

Rushcliffe Care Limited

Highfield Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Highfield Hall is a residential care home providing personal and nursing care to 20 people with a learning disability at the time of the inspection. The service accommodates up to 21 people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people. 20 people were using the service. This is larger than current best practice guidance of Registering the Right Support. People lived across three separate units and a semi-independent cottage, each of which had separate adapted facilities, with no more than eight people living in each unit. The provider had started to work towards meeting best practice guidance and were looking at ways to support people to access the community more often. Staff understood the importance of supporting people when they needed it, whilst prompting people to make their own choices.

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

Improvements were needed to ensure the systems in place were always effective in monitoring and mitigating risks to people. Records did not always reflect people's needs and preferences.

Improvements were needed to ensure people were consistently safeguarded from the risk of harm when unexplained injuries had occurred.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support because there was limited inclusion within the community. People accessed activities within the grounds of the service. However, relatives and staff told us people were not consistently supported to access the community. The provider had recognised this and there were plans to increase social opportunities for people.

Improvements were needed to ensure there was guidance available for staff when they supported people with their topical medicines. There was a system in place to assess staffing levels in line with people's needs. However, improvements were needed to ensure there were enough staff available to support people at busy periods such as mealtimes.

The provider used safe recruitment practices and people were supported by staff who knew how to support them to lower their risks, whilst promoting their independence. People were supported with their nutritional needs, and advice was sought from healthcare professionals to maintain people's health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood people's individual ways of communicating and information was available to people in an accessible format.

People were supported by caring staff that supported people with patience. People's choices were respected and their right to privacy was up held. Relatives understood how to make a complaint and there

was a system in place to investigate and respond to complaints received.

People, relatives and staff found the registered manager was approachable and supportive. The registered manager worked with other professionals to ensure people's needs were met. The provider had a system in place to gain feedback from people, which was acted on to make improvements to the care received.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Hall

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 carried out by two inspectors.

Service and service type

Highfield Hall 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 unannounced.

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. 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 four people who used the service and five relatives about their experience of the care

provided. We spoke with seven members of staff including the operational manager, quality manager, registered manager, team leaders and care workers. We used the Short Observational Framework 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and spoke with one professional who regularly visit the service.



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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise, and report concerns that may be a sign of abuse. For example; unexplained bruises.
- Records showed staff had identified and recorded incidents of unexplained bruising. However, there was not an effective system in place to ensure these were investigated. For example; the registered manager was unaware of one person's unexplained bruising, and this had not been investigated or referred to the local safeguarding team to ensure this person was protected from the risk of suspected abuse.
- The registered manager told us they would implement a monitoring system to ensure these type of incidents were identified and acted upon.

Staffing and recruitment

- Relatives we spoke with felt there was not always enough staff available. One relative said, "I don't think there is always enough staff about, especially to take people out on trips etc." Another relative said, "There has been some staffing issues, but I am aware this is being acted on."
- People did not always receive support in a timely way. For example; during lunchtime there was one member of staff on Abbey View to support six people. One person needed one to one support whilst eating to lower their risk of choking. This person was not able to eat their meal with the other people who lived at the service because there were not enough staff available.
- Staff told us they felt there were enough staff available to keep people safe. However, they told us people did not go out as much due to the staffing levels. One staff member said, "People used to go out on trips, but this is more difficult as we do not have the staff available."
- The quality manager had completed a staffing dependency tool, which worked out the staffing levels against people's dependency levels and their funding from the local authority. This showed that the number of staff available on duty matched these assessed levels. However, the quality manager was in the process of reviewing people's needs alongside the local authority to ensure the funding matched their needs.
- The provider had followed safe recruitment practices to ensure people received support from suitable staff.

Using medicines safely

- Some improvements were needed to ensure there was guidance available for staff to follow when people needed their 'as required' topical medicines. For example; Medication Administration Records (MARs) stated 'as directed', which did not give staff clear guidance as to where and how often people needed the application of their topical medicine.
- The registered manager had contacted the pharmacy to request medicines were labelled to assist staff. However, at the time of the inspection this had not been completed by the pharmacy and there had not

been any interim directions put in place to ensure staff had appropriate guidance to follow.

- Other medicines were administered, recorded and stored in a safe way.
- Staff told us they had received medicine training to ensure they understood how to support people safely. Competency assessments were carried out to ensure staff were using the training in practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives we spoke with felt their relatives were safe at the service. One relative said, "I feel [relative's name] is very safe and I can leave them knowing they are looked after."
- We observed people being supported to move and staff used correct techniques to ensure this was carried out safely.
- Staff understood people's changing needs. However, improvements were needed to ensure care plans were consistently updated to provide an accurate reflection of people's risks. For example; staff told us one person needed to be supported to sit on a pressure relieving cushion to protect their skin. We saw this person was supported to protect their skin and their skin was in good condition. However, this was not reflected in their care plan.

Preventing and controlling infection

- Relatives told us the service was always kept clean.
- Staff were seen wearing Personal Protective Equipment (PPE) to ensure the risk of cross infection was reduced. Staff explained how they ensured people were supported in line with infection control procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The service was registered for the support of up to 21 people. This is larger than current best practice guidance of Registering the Right Support. However the size of the service having a negative impact on people was mitigated because the service was split across four separately operated units. Therefore, people were supported in smaller groups, which promoted a person-centred approach.
- There were adaptations to the environment to ensure people were safe when they were mobilising around the service and if they needed extra support with bathing.
- Improvements were needed to the environment. For example; flooring in bathrooms needed replacing and maintenance was required to ensure people were protected from the risk of infection. The registered manager was aware of these issues and they were recorded on the improvement plan to ensure action was taken to make improvements to the environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they started to use the service. Assessments had been completed with people and relatives, to ensure people's preferred ways of receiving support was gained.
- The assessments had been used to develop people's care plans. These contained details of people's diverse needs and preferences to ensure staff understood how to support people effectively.
- The registered manager was aware of the Registering the Right Support principles and the compliance manager had a detailed plan in place to ensure the development of the service was implemented in a structured way to improve outcomes for people.

Staff support: induction, training, skills and experience

- Staff received training to carry out their role which was refreshed regularly. One staff member said, "[Registered manager's name] lets me know when my training is due. I feel I have enough training to carry out my role."
- Staff felt supported in their role and received supervision sessions to discuss any concerns and updates in care practice.
- The registered manager told us they were in the process of revising the way training was provided. There was a new training suite and staff were asked how they preferred to carry out the training to suit their preferred methods such as; online, work books or face to face.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People had choices in the food they wanted, and staff knew people's likes and dislikes or people who were unable to communicate these.

- Staff prepared meals and encouraged people to be part of the meal preparation to promote their independence.
- Staff understood people's nutritional risks and how to support people in line with guidance received from professionals. For example; one person was at risk of choking, care plans gave guidance on how staff needed to support this person, which was followed in practice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health professionals to ensure their health needs were met. One relative said, "The staff are very good at spotting any health concerns and have been so good at ensuring the right professionals have been involved. They really do take the advice given very seriously and I am assured my relative is well looked after."
- A professional we spoke with told us they had a good relationship with staff and the registered manager, who were open to the advice provided. They said, "I have always found the staff and the registered manager take the necessary action to ensure people are healthy and always listen to any advice I have provided."
- The registered manager was in the process of re-introducing paper hospital passports to ensure people received consistent support when they moved between services.
- There was a handover system in place, which ensured staff provided consistent support that met people's changing needs.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff gained people's consent before they provided support. Where people lacked the capacity to make specific decisions staff supported people in their best interests.
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.
- The registered manager had made applications to the local authority for DoLS, where people were deprived of their liberty to keep them safe from harm.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at the service and with the way staff supported them. One person said, "I like it here, everyone is nice."
- Relatives told us staff were caring towards their relatives. One relative said, "I am very happy with the excellent care my relative receives. The staff are very caring and devoted to ensuring [relative's name] is well looked after."
- We observed caring interactions between people and staff. People approached staff freely and spent time chatting about their plans for the day. Staff complimented people on their appearance, which made people happy.
- People were supported to maintain contact with family and friends to promote their emotional wellbeing. One relative told us they had been unable to visit recently, and staff had supported their relative to talk on the phone to them.
- Staff we spoke with understood the importance of respecting people's diverse needs when they provided support. The provider had developed a new training schedule which included equality and diversity competencies to ensure staff had the appropriate knowledge to understand how to support people in a caring and effective way.

Supporting people to express their views and be involved in making decisions about their care

- Staff asked people what they needed before they provided support and listened to people's choices. For example; one person wanted to visit the on-site activity centre. However, once they arrived they did not want to continue with the activities. Staff listened to the person's choice and they left the centre to return to their house.
- People were encouraged to make decisions about their care and staff supported people in line with their individual methods of communicating which promoted their decision making.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected by staff. Staff spoke with people in a dignified manner and respected their wishes. One relative said, "I have always found the staff to be respectful and my relative's dignity is maintained as they make sure they help them with their hygiene needs."
- People's privacy was upheld by staff. For example; when people wanted to spend time to themselves staff respected their wishes to do so.
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. One staff member said, "People who live here can mostly get themselves washed and

dressed on their own; with some prompting. I might ask them if they want help with washing their hair. I always offer to help if I see them struggling and step in if they want me to."

- Staff encouraged people to be involved in the preparation of meals to maintain their independence. People had adapted cutlery and cups to help them maintain their ability to eat independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met in a person-centred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had developed an activity centre for people who lived at Highfield Hall and for people who lived at the provider's other registered location situated on the same grounds. People told us they enjoyed visiting the centre where they were involved in various activities. One person said, "I like it at the centre. I like playing darts and board games." However, there was a risk that people may become isolated within the grounds of the service and we were told by staff and relatives there was a lack of access to the local community.
- Relatives we spoke with raised concerns that their relatives did not access the community enough. One relative said, "My relative does go to the activity centre, but they don't go out on trips or visiting the town much now. It would be nice for them to get out of the home environment." Another relative said, "My relative doesn't seem to access activities away from the home anymore, I'm not sure why it may be because of lack of staff."
- Staff told us they felt improvements could be made to ensure people had the opportunity to take part in interests or hobbies outside of the service. One staff member said, "I think it would be better if we could support people to go out more, it would be good for them."
- Improvements were needed to ensure the principles of Registering the Right Support were imbedded in the service model and this included community access for people to ensure they felt a valued member of their local community.
- The registered manager and compliance manager told us they had recognised people had not always accessed the community and had plans to ensure people were a part of the local town community. They had plans to promote community involvement by people being involved in the local park project to ensure this area was well maintained and to be part of the 'Uttoxeter in Bloom' competition in the summer. This formed part of the provider's improvement plan.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that met their preferences because staff knew people well. Staff explained how people liked their support provided and understood people's diverse needs. However, the care records did not always reflect this.
- People and relatives were involved in the planning and review of the support provided. One relative said, "I am kept fully informed and have always been involved in [relative's name] care. I attend meetings and the staff continuously update me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had guidance to follow to enable them to communicate with people effectively. For example; staff told us how they ensured people were provided with information in a way that met their understanding. The care plans we viewed reflected what staff had told us.
- Information was available in an easy to read format to ensure people were given information in a way that met their understanding. This demonstrated the provider was meeting the requirements of the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain and any minor issues they had raised were acted on immediately. One relative said, "I have spoken with [registered manager's name] if I have had any issues and they have always made sure things are sorted straight away. They are very approachable and open to comments."
- There was a complaints policy in place that was accessible to people in a format to aid their understanding.
- There had been no complaints received at the service since our last inspection.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The registered manager told us people did not always want to discuss their end of life and they respected this. They told us this would be continually reviewed with people and updated if people's health deteriorated.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were needed to ensure the systems in place to monitor the service and mitigate risks to people were consistently effective. For example; there was not an effective system in place to monitor incidents of unexplained bruising to ensure these were investigated and reported to the local authority when required.
- Records did not always contain an accurate reflection of people's up to date needs and preferences. Although staff had a good understanding of people's needs and preferences there was a risk of inconsistent care by unfamiliar or newly recruited staff.
- The registered manager had recognised that the records needed improvement and they were in the process of ensuring people's records contained an accurate reflection of their needs.
- The provider had an annual improvement plan in place and had recognised improvements were needed through audits and learning from other locations. However, these were still at the very early stages and had not been implemented at the time of the inspection.
- Notifications had been submitted to us (CQC) as required by law and the rating from our previous inspection was on display.

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

- Improvements were needed to ensure the values of Registering the Right Support were consistently followed and to promote a fully person-centred approach.
- The provider had recognised improvements were needed to ensure people were supported to access the community to ensure there was a fully inclusive culture with the local area.
- The registered manager had plans to strengthen links with the local community. For example; people who chose to would be involved in a project to help maintain the local park and to continually link in with community partnerships to encourage better engagement.

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

- Relatives and staff all told us the registered manager was approachable. One relative said, "[Registered Manager's name] is very approachable. I can talk to them about anything and they always listen and act on what I have said." A staff member said, "I have confidence in the [registered manager's name]. They are

approachable and listen to any issues and does something about it straight away."

- Feedback was gained through meetings and annual questionnaires. The feedback gained was analysed and a report was available to show the results of the feedback and the actions taken to make improvements to people's care.

Continuous learning and improving care

- Staff told us the registered manager encouraged them to continually develop their skills and knowledge to assist them to support people effectively. One staff member said, "I have started the new workbooks, which I find really good as I find I learn better this way."
- Competency checks and observations of staff support were in place to ensure the training provided had improved staff knowledge and skills.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to improve the service people received.

Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals. One professional said, "I find the registered manager to be open and honest and we have a good working relationship. They have worked with me to develop ways to support people in their best interests."