

Randomlight Limited

Heightside House Nursing Home

Inspection report

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Date of inspection visit:

07 November 2018

08 November 2018

Date of publication:

09 January 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Heightside House Nursing Home on 7 and 8 November 2018.

Heightside House Nursing Home is a care home which is registered to provide nursing care and accommodation for up to 78 adults with mental ill health. People in care homes receive accommodation and nursing 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.

Accommodation is provided in four separate 'units.' The House, The Mews, Close Care and The Gate House. There is also a separate rehabilitation/activities centre.

The House is an adapted premises and incorporates the High Dependency Unit and has both single and double bedrooms over four floors. Some bedrooms have en-suite facilities. There are two lounges, one lounge/dining room, a separate dining room and a room for people who smoke. A passenger lift provides access to all floors. The Mews is purpose built and consists of one six bedded unit, shared bungalows and flats. Close Care is a purpose built premises and includes a seven bedded unit and a bungalow accommodating four people. The Gate House is an adapted building and can accommodate up to three people. All the bedrooms are single occupancy and there are communal lounges/dining areas.

The service was managed by a registered manager; however, they were not available at this inspection. 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.

At our last inspection on the 19, 20 and 21 February 2018 the overall rating of the service was Requires Improvement. The provider was in breach of two regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to a lack of robust processes for mitigating and managing risks to individuals, also quality monitoring and oversight.

We also found some further progress was needed with acting upon people's views, ideas and suggestions, we therefore made a recommendation on this matter. Following the inspection, we received an action plan from the provider outlining the action they would take to make improvements. As this was the third time the service had been rated Requires Improvement, we held a meeting with the provider to discuss their plans going forward and their governance arrangements at the service.

At this inspection we found the provider was in breach of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to a lack of robust processes for managing risks to individuals, unsafe medicines management and a lack of person centred care planning. This was the fourth consecutive time the service was rated as Requires Improvement. You can see what action we told

the provider to take at the back of the full version of this report.

There was a management team in place to provide leadership and direction of the service. The provider had introduced better processes for monitoring and checking the service and making improvements. Some of these processes were new, therefore time was needed to show how they worked and if they would ensure there was effective monitoring and development at the service.

We again found some individual risk assessments had not been properly completed or regularly reviewed. We could see some improvements had been made, but progress had been slow in ensuring risks to people's well-being and safety were identified and managed. We also found improvements were needed with supporting people safely with their medicines.

Processes for planning and delivering people's care required improvement, to make sure it was personalised to them and met their individual needs, goals and choices. Progress was needed in involving people in the care planning process and showing they consented to their care and support.

Systems were in place to maintain a safe environment for people who used the service and others. We found some matters to make improvements were ongoing. Processes were in place to prevent and control the spread of infection.

Recruitment practices were in place to make sure appropriate checks were carried out before staff started working at the service. There were enough staff available to provide care and support and staffing arrangements were kept under review.

People made positive comments about the care and support they received from staff. We observed positive and respectful interactions between people who used the service and staff. People's individuality and dignity was respected.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters. They had also received training on positively responding to people's behaviours.

There had been some safeguarding incidents and allegations, some were ongoing. The service monitored safeguarding matters, to learn from them and make improvements.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities and preferences before they used the service.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

People had mixed views about the quantity and variety of meals provided at Heightside House. Some were not satisfied and had therefore raised their concerns, we found action was being taken to make improvements.

Arrangements were in place to support people with their healthcare needs, further improvements had been identified and were being made.

People had opportunities for skill development and confidence building. They were supported with their

hobbies and interests, including activities in the local community.

New systems were in place to respond and manage people's complaints and general dissatisfaction. People had been consulted on their experience of the service, but their comments and suggestions were not always acted upon to their satisfaction.

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.

Risks to people's individual wellbeing and safety had not been properly assessed and managed.

Medicine management practices needed improvement for people's well-being and safety.

Processes were in place to maintain a safe environment for people who used the service. Action was ongoing to make further improvements.

Staff recruitment processes ensured all relevant checks were carried out. There were enough staff available to provide people with safe care and support.

Staff knew how to report any concerns about possible abuse and were aware of the safeguarding procedures. Some incidents and allegations were under investigation.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Processes were in place to identify and monitor people's healthcare needs. These were not always effectively managed, however we found action was being taken to make improvements.

People had mixed views on the variety and quantity of the meals provided. We found people had raised their concerns and the catering arrangements were under review.

People were supported to make their own choices and decisions. However, agreements on consent to care and support needed attention. The service was meeting the requirements of the Mental Capacity Act 2005.

Arrangements were in place to develop and supervise staff in carrying out their roles and responsibilities.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

People made positive comments about the caring attitude and friendliness of staff. During our visit we observed respectful, friendly and caring interactions between people using the service, staff and managers.

People's dignity and individuality was respected. People were supported to be as independent as possible. Involving people with planning their care needed improvement.

People were supported to maintain contact with families and friends.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

The care planning processes required improvement, to ensure there was a personalised and responsive approach to meeting people's needs, goals and choices.

There were new processes in place to manage and respond to complaints, concerns and any general dissatisfaction. We will check for progress on these systems at our next inspection.

People had access to activities and opportunities to maintain and develop their skills. They had used community resources, to pursue their chosen interests and lifestyle choices.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

There was evidence to confirm the provider had improved their oversight of the service. There were management and leadership arrangements in place to support the day to day running of the service.

Action had been taken to introduce a more robust governance and monitoring process. These processes required reinforcing to make sure people experienced safe, effective and responsive care.

There were processes in place to consult with people on their experiences at Height side House. However, progress was needed in ensuring their comments and suggestions were

responded to in a timely way.

Heightside House Nursing Home

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 checked 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.

We visited Heightside House on 7 and 8 November 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector and an assistant inspector. On the first day, there were also two experts-by-experience, a pharmacist inspector and a specialist advisors (a mental health nurse). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service, including action plans, notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. The service had been rated Requires Improvement, on three consecutive occasions, we therefore held a meeting with the provider following our last inspection, to discuss their plans going forward and their governance arrangements at the service. We contacted the local authority contract monitoring team, the local authority safeguarding team, social workers, district nurses and GP practices to obtain feedback about the service. We also contacted Healthwatch Lancashire, this is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

The provider had previously sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we talked with 16 people living at Heightside House about their experiences at the service. We looked around the premises and carried out observations in the communal areas.

We spoke with four health care workers, three nurses, an activity team leader, an activity coordinator, the deputy manager, operations manager, chefs, house keeper, laundry assistant and the administrator. Following our visit, we also talked with an advocate. Advocates are independent from the service and can provide people with support to enable them to make informed decisions.

We looked at a sample of records, including nine care plans and other related care documentation, 10 medicine administration records, three staff recruitment records, training records, menus, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Is the service safe?

Our findings

We looked at how risks to people's individual safety and well-being were assessed and managed. At our last inspection we found the provider had failed to appropriately assess all risks to the health and safety of people who used the service. We also found the measures in place to mitigate such risks were not always robust. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we again found inconsistencies in the assessing, planning and the management of individual risks. Although some risks had been appropriately assessed, there were instances where individual risk assessments had not been completed in accordance with the provider's policy. For example, processes were in place to assess within 24 hours of admission, risks relating to nutrition, skin integrity, manual handling and falls. In one person's care records, although they had been at the service three months, we found none of these risk assessments had been completed and there was no record to explain and clarify this omission.

There were also discrepancies in the content of some risk assessments. For example, one initial risk assessment relating to a history of specific behaviours, clearly stated a 'full risk assessment was not required.' But a full risk assessment had been appropriately and thoroughly completed. This lack of clarity meant responding to individual risks could be misunderstood or mismanaged. Furthermore, we found the risk assessments and management plans had not always been reviewed in line with provider's specified timeframe. There were several examples of monthly reviews having not been consistently completed. This meant identified risks and potential risks, had not been reassessed or action taken to mitigate the risks to the individual's wellbeing and safety.

We saw records of audits of care records including risk assessments, which identified the specific shortfalls, however action to make the necessary improvements had not been completed in a timely way. There was evidence to demonstrate quality improvement meetings had been held and records showed auditing systems had been introduced.

It was apparent plans were in place and were ongoing, to rectify these shortfalls, however, we would have expected progress to have been made by 30 June 2018 as stated in the provider's action plan. We have therefore judged this shortfall to be a continued breach.

The provider had failed to protect people against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way people were supported with the proper and safe use of medicines. People spoken with said they did get their medicines on time and had access to pain relief if needed. One person told us, "I can have pain killers anytime I need them."

At our previous inspection, safe processes were not in place to demonstrate the application of people's

external medicines. There were no body map diagrams to provide directions to staff on where to apply creams and the Medicines Administration Record (MAR) charts were lacking in clarity to confirm whether they had been applied at the correct times.

At this inspection, we reviewed medicines and records for ten people on the three units; The House, The Mews and Close Care and found concerns with six of them. We observed a medicines round in The House and noted that the two nurses administered medicines in a caring way. We checked how medicines were stored on all of the units. The House's medication room was unclean and cluttered.

One person who was prescribed a weekly medication to maintain their mental health had been given it a day late. The same person had a medicine to treat the side effects from their other medicines; however, there had been two missing staff signatures on one day and it was unclear whether the medicine had been administered. The same person did not have their medicine to reduce stomach acid for 12 days as it was not available in the home to administer.

A second person was prescribed three external creams to be applied to their skin by carers. The topical MAR had not been completed fully for one of the creams and there were no topical MARs for the other two creams. A third person who was prescribed two external creams had topical MARs written for both of the creams. One lacked the detail to direct staff where to apply it. The second cream, which was to be applied once a day to reduce inflammation had been recorded in a misleading way and could be interpreted as to be applied twice a day, which would be over the recommended dose.

A fourth person who prescribed several medicines from hospital had swallowing difficulties. This person had their fluids thickened and their medicines were crushed and thickened to reduce the risk of choking. The home did not record when the thickener was used and therefore it was unclear if the fluids had been thickened to the correct consistency. The care plan for crushing medicines lacked the detail of how to crush each medicine. There was no clear guidance from the person's doctor or pharmacist to guide nurses on the safe way to administer the medicines in this way. The nurse told us on the day how the person's crushed medicine was thickened, however the quantity of thickening powder used was different to what had been advised by the Speech and Language Therapist.

After the inspection, the home sent us a copy of a medicine audit and a record of mandatory training that had been completed by staff. The medicine audit found that one person who was taking a medicine to manage a specific mental health condition, was given a quarter of the dose as the incorrect number of tablets had been given to the person in error. Another person was unable to have their full dose of an injection used for a mental health condition, as the home did not have enough of the medicine in stock.

We looked at the mandatory training records for four nursing staff, who were working on the day of the inspection and found two out of the four had not been assessed to see if they were competent to give out medicines safely. Furthermore, records indicated that five nursing staff were overdue an update of their medicine management awareness training.

The provider had failed to protect people against risks by the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. People spoken with did not express any concerns about the safety of the facilities and accommodation at Heightside House. We looked around the premises, we noted significant improvements

had been made since the last inspection, with outside areas having been resurfaced for people's well-being and safety. Progress was ongoing to fit suitable locks to people's bedroom doors in order to maintain their security and privacy. We found some matters required attention, most had been identified and action was progressing to make improvements. However, we were told there was a problem with windows not opening to provide ventilation in Close Care. The operations manager agreed to pursue this matter.

We found that records were managed safely at the service. People's care records were stored securely and were only accessible to authorised staff. Personnel information relating to staff was also stored securely.

There were accident and fire safety procedures available. Records and service agreements showed processes were in place to check, maintain and service fittings and equipment, including gas, water quality, electrical safety, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place and fire equipment tests had been carried out. Contract agreements were in place for the removal of hazardous and clinical waste.

Information was available in centrally kept files about the support people would need from staff if they needed to be evacuated from the service in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a business continuity management plan in place, which provided guidance for staff in the event of a fire, flooding or a loss of amenities such as gas or electricity. This would help to ensure that people continued to receive support, if the service experienced such difficulties.

We reviewed how people were protected by the prevention and control of infection. The areas we looked at appeared clean and hygienic. We noted some isolated odours which were dealt with accordingly. Systems were in place to help to reduce the spread of infections. The annual infection control audits were carried out in January 2018. The audits were carried out at The Mews, The House and Close Care. The audits recorded that they were 92%, 91% and 92% compliant in these areas. There were cleaning schedules, recording and checking systems to maintain hygiene standards. Records and discussion indicated staff had completed training on infection control. We noted the laundry room was yet to be decorated, this was scheduled for January 2019.

We reviewed how people were protected from abuse, neglect and discrimination. Prior to the inspection we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed some of the concerns with the deputy manager. We found action had been taken to liaise with the local authority and other agencies in relation to the allegations and incidents. Systems were in place to record and manage safeguarding matters, including the actions taken to reduce the risks of re-occurrence.

Most people indicated they felt safe at the service, they said, "I wouldn't feel safe anywhere else" "I feel safe here, I have never had a problem with anything" and "I feel really safe here knowing that there is always a member staff available if anything were to happen." However, we received some concerns around the conduct of others who used the service. There were some incidents and allegations under investigation and further concerns were raised during our visit. At the time of writing this report, some of these matters remained under investigation.

Staff spoken with expressed an understanding of safeguarding and protection. They described what action they would take if they witnessed or suspected any abusive practice. Staff had received training and guidance on safeguarding adults and positively responding to behaviours that challenge. They were aware of the reporting procedures. The service had policies and procedures to support an appropriate approach to

safeguarding and protecting people. There was a whistleblowing (reporting poor practice) policy in place, which encouraged staff to raise any concerns.

We checked if people were protected by the staff recruitment procedures. Staff recruitment procedures protected people who used the service. We reviewed the recruitment records of the three newest recruits. The recruitment process included candidates completing a written application form and attending a face to face interview. Character checks including, identification, references and qualifications and employment histories had been appropriately carried out. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. Most people we talked with, considered there were enough staff available at the service. During the inspection we found there were sufficient staff on duty to meet people's needs. We observed support being provided in a timely and consistent way. Staff spoken with told us there were mostly enough staff on duty at the service. There was a 'staffing plan,' which identified the required staff deployment structure for each designated area of the service. This included nurse qualified staff and health care assistants. The service had activity coordinators and the support of an occupational therapist and a psychiatrist. There was a housekeeping team, catering team, maintenance staff, gardeners and administrators.

Is the service effective?

Our findings

Most people we talked with were generally satisfied with the overall support and care they experienced at Heightside House Nursing Home. Two comments made were, "I absolutely love it here, it's fantastic" and "I like it here."

We reviewed how people's needs and choices were initially assessed and their care and support delivered to achieve effective outcomes. The deputy manager described the process of assessing people's needs and abilities before they used the service. This involved meeting with the person and gathering information from them and relevant others. People were encouraged to visit the service. This was to support the ongoing assessment and provide people with the opportunity to experience the service. Comments from people spoken with included, "I was assessed here and I was involved in it" and "Before I came here I sat down for quite some time and spoke about things with (registered manager)"

We looked at how consent to care and treatment was sought in line with legislation and guidance. During the inspection we observed staff consulting with people on their preferences on day to day matters, they involved them in routine decisions and sought their agreement when providing support. One person said, "Staff always explain what they are doing." Staff spoken with described how they supported people in making their own decisions, one health care assistant commented, "We always get people's consent, we always ask them first and involve them." There were processes in place for people to sign consent to care agreements and confirming their involvement with their care plan. We found several examples where these records had not been completed, with no explanation for this omission noted. However, we saw care plan audits had identified these shortfalls and plans were in place to make improvements.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Processes were in place to assess people's capacity to make their own decisions. Staff spoken with indicated an awareness of the MCA and their role to provide support in the least restrictive way possible. Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA. There was information to demonstrate appropriate action had been taken to apply for DoLS authorisations in accordance with the MCA code of practice. Records had been kept to monitor and review the progress of pending applications.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People we talked with, said that they could see a doctor, optician, dentist or any other health professional when they needed to. One person told us, "I get check-ups and don't have any health problems." The service had access to remote clinical consultations; this meant staff could seek professional healthcare advice at any time.

The provider had enrolled the services of a consultant psychiatrist and an occupational therapist to review people's needs and provide guidance and support. A Nurse Practitioner from the local GP surgery attended the service twice each week and liaised with the GPs about minor ailments and ongoing health conditions. People had 'hospital passports' to share important and personalised information when they accessed health care services.

The care planning process was designed to identify, respond to, monitor and review, people's individual health care needs. In the care records we reviewed, there were examples of this process being utilised to meet people's needs. However, we found there were some inconsistencies in the quality and clarity of this information. For example, on-going health care was identified in some care plans, but not always effectively monitored and reviewed. We saw audits of care records which identified these shortfalls and it was apparent from reviewing the provider's governance systems, that plans were in place to make improvements. We will continue to monitor progress in this matter during subsequent inspections.

We checked how people were supported to eat and drink in order to maintain a balanced diet. People spoken with had mixed views about the quality, quantity and variety of food provided. Their comments included, "The food is good, if you don't like it you don't eat it," "The food is not that good at all," "The food is alright" and "The meals are pretty good." Concerns were expressed about the catering arrangements, including a lack of sufficient choices of food being delivered to the units, the suitability of the serving and transporting methods, also a lack of independent access to hot drinks. We noted some of these matters had been previously raised at various meetings. We were assured the catering arrangements were currently under review and during the inspection observed the head chef consulting with people about their experiences. There were also ongoing 'nutrition and dining experience' audits and the provider's governance systems had identified a need for improvements.

There was a four-week rotating menu system. The main meal was served at lunchtime and three choices were routinely offered. The menus we looked at showed a balanced variety of meals were offered. The menus were displayed across the service and were available for reference. We observed the 'cafeteria style' meals service in The House at lunch time. We saw people enjoying the mealtime experience as a social occasion. The meals looked plentiful, well presented and appetising. We also saw people being sensitively supported and encouraged by staff with their meals.

Processes were in place to obtain and record information about people's individual dietary requirements, including cultural and lifestyle preferences and religious needs. This information had been shared with kitchen staff who were aware of people's dietary needs, likes and dislikes. Arrangements had been made to cater for some specific food needs and preferences by obtaining pre-prepared meals. However, this arrangement was to be developed to provide an improved response.

Some people were involved in cooking their own meals and made drinks and snacks for themselves, some also had their own fridges and tea and coffee making facilities. One person explained, "I can cook whatever I like with support from staff." Healthy eating was encouraged, the menus provided some dietary advice and we were told of future plans to promote healthy eating awareness.

We looked at how the provider made sure that staff had the skills, knowledge and experience to deliver effective care and support. Staff spoken with confirmed they had received training and said that learning and development was ongoing at the service. Processes were in place for new staff to complete an initial 'in-house' induction training programme. It was a policy of the service to recruit staff with qualifications in care, therefore new staff did not complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

Records and discussion showed the provider had an ongoing mandatory training programme. We saw records confirming that learning and development needs had been identified, planned for and achieved. We were told any gaps in training were monitored and managed. Qualified nursing staff were supported to continue and update their professional development by accessing appropriate clinical and healthcare training. Health care assistants had a Level 2 or Level 3, NVQ (National Vocational Qualification) or a level 2 or 3 Diploma in Health and Social Care. Housekeeping staff had been supported to attain an NVQ in cleaning.

Staff spoken with said they had supervision sessions with a member of the management team. We saw records confirming individual supervision meetings had been held. Staff also received an annual appraisal of their work performance; this included a review of their performance and development needs.

We reviewed how people's individual needs were met by the adaptation, design and decoration of the premises. We looked around the premises and found the standard of the accommodation to be mostly satisfactory. We noted people had been supported to personalise their own private space and several improvements had been made since the last inspection. People had access to the extensive grounds and gardens. There were 'shelters' for people who chose to smoke and garden furniture was available. However, some areas were in need of upgrading and refurbishment. For example, there were cigarette burns in one bath and there was a lack of signage on some bathroom and toilet doors, which could help people with orientation and locating facilities. We also received comments of dissatisfaction from people who used the service and staff, about the lounge chairs, the dining room and kitchen in Close Care, also the lack of space in the lounge area in The Mews. We found most of the matters requiring attention had been identified and improvements planned for.

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made some positive comments about the staff team and the care and support they received. They said, "The staff are brilliant," "The staff are good, very comical!" "and "The staff are very good." Staff had received training on dignity in care. We observed some tactful and respectful interactions between people using the service and staff. Staff showed understanding and consideration when responding to people's support needs and requests. People said, "Staff are polite, you can talk to them," "Staff always treat me with respect, they understand my illness and help me in the best way they can" and "The staff care and are very kind and compassionate."

We checked how the service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We observed people were consulted and involved with day to day matters about their care and support. However, we received mixed comments from people about their involvement with the care planning processes. Their comments included, "I am not sure of a care plan, I haven't done one for ages, but the staff know what I like," "I have no care plan or daily plan" and "I feel involved in my care and I have a care plan." We noted in the care records we reviewed, it was not always clear people had been consulted about their care and how they needed to be supported. However, there were plans in place to make improvements with involving people in the care planning process. The operations manager said, "We recognise that we are not robustly evidencing service user involvement."

Processes were in place for staff to complete equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. The care assessment process took into consideration people's personal history, cultural needs, family history, relationships, religion, hobbies and interests, likes and dislikes and lifestyle preferences. Staff spoken with expressed a practical awareness of respecting people as individuals.

The service had an equal opportunities and human rights policy, to underpin an appropriate response to the fair treatment of employees. There was information in the guide for people using the service, on the promotion of people's rights, to freedom, dignity, independence and choice. There was a comprehensive guidance document on various religions and religious observance. However, there was no specific policy promoting the protected characteristics of equality and diversity. Following our visit, we discussed this shortfall with the registered manager who agreed to pursue this matter.

Positive and meaningful relationships were encouraged. We didn't see any visitors whilst at the service, but people told us that there were no restrictions on visiting. Some people described how they were supported to have ongoing contact with their family and friends. The service had a 'named nurse' system in place, this involved a nurse taking lead responsibility for overseeing, planning and reviewing aspects of an individual's care and support. There was a 'keyworker' system, which allocated staff to specific people, to provide care and support for the duration of their shift. One person told us, "The staff are really good down to earth

people, they know how to talk to us in a way we understand."

People were supported to be as independent as possible. People were enabled to develop independence skills, by accessing the community resources and doing things for themselves. We observed people doing things for themselves. For example, during lunch time they actively chose their meals from the selection available and independently cleared their tables. We also saw one person doing their own laundry. Staff spoken with gave us examples of how they encouraged independence, in response to people's individual needs and abilities.

We looked at how people's privacy was respected and promoted. We saw staff respecting people's private space by knocking on doors and waiting for a reply before entering. People had free movement within the service and grounds and could choose where to spend their time; however, there were some expectations around respecting each other's privacy. There were seven bedrooms which could be used for double occupancy. However, at the time of the inspection only two rooms were shared and we were advised this was an agreed arrangement. Action was progressing to fit suitable locks to bedroom doors to effectively promote privacy. Staff described how they upheld people's privacy within their work, by prompting people sensitively with their personal care needs and maintaining confidentiality of information. Arrangements were in place for the safe storage of records to promote data protection.

There was a guide for people on Heightside House Nursing Home, this provided details of the services and facilities available. There were notice boards, which provided a range of information for people to access. This was to help keep people aware of their rights and choices. There were details of various 'self-help' groups, local events, newsletters, the complaints procedures and details of local advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. At our last inspection we found some shortfalls in care plan records, including unclear information and a lack of detail around people's specific care and support needs. We also noted care reviews were not consistently carried out in accordance with the provider's timescales. The registered manager had identified these shortfalls and had commenced action to make improvements. We made a recommendation, that the service pursues further ways of empowering people to be included in making decisions which affect their lives.

At this inspection we found insufficient progress had been made to ensure people's care and support plans were designed with them, and that they responded to their identified needs and preferences. As mentioned in other sections of this report, people spoken with expressed mixed views on their involvement and awareness of the care plan process. We found there were inconsistencies and shortfalls in the care records we reviewed. For example, there were instances where specific assessments had not been completed, people's aspirations had not always been included and there was a lack of clarity on the information recorded. Reviews and evaluations were not completed in accordance with the identified timescales. In daily continuation records, there were examples of care being delivered, which was not clearly reflected in the care plan instructions. Some care plans were not written in a personalised way and described what staff should do as opposed to what the person needed.

One person had been at service for over three months however, we told a care and support plan was not available. It was later found to be encrypted on the service's computer. Therefore, this significant information, had not been appropriately used to instruct the person's delivery of care and support. Furthermore, it appeared no one had questioned the whereabouts of the care and support plan, which provided a clear indication that records had not been used for their intended purpose.

We saw records of audits of care records, which identified the specific shortfalls, however action to make the necessary improvements had not been completed in a timely way. Although it was apparent plans to rectify these shortfalls were in place, we would have expected progress to have been completed more swiftly to ensure each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.

The provider failed to ensure person-centred care and treatment was provided as appropriate, to meet people's needs and reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Conversely, we found examples of care plans which were up to date and clearly written. The information identified people's needs and provided guidance for staff on how to respond to them. There were also records of reviews with the involvement of others, including care coordinators, psychiatrists and social workers. We discussed with people, the deputy manager and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. People said, "The staff know how to keep us happy" and "They help me if I need anything." There were 'hand over'

discussion meetings between staff to communicate and share relevant information. These processes were to enable staff to monitor and respond to any changes in a person's needs and well-being.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. People spoken with freely expressed their views and opinions, this provided a good indication that the culture of the service encouraged people to be comfortable and confident in speaking up. Most people spoken with were aware of the complaints procedures and said they had no complaints about the service. One person described how they had raised a specific concern, which was dealt with to their satisfaction. Another person said they had made several complaints but nothing had happened. Some people we talked with raised specific concerns about the behaviours and actions of others. We shared this information with the operations manager, who agreed to investigate these matters using the complaints procedures.

The operations manager described the progress being made to ensure people's complaints and dissatisfactions were properly managed and responded to. A revised complaints management processes was being introduced to ensure concerns were properly dealt with. Records were kept of the date, nature of the complaint, investigations, action taken resolve matters and lessons learned. Systems were in place to respond to comments' including people's minor concerns and grumbles. We noted action was being taken to deal with dissatisfactions expressed within resident's meetings and consultation surveys. However, it appeared from some of the comments we received, this process had not yet assured people that their concerns were managed and resolved to their satisfaction. We will monitor for continued progress on responding to complaints at our next inspection.

A summary of the complaints procedure was included in the guide to the service and was displayed on various notice boards. This information provided guidance on how to make a complaint, along with an indication of how concerns would be managed. Complaints forms were available for people to complete. Staff spoken with were aware of their role, in supporting people to make complaints and responding to concerns.

People expressed mixed views on the range of activities and opportunities for skill development at Heightside House. Their comments included, "There are activities, cards and dominos," "There is nothing to do here," "Its good, you are not designated to stay anywhere you can go out on day trips." We found people had been actively supported on a one to one basis and in groups, to attend community events and chosen leisure activities. The notice boards displayed information about forthcoming events, such as church services, various outings, resident's meetings and a programme of daily activities.

We spoke with two of the five activity coordinators, who worked across the service. They told us of the various range of activities and pastimes offered to people. There were two vehicles available to provide transport with activities and interests in the local community and further afield. The on-site activities centre provided a resource for rehabilitation and skill development. There were computers for people to improve and develop their IT skills. People were enabled and supported to complete domestic tasks such as laundry, cooking, baking and cleaning. Individual records were kept of people's involvement in activities and engagement. However, positively responding to people's aspirations and skill development, needed to be more effectively embedded into the care planning process.

We looked at how the service used technology to respond to people's care and support. The service had internet access to promote communication and obtain information. E-learning formed part of the staff training and development programme and the service's policies and procedures were accessible 'online'. The activities centre had adjustable height kitchen equipment for people using wheelchairs.

We reviewed how people were supported at the end of their life to have a comfortable, dignified and pain free death. People's end of life wishes and preferences would be agreed, recorded and reviewed as part of the advanced care planning process. There were 'end of life champions' who had received training on the Six Steps to Success in End of Life Care. The service worked with other agencies as appropriate, when responding to people's specific needs.

We reviewed if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found there was scope for people's individual communication needs, abilities and to be considered and responded to in the pre-admission assessment and care planning process. However, we found no progress had been made with presenting written material, including care plans and important policies, in a more 'user friendly' format, which could help with meeting the expectations of the Accessible Information Standard. The operations manager indicated this matter was be given attention.

Is the service well-led?

Our findings

We checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. At our last three inspections we found the provider did not have proper oversight of Heightside House and there was a lack of effective systems for checking, improving and developing the service. Prior to the inspection, we met with the provider and we were given assurances of their intentions to improve the service and develop their internal governance and monitoring arrangements.

At this inspection we found improvements had been made with the management and oversight of the service. Representatives of the provider had visited the service regularly and completed reports on their findings. The reports were available at the service and had been signed in acknowledgment by the provider. A quality improvement group had been established and monthly meetings had been introduced. Quality review topics included, clinical governance, safeguarding, MCA, communication, service user engagement and ideas for positive change.

Furthermore, the provider had recently recruited an operations manager to oversee and implement the governance processes at the service. New monitoring systems had been introduced, the operations manager had carried out an 'inspection' of the service. Most of the shortfalls we found at this inspection had already been identified and we could see action was being taken to make improvements. There were clear time framed action plans in place to manage and have oversight of the development process. However, some of the new governance systems were at an early stage, going forward we will need to see that these processes are embedded into the culture of the service. We will continue to monitor for sustained evidence that any shortfalls are proactively identified and robust plans put in place to manage them, for the well-being and safety of people using the service.

Although arrangements were in place for regular audits and checks to be carried out on processes and systems. We again found shortfalls in assessing and managing risks for the well-being and safety of people who used the service. We also found shortfalls with the planning and delivering of person centred care and medicines management. We could see these shortfalls had been identified and action was being taken to make improvements however, progress had been slow and there was sufficient evidence to constitute a breach of the regulations. There were some further matters requiring attention, for example in respect of the catering arrangements and the design and adaptations of the premises. We found some of these issues had been identified and were being addressed however, improvements had not always been made in a timely way.

People who used the service and staff had been given the opportunity to complete a satisfaction survey twice per year. Actions from the service user's survey in Spring 2018 stated that the formation of the quality improvement group, would assist in the management of any issues. We noted the responses from the service user survey completed in August 2018 had been collated and showed some positive responses. However, people had also made comments which reflected the findings of our inspection. For example, reference was made to the poor quality and variety of food and a lack of suitable furnishings. We discussed

ways of ensuring the results were embedded into the quality monitoring processes and of proactively sharing the outcomes of the surveys.

People spoken with confirmed there were regular resident's meetings. One person said, "We have meetings and talk about anything." We also received comments from people which indicated they considered there was no value in attending the meetings. One person commented, "They are a waste of time." We reviewed the records of the meetings and found various matters had been raised and discussed. We noted at the meetings held in February and July 2018, people had raised issues about the quantity and variety of food provided. Furthermore, one meeting record stated, 'many of The House residents were reluctant to participate in the meeting, due to the lack of feedback or change.' This reiterated that there had been lack of timely response when listening to people's views, resolving matters and making improvements.

Most people we talked with did not express any concerns about the overall management arrangements at Heightside House. They indicated an awareness of the management team. One person told us, "You can go to [registered manager] and speak to him, the door's always open." The management team included the registered manager, deputy manager and lead nurses. Arrangements were in place to ensure there was always a senior member of staff on duty to provide leadership and direction. There were also administrators providing additional management support.

At this inspection we received mixed views from staff about the leadership and management arrangements at the service. Their comments included, "They are definitely approachable and supportive" and "Things are fine and running smoothly at present." We also received some comments which suggested staff were dissatisfied and frustrated, with the lack of improvements and the slow progress to make changes. We were told there was a lack of management visibility and presence across the service. One staff member commented, "We don't see management much, they don't come around to our unit." However, we noted action was in progress to respond to this matter and regular daily management 'walk-rounds' had recently been introduced. It was apparent from the records of meetings we reviewed, that staff had been forthright in sharing their views and making suggestions for improvement. We could see some of the issues raised had been, or were being addressed.

The service's philosophy of care was reflected within the written material including, the statement of purpose, job descriptions, staff induction and policies and procedures. Staff spoken with expressed an understanding of their role and responsibilities. They were aware of the lines of accountability at the service.

We reviewed how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including: local authorities, the health authorities, and commissioners of the service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were on display at the service. This was to inform people of the outcome of the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure person-centred care and treatment was provided as appropriate, to meet people's needs and reflect their preferences. (Regulation 9 (1) (2) (3))</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to protect people against the risks to their health, safety and wellbeing. (Regulation 12 (1) (2) (a) (b))</p> <p>The provider had failed to protect people against risks by the proper and safe management of medicines. (Regulation 12 (1) (2) (g))</p>