the service, training needs and planned activities. A deputy manager told us, "We have meetings for individual teams so we have a managers meetings, carer meeting, domestic etc. We find the meetings are shorter, more focused and better attended that way." The registered manager said, "We also have specific meetings like health and safety."

The service was required to have a registered manager; the current registered manager had been in post for a number years. They were aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. Before the inspection took place we looked at the information we held about the service which confirmed we received notifications as required.

Before the inspection took place the registered manager and the service's two deputy managers had created an action plan to address the known issues within the service. The registered manager explained they were aware that they needed to improve on the consistency of staff's one to one support. They told us that they were confident staff received appropriate mentoring and training but had created a plan to ensure staff received pre-arranged and consistent support. The staff we spoke with told us they felt supported and raised no concerns about the level of formal support provided

The registered manager was also aware of the need to improve the personal information captured for people requiring re-ablement support. Such as people's preferences for how care and support was to be delivered and personal information which staff could use to engage them and ensure they received care, treatment and supported in a person centred way. This provided assurance that the service continually strived to improve and acted on known areas underperformance.

The registered manager told us the service was focused on delivering high quality care in line with best practice. They said, "We have professionals coming in and out of the service every day and always use their knowledge and skills to improve." We were also told that updates from the National Institute for Health and Care Excellence [NICE] and safety alerts broadcasts were received by the registered provider's human resources team and disseminated when action was required.