

City Health Care Partnership CIC Highfield Resource Centre

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Good 
Is the service well-led?	Requires Improvement 



Summary of findings

Overall summary

About the service

Highfield Resource Centre is a residential care home providing personal care and a rehabilitation service to 37 people at the time of the inspection. The service can support up to 38 people. The rehabilitation therapy service is to prevent hospital admissions and facilitate early discharges. A multi-disciplinary team provides care, nursing and medical support.

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

The quality assurance system was not consistently effective in identifying cleaning/domestic issues and in ensuring maintenance in specific areas was completed in a timely way. People were not placed at risk of harm because of this. However, we have made recommendations in safe and well-led key questions for the provider to enhance domestic schedules/arrangements, improve monitoring systems and review the timeliness of maintenance work.

People were supported in a safe environment and were protected from the risk of abuse and harm. Staff knew how to raise concerns and assessments of risk were completed and updated when required. There was enough staff on duty, and they were recruited safely. People received their medicines safely as prescribed. They were supported to regain their independence in managing their own medicines when assessed as able to do so safely.

The service had systems in place to prepare for and manage outbreaks of COVID-19.

The culture of the organisation was open and transparent with meetings and other avenues available to ensure staff could make suggestions and raise issues. They responded to concerns quickly and had good systems in place to investigate complaints so lessons could be learned, and practice improved. People were involved and consulted in their assessments and personalised therapy plans to enable them to regain previous skills and return home when possible. There was good partnership working within the service and with external professionals.

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 good (published 21 April 2018).

Why we inspected

We undertook this targeted inspection to look 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.

We found there was a concern with domestic cleaning practices and schedules, so we widened the scope of the inspection to become a focused inspection, which included all elements of key questions Safe and Well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements in one key question. Please see the Well-led section of this full report.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Highfield Resource Centre

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.

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

The inspection team consisted of one inspector on the first day and two inspectors for the second day.

Service and service type

Highfield Resource Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because the initial focus was to be assured the service was prepared for the prevention or management of an infection outbreak. We informed the service we would return for a second day to look more closely at the key questions of Safe and Well-led.

What we did before the 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.

Instead, we asked to see a range of information such as infection prevention and control (IPC) policies and procedures, staff training records in IPC and business continuity plans. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with twelve members of staff in total. These included the registered manager, operations manager, two care leaders, two health care assistants and two care workers. We spoke with members of the therapy team including two nurses, an occupational therapy team leader and a therapy technician instructor.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed. We completed a tour of the environment.

After the inspection

We continued to seek clarification from the provider to validate evidence found, and we looked at training records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- There were some areas of the service that required more attention regarding domestic tasks and maintenance.

We recommend the provider review cleaning schedules and the timetable for maintenance and keep these under review.

In the short space of time between the first and second day of the inspection, the provider had acted swiftly to rectify a lot of the issues found during the initial inspection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- Staff received safeguarding training and had policies and procedures to guide them.
- Staff understood safeguarding principles and were knowledgeable about reporting and referral systems.

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

- People had their needs assessed before admission. Any risk issues were identified as part of people's ongoing assessment, steps were taken to minimise them, and these were kept under review.
- Staff had access to the computerised recording system for information about assessments and care plans. They also received shift handovers and had daily meetings to discuss specific risk issues such as falls.
- Accidents and incidents were monitored to ensure lessons could be learned and to improve practice.

Staffing and recruitment

- The provider had a safe recruitment system. This included employment checks and an induction before staff started to work in the service.

- There was always enough staff of different skill levels on duty to meet people's needs.
- People received treatment from a range of therapy staff as part of the reablement service.
- There were very positive comments from people about the care and support they received. These included, "All in all, I couldn't have better attention" and "The carers and therapists have been lovely; I feel safe with them." There were multiple letters of praise from relatives regarding the care, love and attention they had witnessed given to their family member.

Using medicines safely

- The provider had safe and well-organised systems for the management of medicines. This system was overseen by the provider's pharmacy team.
- People received their medicines as prescribed. Those who were assessed as able to self-medicate were supported to do so, to help maintain existing skills.
- Staff who administered medicines had completed training and had their competence assessed.

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 good. At this inspection, this key question has now deteriorated to 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; Continuous learning and improving care

- The provider had a quality assurance system that included checks, audits and senior management oversight. However, we found areas of the service such as storerooms, cupboards, combined sluice/laundry and communal shower/bathrooms that required more attention regards cleaning. The cleaning schedules and domestic practices required monitoring. There were some areas of the service that had been identified on previous audits as requiring maintenance, but these had not been addressed.

We recommend the provider reviews the quality assurance arrangements for the environment to ensure they are applied consistently and are effective in identifying and addressing shortfalls in a timely manner.

In the short space of time between the first and second day of the inspection, the provider had acted swiftly to consult with their estates manager and internal domestic staff. They put in place revised monitoring systems for cleaning tasks. The two sluice/laundry rooms had been cleaned; one of them had maintenance work carried out and had been redecorated. Other maintenance work and decoration was under review.

- Other audits were completed in a range of areas such as medicines management, health and safety, record keeping, catering practices and staff training. Action plans were produced, and progress monitored in order to make improvements.
- The Care Quality Commission received notifications in a timely way when accidents or incidents occurred that affected the welfare of people.

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

- The service included and empowered people. For example, people were involved in their assessments, care plans and therapy arrangements. They could, when assessed as able, take control of managing their medicines administration.
- The way the service was organised meant care and therapy staff worked together, each contributing to ensuring people were supported in gaining previous skills or acquiring new ones.
- Staff were able to raise concerns and make suggestions. They were supported by a range of mechanisms which included day to day management support, supervision and training.
- There were arrangements for working in partnership with other health and social care professionals such

as virtual consultations, multi-disciplinary meetings and care reviews.

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 provider and registered manager were aware of the need to be open and honest when investigating incidents or complaints.
- Any investigations were completed thoroughly, and findings shared with relevant people and organisations.

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

- People confirmed staff spent time talking to them, asked for their views, and were helpful and attentive. The service had devices to assist people to maintain visual contact with their relatives. Staff also supported people to make phone calls and assisted them when visits to the service took place.
- Staff attended meetings (larger staff meetings were held electronically) and were included in discussions and daily handovers to exchange important information. Records of meetings were completed to ensure those unable to attend had access to the discussions. The provider had effective communication systems within the organisation and internally in the service.