

Burlington Care (Yorkshire) Limited

# Highfield Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Highfield Care Centre is a 'care home' which provides accommodation and personal care for up to 88 older people some of whom may be living with dementia. At the time of the inspection there were 40 people using the service. Accommodation is spread out over four units, at the time of the inspection two units were in use.

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

The provider had oversight of the maintenance of the service and was in the process of addressing maintenance issues raised during the previous inspection. Incidents or accidents were recorded and managed effectively. A range of quality assurance systems were in place to monitor and improve the service. People received medicines safely, however we were concerned about how medicine awaiting removal was stored. Allergies were not consistently recorded for all people, this was raised with the registered manager who took immediate action to address this issue.

There was a registered manager who had been in post since the last inspection. Throughout the inspection the registered manager was honest and open with us. Any concerns raised during the inspection process were immediately addressed, for example feedback from external professionals highlighted communication with staff could be improved. We shared this information with the registered manager who discussed with staff and put related quality assurance checks in place.

People and their relatives told us the improvements they had experienced in the care at the time of our last inspection had continued and further improved one person said, "I think it's getting better here, I am very happy". Feedback from external healthcare professionals was positive however we were told communication could be improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 and update

The last rating for this service was inadequate (published 21 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Highfield care centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

**Requires Improvement** ●

# Highfield Care 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 Health and Social Care Act 2008. This was a targeted inspection to check on a concern we had about people's safety and management of the service.

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 was carried out by an inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Highfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### 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. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

### During the inspection

We spoke with three people using the service and six relatives about their experience of the care provided. We spoke with eight staff members including the registered manager and two external healthcare professionals. We looked at three care records and three medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

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

### Assessing risk, safety monitoring and management

At our last inspection the provider failed to maintain accurate records for people and there was a lack of management oversight of maintenance. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- The provider was in the process of addressing maintenance issues. At the previous inspection the provider was failing to maintain the home, at this inspection there was ongoing building work to improve the service.
- The provider had oversight of the maintenance of the service. There was a refurbishment plan in place and regular checks of the buildings and the equipment were carried out to keep people safe.
- Risks were assessed appropriately. The service had measures in place to manage risk associated with eating, drinking, mobility and skin integrity. Care plans contained information which provided guidance for staff on how to manage risks to people's health and wellbeing.
- Staff were aware of people's risks and how to keep them safe. We observed members of staff using de-escalation techniques to reduce one person's agitation.
- Relatives we spoke with praised the staff for their ability to keep their loved ones safe. One relative said, "Yes I do think she's safe yes. Well I visit once or twice a week, from seeing [family member] I can see that [they] are safe".

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.

## Staffing and recruitment

At our last inspection the provider failed to deploy staff in a manner which promoted safety and person centred care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- Staffing levels were safe. The provider used a dependency tool to calculate staffing levels and staffing rotas indicated staffing levels were always above minimum.
- The service relied on agency staff. Staff expressed difficulties working with high numbers of agency staff. One staff member said "It can be difficult working with so much agency, they don't know the people."
- There were enough staff employed to ensure people's needs were being met. We observed staff responding to people's needs in a timely manner and staff presence was notable in communal areas.
- Staff were recruited safely. The provider had recruitment checks in place to ensure staff were suitable to work in a care setting.

## Using medicines safely

At our last inspection the provider failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Medicines were managed safely. The provider had implemented systems since our last inspection which promoted safer administration, storage and disposal of people's medicines.
- Most medicines were stored safely, however medicine for removal was not documented or stored safely. This was raised with the registered manager who took immediate action to address this issue.
- Allergies were not consistently recorded for all people. This was raised with the registered manager who took immediate action to address this issue.
- People received medicines safely and on time. Staff gave people time to take their medicines and supported people appropriately if they were reluctant to take their medicines.
- Medicine audits were effective in ensuring medicines were used safely.
- Guidance protocols on the use of medicines to be taken only when required were person centred and up to date.

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

- People were protected from the risk of abuse and unsafe care. People told us they felt safe and staff were responsive when needed.
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from possible harm or abuse.

## Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of

the premises. The building was clean and tidy however we found some gaps on cleaning records, this was raised with the registered manager who took immediate action to address the issue.

- We were assured the provider was taking steps to effectively prevent and manage infection outbreaks.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely. We observed staff wearing masks correctly during our inspection.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Lessons learnt were shared with staff. We saw evidence of lesson learnt discussed in meetings. Staff told us information was shared, one staff member said "oh yes, they tell us everything in meetings. I feel like I know what is going on".

# 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 inadequate. At this inspection the rating has improved 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

At our last inspection, we identified systems were either not in place or robust enough to demonstrate the quality and safety of the service was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. However, these needed to be further embedded, to ensure there was a continuous approach to improving care.
- Throughout the inspection the registered manager was honest and open with us. Where they saw improvements were needed, they had taken action. For example, since the last inspection the provider had addressed previous breaches in relation to medicines; however, on this inspection we found medicine for removal was not documented or stored safely and allergies were not consistently recorded for all people. This was raised with the registered manager during the inspection who took immediate action to address this issue.
- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- The provider had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- People and their relatives told us the improvements they had experienced in care has continued to improve.
- The provider had addressed and achieved compliance in relation to all previously identified breaches of regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Overall, feedback from external healthcare professionals was positive however one external professional

told us communication with staff could be improved. We shared this information with the registered manager who took action to address this issue.

- Staff received regular supervisions in line with the provider's policy.
- Feedback about the registered manager was positive. Staff told us they felt supported and leadership was approachable. One staff member said, "there is better managers now, I feel respected and they are understanding."
- The provider completed surveys for staff, however there was minimum engagement from staff in respect of the survey completion. The provider was exploring other ways to improve staff engagement.
- Most people felt the service was well managed. One relative said, "Yes, I see them, they are approachable, always say hello and have a little chat or a word. They know my name."

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 was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People and relatives told us any concerns they had were addressed by the management team when discussed.