Rushcliffe Care Limited

Highfield Hall

Inspection report

Stafford Road
Uttoxeter
ST14 8QA
Tel: 01889 568057
Website: www.rushcliffecare.co.uk

Date of inspection visit: 19 October 2015
Date of publication: 30/11/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 19 October 2015 and was unannounced. At the last inspection on 16 July 2014 we found that the provider was not meeting the standards of care we expect. We asked the provider to make improvements because we had concerns that people were not being supported and encouraged to be as independent as possible. The provider sent us an action plan and told us they would make the improvements by January 2015. At this inspection we found that some improvements had been made but further improvements were still required.

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

The provider had recruited an acting manager to cover the absence of the registered manager, who had not been working at the service since May 2015. 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'.

Summary of findings

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 acting manager had worked at the home as a registered manager before. We refer to them as the acting manager in the report.

At the last inspection, we found that people did not always have choice and their independence was not always promoted. At this inspection we saw that most people were able to have choice over how they spent their day and staff supported people to be as independent as possible.

At the last inspection, we found that people were not always offered choices of food and drink that met their preferences. At this inspection we saw that people were offered choice in a variety of ways to ensure they had food and drink that met their preferences. People told us they enjoyed the food at the home and we saw mealtimes were an enjoyable, sociable experience. People had enough to eat and drink to maintain good health and were referred to other healthcare professionals to maintain their health and wellbeing

We found that improvements were needed to ensure where people lacked capacity, decisions were made in their best interests.

Systems were in place to monitor the quality and safety of the service. However, these were not always effective because the acting manager did not always check to ensure that identified actions had been taken.

Improvements were needed to ensure the home environment was safe for people. There were no suitable arrangements to ensure staff had the information they needed to keep people safe in the event of an emergency, such as a fire.

We saw there were enough staff on duty to support people and the provider had systems in place to monitor staffing levels to ensure they met people's needs. Staff knew how to protect people against the risk of abuse and followed plans to manage identified risks to people's health and wellbeing. Medicines were managed safely and in accordance with good practice.

The provider followed recruitment procedures that ensured staff were suitable to provide care to people. Staff received training and support to meet the needs of people living at the home.

Staff had caring relationships with people and encouraged them to keep in touch with people that mattered to them. Staff respected people's privacy and dignity and promoted their independence. People felt able to raise any concerns with the staff and any complaints raised at the home were investigated and responded to appropriately. The provider sought feedback from people and their relatives and used this to make improvements to the service where necessary.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

Risks to people's health and wellbeing were managed and reviewed and staff followed the plans in place to keep people same from avoidable harm. Staff were aware of their responsibilities to protect people from abuse. There were enough staff on duty to support people and the provider reviewed staffing levels to ensure they met people's needs. The provider followed recruitment procedures to ensure staff were suitable to work with the people living at the home. Medicines were managed safely and in accordance with good practice.

Good

Is the service effective?
The service was not consistently effective.

Staff did not always follow the legal requirements to ensure the rights of some people who were unable to make decisions about their care were protected. Staff received training and support to meet people's needs effectively. People had sufficient to eat and drink to meet their nutritional needs and preferences and had their healthcare needs met.

Requires improvement

Is the service caring?
The service was caring.

Staff knew people well and had caring relationships with them. People were offered choice and were able to make decisions about their daily routine. People's privacy was respected and staff encouraged people to maintain their appearance to promote their dignity.

Good

Is the service responsive?
The service was responsive.

People received support that met their preferences. Staff knew people's likes and dislikes and supported them to be as independent as possible. People were able to raise any concerns with staff and complaints were investigated and responded to in a timely manner.

Good

Is the service well-led?
The service was not consistently well led.

The systems in place to monitor and improve the quality of care were not always effective. Improvements were needed to the home environment and there were no plans in place to keep people safe in the event of an emergency. The provider had kept us informed about the registered manager's absence and had recruited an acting manager to cover their absence. Staff felt supported by the acting manager.

Requires improvement

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 took place on 19 October 2015 and was unannounced. Our 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 checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information of concern about staffing levels and how people who presented behaviour that challenged were supported. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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 offered the provider the opportunity to share information they felt relevant with us.

We spoke with six people who lived at the home and contacted three relatives by telephone. We spoke with four members of care staff, two activities co-ordinators, and the acting manager. We did this to gain views about the care and to ensure that the required standards were being met. To help us understand people's experiences we observed care and support being delivered in communal areas and saw how people were supported with their meals.

We looked at three people's care records to see how their care and support was planned and delivered. Some people were not able to give us their views in detail because of their complex needs. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three staff files to ensure that suitable recruitment procedures were in place. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the manager and provider undertook to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

People's relatives told us they were confident that their relations were safe. One relative told us, [Name of person] has been at the service for a long time without incident and that speaks for itself. The longer [Name of person] is there, the more reassured I am of their safety". Another said, "[Name of person] is very safe". A third told us, "[Name of person] telephones every day and I would soon know if something wasn't right". We saw that people were protected from the risk of abuse because staff told us how they would recognise and report any concerns. One member of staff told us, "We look out for anything and everything, we are here to keep people safe". Another said, "I would go straight to the manager if I had any concerns". Staff had procedures to follow to ensure concerns were appropriately reported to the acting manager and local safeguarding team.

We saw that risks to people's safety and wellbeing were assessed, managed and reviewed to promote their safety. For example, staff were aware that one person was at risk of choking and at lunchtime they made sure their food was cut up small to minimise the risk. We saw that staff followed the risk assessments to ensure that identified risks were minimised.

People's relatives told us they thought there were enough staff to support their relations. One relative told us, [Name of person] has never complained and they would tell me if there were problems". Another told us there were enough staff to support their relative out for walks regularly. We spent time observing care in the communal areas of the home and saw there were enough staff to respond promptly to people's requests for assistance. We saw that staff responded in a calm and unrushed manner when people displayed behaviour that challenged. For example, a member of staff responded promptly when a person's behaviour and tone of voice challenged others. They calmly stopped what they were doing, asked another member of staff to take over and gently redirected the person's attention by asking them about their lunch and what else they were doing that day.

Staff told us there were usually enough staff to meet people's needs and levels were varied to reflect the daily routine at the home. Records confirmed that more staff were on duty on the days people required support to attend college. The acting manager told us that staffing levels were set and reviewed by senior management and staff were allocated based on the number of people in each unit and their dependency levels. This meant arrangements were in place to ensure staffing levels were flexible and sufficient to meet people's individual needs.

Staff told us and records confirmed that references were followed up and a DBS check was carried out before staff started work. The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed the necessary procedures to demonstrate staff were suitable to work in a caring environment.

We saw that medicines were stored and administered correctly. Staff who administered medicines were trained to do so and had their competence checked to ensure people received their medicines safely. Medicine administration records showed that people received their medicines as prescribed. Staff understood people's individual needs and followed the guidance in place for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine.

Requires improvement

Is the service effective?

Our findings

At our last inspection, we found that people were not always offered choices of food and drink that met their preferences and we asked the provider to make improvements. At this inspection, we saw staff offered people choice over their meals by bringing items to their tables to choose from. We saw staff used Makaton to help a person to choose between egg and chips and fish and chips for their evening meal. Makaton is a language using signs and symbols to help people to communicate.

People told us they enjoyed the food and we saw that people were supported to eat and drink enough to maintain good health. One person's relative told us, [Name of person] is a very fussy eater and if they didn't like the food or have enough of it, they would complain to staff and tell me". Another relative said, "[Name of person] often tells me how good the food it". Specialist aids were provided to help people maintain their independence with eating and drinking and where appropriate, staff assisted people to eat. We observed that mealtimes were a relaxed and sociable experience for people.

People had their nutritional needs assessed and met. For example, staff told us about people who had thickeners in their drinks due to swallowing difficulties and we saw this was detailed in their care plans. Where risks to people's nutrition had been identified, staff weighed people regularly to identify any patterns of weight loss or gain and advice was sought from professionals where appropriate. This meant these people were supported to maintain a healthy lifestyle.

Some people living at the home were unable to make certain decisions about their care. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interest when they lack sufficient capacity to do this for themselves. Although staff we spoke with understood how people who lacked capacity should be helped to make decisions about their care and support, we saw that the assessments they completed to assess people's capacity did not always follow the legal guidance. For example, the assessments were not always decision specific. We saw that where people had been identified as lacking the capacity to make decisions for themselves, a generic assessment had been carried out to assess if they could make decisions about their personal care, healthcare and finances . However, there was no evidence that staff had gone on to make any decisions in these areas that were in the person's best interest. This meant these people could not be assured that their rights to make decisions about their care were being upheld in accordance with the MCA. The acting manager had recognised this shortfall and told us they would be reviewing all the assessments to ensure they met the legal guidance.

The acting manager had also recognised that some people using the service were being restricted within the home's environment in their best interests. For example, they told us that one person was not safe to leave the home without the support of staff. The manager told us they would be making referrals to ensure that people were lawfully restricted. We will follow this up at our next inspection.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us how they supported people to make decisions about their daily routine. One member of staff told us, "It depends on when you ask [Name of person], their ability to make decisions changes throughout the day". We saw staff offering people choice over how what they had to eat and what activities they wanted to do. This showed staff recognised the importance of offering people consent.

Relatives we spoke with told us staff worked hard to ensure their relatives received good care. One relative told us, "They do a good job, I can't fault them". Another told us, "I am very confident that staff are able to meet my relation's needs". We saw that staff understood the needs of people they were supporting. Staff told us and records confirmed they received a range of training in areas which were relevant to the needs of the people they were supporting. One member of staff told us, "I've received training in supporting people with learning disabilities and recently went on a course about dementia which has given me more understanding and helped me support a person who is living with dementia here ". Staff were also supported to achieve a nationally recognised qualification in care which ensured they had the skills and knowledge to support people effectively.

Staff told us and records showed that staff received an induction and ongoing training and support to enable them to carry out their role effectively. Staff told us they received training in skills such as safe moving and handling

Requires improvement

Is the service effective?

to ensure they knew how to provide people's care correctly and we observed staff supporting people in a safe manner. Staff told us they had shadowed another member of staff until they were deemed ready to work independently.

Staff told us they felt supported to fulfil their role and received supervision every six months which gave them the opportunity to raise any concerns and receive feedback on their performance. The acting manager had a programme in place to ensure staff continued to receive supervision in the absence of the registered manager.

We saw that people had their day to day health needs met and were supported to maintain good health. Relatives we spoke with had no concerns and felt confident that their relation would receive prompt medical attention if they became ill. A member of staff told us about a person who had an appointment to be fitted for a replacement hearing aid and we saw that one person had been referred to the dentist. People's care plans recorded visits from the GP and other health professionals including the speech and language therapist and optician. This showed people were supported to have access to healthcare services when their needs changed.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and were happy living at the home. One person told us, “It’s okay living here, I like the staff”. Another person said, “The staff are good to me”. One person’s relative told us, “[Name of person] is very happy living at the home and there’s never a problem with them going back after having a weekend at home”. We saw that staff were caring and had positive relationships with people. A member of staff told us, “I know everybody so well, it’s great working here”. Staff knew people’s likes and dislikes and what was important to them and used their knowledge to communicate effectively with people. For example, we saw one person was pointing to the floor and trying to attract our attention. Staff told us the person had new shoes on and they acknowledged this to them.

Relatives told us they were able to visit the home any time they wished and people were encouraged to keep in touch with their families through regular phone calls and home visits. One relative told us, “I telephone every day and [Name of person] has just been home this weekend”. People’s relatives told us were kept informed when anything changed. One relative told us, “I like to be sure [Name of person] is well cared for. I would soon be onto them if they didn’t keep me up to date with things”.

Relatives told us they received information about their relatives care when they needed it. One told us, “I’m always well attended to if I ask any questions”. Another told us they were kept informed and involved when their relation needed hospital treatment for a minor injury. Staff had telephoned the relative whilst they were at the hospital so they could speak to the person to reassure them.

Staff supported people to be as independent as possible. We saw people moved freely within their unit and some spent time in the gardens around the building. Staff told us people were able to make day to day decisions about what time they got up and went to bed. We saw that one person had chosen to have a lie in that morning and was still in bed at 10:45am. A member of staff told us, “They are sleeping in so we’ll go in again just before lunch to see if they want to get up to have lunch”. We saw that people were offered choice about their meals and drinks and some people told us they had chosen the activities they were doing that day, for example one person was going to a local sports centre.

We saw that staff promoted people’s privacy and dignity by knocking on people’s doors and waiting to be asked in. We saw that staff were discreet and helped people maintain their appearance, for example after they had been to the bathroom.

Good

Is the service responsive?

Our findings

At the last inspection in July 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008, (Regulated Activities), Regulations 2014, because people were not able to have choice and control over how they were supported and were not encouraged to be as independent as possible. At this inspection, we found that the required improvements had been made. We saw that people got up and had breakfast at a time that suited them and we saw one person helping a member of staff to wash up after breakfast. People were able to follow their interests and engage in activities that met their preferences. We saw that some people were going to college or to the leisure centre for an exercise class. Some people told us they went to the local community centre for choir practice. Staff told us people who were not going out could choose to stay at their unit or go to the on-site activity centre. People could use the computers, take part in handicrafts, or just drop in for a chat. We saw that people were making things for Halloween and they had just finished having a quiz.

Most of the staff had worked at Highfield Hall for many years and knew people well. They were able to tell us about people's individual needs and preferences and we saw that these were detailed in their care plans. One person liked singing a particular song and we heard staff singing this with them and this was also recorded in the care plan. Another person liked to collect things and we saw a member of staff chatting with them about this. We saw staff knew how to communicate with people who lacked verbal communication skills by responding to people's body language and gestures. One member of staff told us, "[Name of person] can't tell you when they are in pain so we look for their reactions and gestures". This showed people received personalised support.

People's care was regularly reviewed and relatives told us they were kept informed about people's changing needs and invited to participate in review meetings. Relatives we spoke with told us they had never felt the need to make a complaint because the staff always responded to anything they raised with them. One person told us, "I am always well attended if I ask any questions". Another said, "The staff respond right away". The complaints procedure was displayed in each of the units, which was also available in an easy ready format. However this was not on display and needed to be updated. The provider had received two complaints since our last inspection. These had been investigated and responded to in a timely fashion.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager at the service but they had not been working at the home since May 2015. The provider had kept us informed about the registered manager's absence and appointed an acting manager who had previously been a registered manager at one of the provider's other services. We found that the acting manager and provider carried out checks and audits to assure themselves of the quality and safety of the service people received. However, these were not always effective because the acting manager did not check that identified actions were carried out. For example, one audit of falls identified an action to seek advice from a professional and update the person's risk management plan accordingly. We found that staff had recorded the advice received in the person's daily record but had not updated the person's risk assessment risk to reflect this advice. This meant that the acting manager could not be sure that the records had up to date information to guide to minimise the risk of further incidents.

We found that checks to ensure the environment was safe for people living at the home were not always effective. In Kingston unit, we found that the assisted bath was in a poor state and had been leaking for some time. A member of staff told us the bath was difficult to clean and the leaks meant that the floor was always wet and put people at risk of slips and falls. We also found there were no personal evacuation plans in place to ensure staff had the information they needed to keep people safe in the event of an emergency, such as a fire. The acting manager told us they would take action to rectify these issues.

The acting manager ensured that we were notified of important events that occurred in the service in accordance with the requirements of the provider's registration with us

There was an open and inclusive culture at the home. We saw that the acting manager knew people well and had a "hands on" approach, working alongside staff to ensure people received the support they needed. People looked comfortable with the staff and acting manager and smiled and chatted easily with them. Staff understood their roles and responsibilities and had clear lines of accountability. One member of staff told us, "I discuss my ideas with my senior and they are very clear about what we can and can't do". Some staff told us there had been a lack of leadership during the registered manager's absence but they now felt they had the support they needed. One member of staff told us, "Things are much better now, the acting manager is based here and is always on site". Staff told us the acting manager was supportive and had an "open door" policy if they had any concerns. One member of staff told us, "I feel able to say what I think and raise any concerns". Staff were aware of the whistleblowing policy and told us they would not hesitate to use it if they felt they needed to.

People and their families had opportunities to share their views on how the service was run through residents meetings and satisfaction surveys, which were offered in an easy read version. We saw the minutes from the September residents meeting which recorded what people would like to do for their Christmas lunch and we saw this had been acted on. The acting manager told us the latest survey had just been sent out but showed us that action had been taken to address issues raised in the last survey, for example complaints about the laundry and requests for new furniture. This showed the provider used people's feedback to make improvements to the service where possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Where a person lacks mental capacity to make an informed decision, or give consent, the provider did not act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11 (1)