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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection visit took place on the 24 August 2016 and was unannounced. At the last inspection on 19 October 2015, the service was rated as Requires Improvement. We asked the provider to make improvements to ensure that where people lacked capacity, any decisions made on their behalf were made in their best interest and in accordance with the legal requirements. Improvements were also needed to ensure the systems used to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvements. The provider sent us an action plan which said that the legal requirements would be met by 31 January 2016. At this inspection visit we found that some progress had been made, but further improvements were still required. We also found improvements were needed in the systems used to calculate staffing levels and the management of medicines.

Highfield Hall provides accommodation and personal care for up to 21 people with learning disabilities. The service is provided in three units which comprise Abbey, Kingston and the main Hall. One the day of our inspection visit, 20 people were living at the home.

There had not been a registered manager at the service since February 2016. There was an acting manager who had been covering the registered manager's absence but they had not yet registered with us. 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.

The provider had made some improvements to show that where people lacked the capacity to make certain decisions and where people were being restricted to keep them safe, this was in their best interests and followed the legal requirements. However, further work was needed to demonstrate that people's rights were consistently being upheld.

The provider had made some improvements in the systems used to assess and monitor the quality and safety of the service, but further action was needed to ensure shortfalls were consistently identified to bring about the required changes.

At times, we saw that staff were busy with housekeeping tasks and did not always have time to interact with people. We have made a recommendation about the way staffing levels are calculated and deployed by the provider. Staff received training to gain the skills and knowledge to meet people's needs but did not always feel supported in their role because the acting manager was not always accessible to them.

People received their medicines as needed but improvements were needed to ensure that the administration of topical creams was accurately recorded.

Staff had caring relationships with people, respected their individuality and promoted their privacy and dignity. People were encouraged to be as independent as they wanted to be and had opportunities to follow their hobbies and interests and engage in activities both inside and outside of the home. People were supported to have food and drink which met their individual needs and preferences. Staff supported people to access other health professionals to maintain good health.

People and their relatives were asked for their feedback on the service and the provider made improvements where needed. There was an accessible complaints procedure and people were supported to raise any concerns or complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider did not have an effective system to ensure there were enough staff available to meet people's needs at all times. Risks to people were identified and managed and staff understood their responsibilities to keep people safe and protect them from abuse. The provider followed recruitment procedures to ensure staff were suitable to work with people. People received their medicines when needed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider had made some improvements but further action was needed to demonstrate they were fully meeting the requirements of the Mental Capacity Act 2005. Staff received effective training to gain the skills and knowledge to meet people's individual needs. People were supported to eat and drink sufficient amounts and to access the support of other health professionals to maintain good health.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and promoted their privacy and dignity. Staff understood people's communication needs and supported them to express their views and make decisions about their daily routine. Relatives told us they could visit whenever they liked and people were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and provided support that met their individual preferences. People had opportunities to follow their interests and take part in activities both in and outside the home.

The complaints procedure was accessible and people and their relatives felt able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Some improvements had been made to the systems used to assess and monitor the quality and safety of the service but further action was needed to ensure shortfalls were consistently identified and the required changes made. There was no registered manager at the service. Staff told us they did not always feel supported in their role because the acting manager was not always accessible to them. Improvements were needed to ensure the administration of people's topical creams was accurately recorded. People's views were listened to and taken into account.

Highfield Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 visit took place on the 24 August 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service and the provider. On this occasion we had not asked the provider to complete 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. However, we gave the provider the opportunity to give us any information they felt was relevant.

Some of the people living at the service were not able to give us their views so we telephoned three people's relatives. We also spoke with five members of the care staff and the acting manager and spent time in the communal areas observing how the staff interacted with the people who used the service. We did this to gain views about the care and to ensure that the required standards were being met.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks and staff recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

People who could tell us their views and relatives we spoke with felt that at times there were not enough staff available to meet people's needs. One person told us, "There should be more staff, I do go out but all of the others should be able to go out too". One relative told us, "Sometimes it's fine but other times they could do with one or two more staff". Another said, "People should have more help, they need more staff". We spent time observing care in the communal areas and whilst we did not see people waiting for support, we saw that at times staff were very busy with cleaning and meal preparation tasks and did not always have the opportunity to interact with people. One member of staff told us, "You can be run off your feet sometimes with cooking and cleaning. We all feel we should be spending more time with people". The acting manager told us staffing levels were set by the provider based on people's assessed needs but there was no formal method of calculating the levels of staffing in line with the needs of people using the service. This meant staffing levels were not being consistently monitored to ensure they were sufficient to meet people's needs at all times. For example, staff told us that there should be two members of staff on Abbey unit as one person needed the support of two staff to mobilise. Staff rotas showed that staffing levels were not varied to plan for occasions when a member of staff had to leave the home, for example to accompany a person to a health appointment which left the unit short staffed for part of the afternoon. A member of staff told us, "I have to call for help if [Name of person] needs assistance, and there can be a delay if staff at the main Hall are busy". We recommend the service review their staffing levels against people's individual needs to ensure there are sufficient staff at all times.

Staff told us and records confirmed the acting manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I couldn't start work until my DBS was cleared, it took two months because of delays". This showed the provider assured themselves that staff were suitable to work in a caring environment.

We saw that risks to people's safety were assessed and where risks had been identified, management plans were in place to minimise the risks. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. For example, staff told us how they repositioned a person who was cared for in bed every two hours to prevent pressure damage to their skin. One member of staff told us, "The physiotherapist has shown us what to do and how to use the slide sheet to reposition them". We saw that this was documented in the person's care plan. Personal evacuation plans were also in place, setting out the support people needed in the event of an emergency. This showed that staff had the information they needed to keep people safe from avoidable harm.

Relatives we spoke told us their relation received their medicines as prescribed. A relative said, "If I'm there, they [the staff] knock on the door and say [Name of person], it's meds time' they're really good with that. They always give me the meds to take home with me when [Name of person] comes home for the weekend". Staff who administered medicines were trained to do so and had their competence checked by the acting manager to ensure people received their medicines safely. Staff understood people's individual needs and

followed the professional guidance provided for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine.

People who could give us their views told us they felt safe living at the home. One person told us, "Yes I feel safe". We saw that people looked comfortable in the company of staff and relatives we spoke were confident that their relatives were safe and well cared for. One relative said, "'[Name of person] has been here for years now since it opened. They don't say anything, but I would know if there was anything the matter". Another told us, "Yes, I think [Name of person] does feel safe with staff". Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse and understood their responsibility to report anything disclosed to them. One member of staff told us, "We look for physical signs, for example bruises and listen to people for anything they might disclose. If there is anything at all that concerns me, I would report it to my care team leader or the manager and I know they would take it seriously". Staff told us and we saw that information was available in the office on how to report their concerns externally if they needed to. Staff were aware of the whistleblowing policy, which is a process that supports staff to report any concerns they may have about poor practice. Discussions with the manager showed they understood their responsibilities to refer any concerns to the local safeguarding team and co-operate with any investigations, to ensure people were protected from the risk of abuse.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure that the provider followed the requirements of the Mental Capacity Act 2005 (MCA) which 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the last inspection, we found that where people lacked the capacity to make certain decisions, the assessments carried out by the acting manager were not always decision specific .

At this inspection, we found that some improvements had been made but further action was needed to ensure the provider was fully meeting the requirements of the Act. Where people lacked the capacity to make certain decisions, the acting manager had replaced some of the generic mental capacity assessments with decision specific assessments and had documented how the decision had been made in the person's best interest. We saw that the acting manager was working through all the care records to ensure they demonstrated that people's rights were being upheld.

Staff we spoke with knew about people's individual capacity to make decisions and understood their responsibility to support people to make their own decisions whenever possible. One member of staff told us, "We always offer choices. Some people can choose from pictures and others can tell you, for example if we get clothes out of the wardrobe, they tell us to put things back if they don't want to wear them". Another member of staff told us, "I always explain to people what I need to do for them and if they refuse, I would go away and perhaps go back to them again later, to see if they have changed their mind". This showed staff understood the importance of gaining people's consent.

At the last inspection, the acting manager told us some people using the service were being restricted within the home's environment in their best interests. 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 under the Deprivation of Liberty Safeguards (DoLS). We found that the manager had made 12 applications to the local supervisory body and was working through applications for the remaining people who were potentially being restricted in their best interests to keep them safe. This showed the acting manager understood their responsibilities to comply with the legislation.

Relatives we spoke with were happy with the care the staff provided. One relative said, "I'm very pleased with them, they make sure things go as they should". Another said, "Staff are wonderful". Staff told us they received and induction and ongoing training and support to enable them to meet people's needs. One member of staff told us, "I wasn't new to care but had less experience of working with younger adults and the training helped me to understand my role and people's individual needs. We are updated when things change. I'm okay with everything but can ask for more training if I need it". Staff told us they had an annual

appraisal and met with the acting manager every three months, which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs. We saw an ongoing training plan in place which showed staff received training in areas that were relevant to the needs of people in the home.

The acting manager told us that the provider had their own induction programme in place for new staff. This was kept under review to ensure it was comparable to the Care Certificate, a nationally recognised set of standards which supports staff to achieve the skills needed to work in health and social care.

People were supported to have enough to eat and drink to maintain their health. One person told us the food was well cooked and they had choice about their meals, "I can say if I don't like something". Staff told us and we saw that the person was having an alternative meal because pasta was on the menu. Relatives we spoke with told us the food was good quality and their relations were offered choice. One relative told us, "They have some really nice food; it always smells lovely". Another said, "I have no complaints there, [Name of person]is always telling me what they'd had to eat". We saw that the lunchtime meal was a sociable event and people were encouraged to tidy up after themselves and take their plates into the kitchen when they had finished eating. People's dietary needs had been assessed and where risks were identified, specialist advice was sought. For example, one person's food was cut up to avoid the risk of choking. We saw that people were offered drinks throughout the day and a tuck-shop was available on a weekly basis for sweets and snacks. A relative told us, "[Name of person] wouldn't ask for a drink, staff have to encourage them. There are snacks available but with [Name of person] not moving about much, staff watch their weight and I'm happy with that". We saw that staff monitored people's weight where needed and encouraged them to follow a healthy diet.

People were supported to access other health professionals to maintain their day to day health needs. A relative told us, "I know they take [Name of person] into the doctors and let me know if they weren't well". Staff told us people were supported to see their GP or the community nurse when needed. We saw that one person had been supported to attend their annual health check appointment on the day of our inspection. Records confirmed that people were supported to see the GP, dentist and optician, and attend hospital appointments as required.

Good

Is the service caring?

Our findings

People who were able to give us their views told us they liked living at the home and that the staff looked after them well. One person told us, "I'm happy here". Relatives we spoke with told us the staff were kind and caring and had good relationships with people. One relative said, "All the staff are caring, but [Name of person] has their favourites and if [Name of person] is having an off day will only want them". Another told us, "Yes the staff are caring, very much so and [Name of person] has got favourites". We saw people were at ease with the staff and heard friendly banter and laughter throughout our inspection visit. Staff told us they valued the relationships they had with people. One member of staff said, "I love my job, this is like my extended family". Staff understood people's individual communication needs and used their knowledge to help people express their views. For example, one member of staff told us, "If [Name of person] wants to go somewhere, they'll link arms with you, and if they don't, they sometimes pinch you. We all know everybody so well".

Staff told us people made decisions about their daily routine, for example what time they got up and settled for bed. We saw that one person had chosen to have a lie in and was still in their nightwear at lunchtime. A member of staff told us, "[Name of person] is having a duvet day today". We heard staff offering people choice, for example about what they wanted to have for their lunch and what they wanted to do that day. Staff told us how they promoted people's independence. One person had a mobility scooter which helped them to move freely around the grounds. A member of staff told us they went to the provider's other home in the grounds to collect their money, or to the bank with a member of staff, "They are capable but sometimes unwilling and we have to encourage them to go". Another member of staff told us, "I make sure I encourage people to do things themselves, for example with personal care. Some people are more self-sufficient and like to do most things for themselves, they just need prompting a little". This showed staff made sure people were involved in their own care.

Staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and waited to be asked in before entering. A member of staff told us, "I always make sure the door is closed and people are covered with a towel when I'm supporting them with personal care". At lunchtime, staff supported people to maintain their appearance by encouraging them to wipe their hands and faces after eating which showed that staff have concern for people's wellbeing.

Relatives told us they could visit whenever they liked and felt involved in their family member's care. A relative told us it was no problem to visit in the evening, "Once it was 9pm so we phoned and asked if was alright, they said, 'Yes of course, [Name of person] is still up'". Some people went home for the weekend and staff supported people to have occasional home visits if their relatives were too unwell to visit. A relative told us, "They [staff] bring [Name of person] here on Friday and take them him back on the Monday because I can't come myself as it's too difficult. It was their idea to bring them him here when I was too ill at one time, I'm very pleased with the situation". People's birthdays were celebrated with gifts and parties. One relative told us, "It was [Name of person's] birthday the other week and I was going to bring a chocolate cake but I burnt it. The staff said 'Don't worry about that, we've already got one for them". Staff we spoke with told us

they enjoyed working at the home and it was important that people had a good quality of life. One member of staff told us, "It's rewarding when I can see everyone is happy when I go home".

Good

Is the service responsive?

Our findings

People told us the staff supported them to follow their interests and take part in activities they enjoyed. One person told us, "I go to college, go walking and sing in the choir on Fridays, we start again in September". Another told us they loved any kind of sport and went to the local leisure centre. They told us they had enjoyed watching the Olympics on TV, "Mo Farrah is my favourite". People told us they went on outings, for example they had recently been on a canal barge and to see an outdoor Shakespeare play. One person told us they helped with the garden and showed us the tomato plants and sunflowers they were growing. Relatives we spoke with told us the staff knew people's individual preferences and supported them to take part in activities both in the home and in the local community. One relative told us, "[Name of person] does all sorts, they go to college to go on the computer and go swimming and horse riding; the staff know what they like doing". Another said, "They go outside for walks or to the on-site activity centre where they can do colouring and jigsaws". We saw that most people were looking forward to attending the weekly community club which took place in the nearby town. Staff told us that people had choice over how they spent their time and some people stayed at their unit or accessed the on-site activity centre, for example to use the computer or do handicrafts. The acting manager had recently introduced a log where staff recorded people's activities and told us these would be reviewed on a monthly basis to ensure people's individual preferences were being met.

Staff knew people well and treated them as individuals, for example people were encouraged to furnish and decorate their rooms to reflect their personal taste and style. Two people showed us their bedrooms which had items they collected and personal photographs on display. One person had made a ceramic door sign with their name which they had made at their art class. We saw that people's care plans were personalised and were in a pictorial format to assist people to understand the content. We saw they took into account people's individual abilities, for example one person needed support to choose appropriate clothing. There was a keyworker system in place and people who could tell us their views knew which member of staff they went to if they had any worries. We saw that care plans were regularly reviewed and updated if any changes had been identified. People's relatives were invited to be involved in the planning and review of people's care where appropriate. Staff kept daily records about people which documented the support people had received and any concerns that had been noted during the day This information was shared during shift handover which meant incoming staff received information to update them about people's needs.

There was a complaints procedure in place and people were supported to raise any concerns or complaints they had. A relative told us their relation had been upset about another resident, "The acting manager spoke with them about it and put them at ease". Relatives we spoke with told us they felt able to raise any concerns or complaints with the staff or acting manager. One told us, "I've not really had complaints, but if I've said something they will see to it, they don't ignore it". Another told us, "If I had any concerns, I'd ring the home, but everything's alright". Records showed there had been no complaints received by the service since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, we asked the provider to make improvements to ensure the systems used to assess and monitor the quality and safety of the service were effective in identifying shortfalls and driving improvements. At this inspection, we found that the required improvements had been made to the monitoring of accidents and incidents to minimise the risk of reoccurrence. Records showed that when advice had been sought, for example from the physiotherapist or occupational therapist, the acting manager checked that risk assessments and risk management plans had been updated to reflect this. This ensured staff had the up to date information they needed to keep people safe.

At the last inspection, we found that checks to ensure the environment was safe for people were not always effective. At this inspection, we saw that the provider had replaced a leaking bath but improvements were still needed to ensure the checks carried out were consistently effective in identifying shortfalls to ensure improvements could be made. There was a repairs log in place which recorded any faults or concerns with equipment and fixtures and fittings. However, the acting manager did not monitor this and we found that some repairs had not been completed, for example, a broken bed headboard had been left in the bathroom awaiting repair. We also found staff did not always log repairs, for example they had not logged that the sofa was badly ripped and needed replacing. The acting manager did not have a maintenance plan in place to ensure that all required improvements were identified and prioritised accordingly. The acting manager told us some improvements were in the pipeline such as a new wet room and access between the Hall and Abbey unit but areas such as windows had not been scheduled for replacement.

We observed that some areas of the home were not as clean as they could be and there were odours in some areas. For example, the seats in the communal areas were not clean and felt sticky, and one person's room smelt strongly. A relative told us they had spoken to the acting manager about their relation's room, "Cleaning is a bit hit and miss, [Name of person's] room has been really smelly but it's improved since I mentioned it". We saw staff completed cleaning schedules to confirm completion of required tasks but these were not monitored by the acting manager. The acting manager told us they would introduce a system of spot checks to ensure the environment was clean and prevented against the risk of acquired infection.

At the last inspection, the provider had recruited an acting manager to cover the registered manager's absence and following their resignation, there had not been a registered manager since February 2016. Staff we spoke with told us the acting manager was approachable but they could not always speak to them because they were not based at the home and there had not been a staff meeting since January. One member of staff told us, "We can contact the manager at the other home but they are busy and can't always come over straight away. We have team leaders but they can't always give staff the support they need, especially new staff". The acting manager told us they would be registering at the service and had been working closely with one of the team leaders to enable them to take on a more senior role and provide additional support for staff. They told us they would be having team meetings every two months to ensure staff could discuss their concerns. We saw that the acting manager had displayed the home's rating as

required and our records showed they notified us of any important incidents that occurred in the service in accordance with the requirements of their registration. This meant we could check that appropriate action had been taken.

The manager carried out checks on the medicine administration records to ensure that people received their medicines as prescribed. However, these checks had not identified some gaps in the recording of the administration of topical creams, which meant the acting manager could not be sure they were being applied as prescribed. We discussed this with the acting manager who told us they would ensure staff were reminded of the need to record the application of creams.

People and their relatives were invited to give their feedback on the service in a variety of ways, including residents meetings, an annual satisfaction survey, which was produced in an easy read format. The 2016 survey had not yet been sent out but the results of the 2015 survey had been positive. We saw that people's feedback had been acted on, for example people had asked for exercise that was suitable for people in wheelchairs and an activities person now came to the home on a weekly basis to do gentle exercise. The acting manager told us people and their relatives had given positive feedback about the open day held in May 2016 .This had raised funds for activities, and would be spent on day trips and equipment.