

# 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 responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Highfield Hall is a residential home. They were providing personal care to 18 people at the time of the inspection. The service supports adults with learning disabilities and autism.

The home is divided into three units, the Hall, Abbey View and Kingston each providing bedrooms, a lounge/dining area, kitchen and a bathroom. People had access to a large garden area and an allotment.

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

#### Right support

People were not always supported by staff to pursue their interests.

People did not always receive care and support in a safe, clean, and well-maintained environment.

Staff enabled people to access specialist health and social care support in the community.

#### Right Care

The service did not always have enough appropriately skilled staff to meet people's needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

#### Right Culture

People did not always lead inclusive and empowered lives because there was not always enough staff on duty to support them.

Staff did not ensure risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement published 15 April 2020. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

#### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulation 12, Safe care and treatment and regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner. You can see what action we have asked the provider to take at the end of this full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Highfield Hall is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Highfield Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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.

Inspection activity started on 22 September 2022 and ended on 3 October 2022. On 26 September 2022 we spoke with the audit and compliance officer. On 3 October 2022, we spoke with relatives by telephone.

### What we did before 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. We used all this information to plan our inspection.

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.

### During the inspection

At the time of the inspection visit we spoke with one person who used the service, three care staff, the registered manager and one relative. After the inspection visit, we spoke with the audit and compliance officer and five relatives. The majority of people who used the service were unable to tell us about their experiences of living in the home. However, we observed staff's interaction with people.

We reviewed a range of records. This included three people's care records and a random selection of medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained 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.

### Assessing risk, safety monitoring and management

- People were not always protected from the risk of potential harm. For example, we identified one person had an eating disorder and a health condition. Although, a 'care plan 72-hour case track' had been carried out, information relating to their dietary needs and health condition was not identified in their care plan. The registered manager told us there was no risk assessment in place for this person.
- The staff we spoke with identified a number of people had special dietary needs due to the risk of choking. This information was located in the kitchen. However, this information was not always included in people's risk assessment as required.
- One person had a pressure sore and was cared for in bed. Their care record showed they needed to be repositioned every two hours to reduce the risk of further skin damage. However, records showed the person was not always repositioned at these intervals. On one occasion the person had not been repositioned for seven hours. This placed them at further risk of skin damage. The registered manager was unable to confirm whether the person had been repositioned or whether this was a recording issue.
- We observed fire doors were deficient in providing a seal to prevent the spread of fire. We observed smoke detection was not installed in some cupboards. The provider's fire risk assessment identified a number of deficiencies with fire safety equipment. However, there was no evidence of action taken to mitigate risks until these shortfalls were addressed. For example, there was no evidence that fire checks had been increased.

We shared our concerns with Staffordshire Fire Safety officer who carried out an inspection and confirmed our findings. This meant in the event of a fire, people's safety could be compromised.

- We observed torn flooring in one bedroom that could pose a tripping hazard. The registered manager told us they had requested new flooring. Also an ill fitted toilet seat placed people at risk of injury. In Kingston unit the carpet in the lounge area was rippled which placed people at risk of trips and falls.

### Using medicines safely

- Where medicines required cold storage, we found records of the refrigerator temperatures was not consistently monitored to ensure medicines were stored at temperatures identified by the pharmaceutical manufactures. For example, we observed gaps from 27 July 2022 to 14 September 2022, where no records were maintained of fridge temperatures. This meant any medicines stored in the fridge during this period may be unsuitable for use.
- One record showed a person had been prescribed 'when required' medicines. These medicines are

prescribed to be given only when needed. For example, for the treatment of constipation. Records did not provide staff with information about when one medicine should be administered. This placed the person at risk of not receiving treatment when needed.

#### Preventing and controlling infections

- The provider did not use effective infection, prevention and control measures to keep people safe. The provider did not have good arrangements for keeping premises clean and hygienic.
- We observed a shower chair in Kingston unit was unclean, rusty and cracked. The drain in the shower room was unclean with brown stains. This placed people at risk of contracting avoidable infections.
- Staff had access to enough personal protective equipment (PPE). However, we observed staff did not use PPE in line with national guidance. For example, we observed staff who provided personal care on the day of the inspection, were also in the kitchen handling food. We also identified a further two staff in the kitchen not wearing the appropriate blue aprons of which they acknowledged. These practices placed people at risk of consuming contaminated foods.

The ineffective management of risk, medicines and infection, prevention and control placed people at risk of potential harm. This is a breach of regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- There were not always enough staff on duty to ensure everyone had the opportunity to pursue their social interests within their local community.
- Staff told us people who were more abled bodied were more likely to have access to social activities within their local community because they did not require the level of support a person would need if they required the use of a wheelchair. A relative told us, "They don't go out much [Person's name] goes to the day centre once a week."
- Staff told us at times there had not been enough staff on duty. However, in recent months additional staff had been recruited and they were awaiting further numbers of staff to commence employment. A relative told us they were pleased to see additional staff had been recruited as existing staff always looked extremely busy.
- Another relative told us, "Staff visited [Person's name] whilst they were in hospital, they are really good, they go above and beyond their duties."
- Staff told us prior to their employment at the home, two references and disclosure barring service checks were carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person said, "My safe place is in my bedroom, if I am sad, I talk to my mum."
- We spoke with five relative who told us they felt their relatives were safe living in the home. One relative, told us, "[Person's name] always looks happy when we visit and we observe the way staff interact with other people."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- The registered manager told us about a recent safeguarding they had made to the local authority and actions taken to safeguard the individual.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The registered manager told us they had learnt the importance of keeping a family member up to date with regards to the wellbeing of their relative after receiving concerns about the lack of communication. Action was taken to ensure the relative was contacted on a weekly basis.
- The registered manager recognised the need for additional staff to ensure people were supported to live a lifestyle of their choice. Action had been taken to increase staffing levels. The registered manager told us staff recruitment was on going.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained requires improvement.

This meant people's needs were not always met.

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

- The provider told us staff had access to sufficient electronic devices to access information relating to people's care and support needs. However, one care staff told us they had never read any bodies care plan or risk assessment. This meant the care and support provided to people could be compromise.
- Support did not always focus on people's quality of life outcomes. Staff told us this was because there was not always enough staff on duty. Where people required additional support, their opportunities were limited.
- Staff spoke knowledgably about tailoring the level of support to individual's needs. However, one staff member told us about their frustration of not providing more opportunities and community presence due to staffing levels and some staff's complacency.
- Staff told us where possible people were involved in planning their care. A relative told us they were always invited to annual care reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- At the time of our inspection we found people did not have access to information in a format they could understand. The registered manager told us funds had recently been authorised to purchase a software to enable them to provide information in a suitable format to promote people's understanding.
- People's care records contained detailed information regarding effective communication and their preferred methods of communication, including the approach to use for different situations. Records also informed staff of phrases people used to indicate their needs.

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

- Staff told us people were not always able to pursue social activities within their local community and activities tended to take place within the activity centre located within the grounds.
- We observed people looking through magazines, photo albums, colouring and playing with building

blocks. We also saw some people being supported by staff to access social activities within their local community.

- Staff told us they had not received any training with regards to suitable activities for people who have a physical or sensory impairment.
- We received conflicting information. The provider told us all staff were provided with training in relation to learning disability and autism and the training matrix evidenced this. However, the staff we spoke with told us they had not received this training.
- People told us they were able to maintain contact with their family and friends.

Improving care quality in response to complaints or concerns

- A complaint procedure was displayed in the home. However, the registered manager acknowledged the procedure was not in a format people could understand. On the day of our visit the registered manager was unable to locate the pictorial complaints procedure. However, people told us if they were unhappy, they would share their concerns with their family member or the staff.
- Information received from the registered manager confirmed complaints were listened to and taken seriously. We found action had been taken to resolve concerns shared with the registered manager.
- Records showed all staff had received training in handling complaints. This should ensure all complaints are listened to and taken seriously.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The audit and compliance officer told us end of life training was mandatory for all staff. Training records showed 100% of staff had received this training. The registered manager was an end of life champion. They told us end of life is discussed with people and their relatives. Where needed relevant healthcare professionals would be involved in providing support to the person at the end of their life and to provide guidance to the staff team.

# 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 our last inspection we rated this key question requires improvement. At this inspection this key question has remained requires improvement.

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

- Governance processes were not entirely effective to ensure people received a quality service. Audits and quality monitoring systems did not ensure the environment was safe. For example, since our inspection visit, we have received confirmation from Staffordshire Fire Safety Department whereby they have identified deficiency with fire doors which could compromise safe evacuation in the event of a fire. The fire safety officer told us, prior to their inspection the provider had started to take action to remedy the concerns we had identified at our inspection.
- Monitoring systems did not identify areas in the shower room that required cleaning to reduce cross infection. Although, monitoring systems were in place for medicines that required cold storage. Where gaps on monitoring records were evident prompt action was not taken to address this. This compromised the effectiveness of medicines.
- Monitoring audits did not identify that not all risk assessments provided staff with information about how to avoid the person choking. Monitoring systems did not identify gaps in records where a person did not receive the appropriate support with repositioning, to maintain their skin integrity.

The lack of oversight of quality standards meant this was a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed routine servicing of fire extinguishers and other equipment such as hoist and slings to ensure they were suitable for use.
- Staff meetings were routinely carried out and staff told us their views and opinions were listened to and acted on.
- The registered manager had the knowledge and experience to perform their role and a clear understanding of people's needs. After our inspection visit, we spoke with the audit and compliance officer who understood compliance with regulatory and legislative requirements. Staff were aware of who was running the home and were complimentary of the management support they had received. One staff member told us, "The registered manager is pretty hot on things and will come to your aid when needed. They are brilliant, caring and professional. You can't fault them."

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

outcomes for people

- The registered manager demonstrated a good understanding of each person's needs. However, there were not always enough staff on duty for people's individuality and their rights to be protected. The registered manager assured us additional staff had recently been recruited to ensure people's needs would be met.
- Management were visible in the service, approachable and took a genuine interest in what people and staff had to say.

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 was aware of their responsibility with regards to the duty of candour.

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

- Staff encouraged people to be involved in the development of the service. For example, people wanted to refurbish a shed located within the grounds into a 'snack shack' and the registered manager and the staff team supported people to do this.
- Meetings were carried out with the staff team. A staff member told us, "We do have a voice, we asked for a shower room in Kingston unit and this was put in place."

Continuous learning and improving care

- Staff were aware of the need to improve the service delivery. A staff member told us about the lack of opportunities provided to people. They said, "We should be doing so much more for people. We need more trained staff."

Working in partnership with others

- People were supported by staff to access relevant healthcare services when needed.
- Learning disability network meetings were routinely carried out. This was to support the provider to have access to relevant services to ensure people's assessed needs were met.