

City Health Care Partnership CIC

# Highfield Resource Centre

## Inspection summary

CQC carried out an inspection of this care service on 13 March 2018 and 14 March 2018. This is a summary of what we found.

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

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Highfield Resource Centre is registered to provide care for up to 34 people who may have health, social or dementia care needs. There are two permanent beds and 32 interim beds, which are jointly funded with the NHS to provide rehabilitation and support to people leaving hospital. People that use the service are rehabilitated to go back home or found permanent placements in private residential services. The home is run by City Health Care Partnership CIC (CHCP) after taking over as the legal entity in February 2017. It is located on the outskirts of Hull and has access to good public transport. At the time of the inspection there were 27 people receiving the service.

This first comprehensive rated inspection of Highfield Resource Centre, under the ownership of CHCP, took place on 13 and 14 March 2018 and was unannounced. We found the overall rating for this service to be 'Good'. The rating is based on an aggregation of the ratings awarded for all 5 key questions.

The provider was required to have a registered manager in post. On the day of the inspection we found that the registered manager had been in post at Highfield Resource Centre for the last seven years, but transferred their employment to the new provider just over a year ago. A registered

manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of harm because systems in place detected, monitored and reported on potential or actual safeguarding concerns. Staff were appropriately trained in this area and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual or group basis. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. Staffing numbers were sufficient to meet people's needs. We found that the management of medicines was safely carried out and infection control practices were effectively followed. When events went wrong the provider and staff learnt lessons from them so that the same mistakes were not made again.

People's needs were effectively assessed and staff were given the skills and training to be able to carry out their roles. People received adequate nutrition and hydration to maintain their levels of health and wellbeing. Information about people's needs, ailments and daily demeanour was communicated well across the CHCP services located on site. Premises were safely maintained, suitable for short stay use and though some areas were in need of refurbishment, plans were already in place and work had begun to improve facilities. People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's consent was obtained.

People received compassionate care from kind staff who knew their needs and preferences. People were supplied with the information they needed to stay in control of their lives, keep their independence and be involved in all aspects of their care. Their wellbeing, privacy and dignity were monitored and respected.

Independence being the main aim of the service meant that person-centred support packages were used to aid recovery and health and these were regularly reviewed. People had the opportunity to engage in some pastimes, activities and such as seeing the hairdresser, but mainly occupation was about recovery. People maintained very good family connections and support networks. An effective complaint procedure was in place and people were able to have any complaints investigated without bias. End of life care was rarely required, but an example of how one person had been supported at this time showed that staff were caring, sensitive and sought the right medical support to ensure a pain-free experience.

The culture and the management style of the service were positive. An effective system was in place for checking the quality of the service using audits, surveys and meetings. Experiences of transition between services were managed well because of good partnership working across CHCP and with other providers. Opportunities for people to make their views known were available and recording systems used in the service protected their privacy and confidentiality of information, as records were well maintained and held securely in the premises.

Further information is in the detailed findings below.

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