

Randomlight Limited

# Heightside House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection was carried out on 22 and 23 February 2017. The first day of the inspection was unannounced.

Heightside House is registered to provide nursing care for up to 78 people who have mental health care needs. The service provides long and short term care/support and rehabilitation. There are extensive grounds with walkways, lawns, gardens and a greenhouse. There is access to public transport at the bottom of the drive. At the time of the inspection there were 55 people accommodated at the service.

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 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 consists of one five bedded unit, shared bungalows and flats. Close Care includes a seven bedded unit and a bungalow accommodating four people.

The Gate House 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. 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 the previous inspection on 12 and 13 August 2015, we asked the provider to make improvements in relation to: effective and safe staff recruitment procedures, the safe management of medicines, preventable and avoidable risks of harm to individuals, the safety and security of premises and equipment, the processes for receiving and acting on complaints and the processes in place to ensure the service is operated effectively. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made in rectifying these matters. However further progress was needed with medicines management and some checking systems for provider oversight of the service. We have therefore made recommendations on these matters.

People spoken with did not express any concerns about the way they were treated or supported. We did not observe anything to give us cause for concern about people's wellbeing and safety. People had access to information on abuse, protection and safeguarding. Individual risk assessments had been carried out and

staff were given instructions about how to manage any risks to help keep people safe. Staff expressed a good understanding of safeguarding and protection matters; they knew what to do if they had any concerns.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. There were enough staff at the service to provide people with support and changes to staffing levels could be made if needed.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed; we have therefore made a recommendation about the management of medicines. Staff responsible for supporting people with medicines had completed training. This had included an assessment to make sure they were capable in this task.

Arrangements were in place to promote the safety and security of the premises, this included maintenance, servicing and checking systems. We noted refurbishment had been carried out to up-grade and improve the environment; however we requested that some areas were attended to during the inspection.

People's needs were being assessed and planned for before they moved into the service. Assessments had been completed on people's physical, mental health and lifestyle. People were supported with their healthcare needs and medical appointments.

Each person had a care plan to guide staff on how to respond to their needs and choices. A process was being introduced to involve people in working towards their mental health recovery. Care plans were kept under review. We found some care records were lacking in detail, but action was in progress to make improvements.

The service was working within the principles of the MCA (Mental Capacity Act 2005). During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People were happy with the variety and quality of the meals provided at the service. Support was provided with dietary requirements in response to individual needs. We found various choices were on offer. Drinks were accessible and regularly offered. Some people were supported to cook their own meals as part of the rehabilitation process.

People spoken with indicated they were treated well. They said their privacy and dignity was respected by staff. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner. They were respectful of people's choices and opinions.

There were opportunities for people to engage in a range of suitable group and individual activities. People told us how they were accessing the community and keeping in contact with families and friends. There were opportunities for people to develop and learn independence skills. We suggested ways of further encouraging self-help skills.

People were encouraged to voice any concerns in day to day discussions with staff and managers, during their reviews, in residents meetings and in surveys. There was a formal complaints system to manage and respond to people's concerns and any dissatisfaction with the service. However we found one complaint had not been properly dealt with and was unresolved.

There were systems in place to ensure all staff received regular training and supervision. We found some staff appraisals and supervision meetings were overdue, but action had been taken to address this matter.

The service had a management and leadership team to direct and support the day to day running of the service. There were systems in place to consult with people who used the service and others, to assess and monitor the quality of their experiences. We have made a recommendation to improve the quality monitoring and governance systems at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

We found there were some safe processes in place to support people with their medicines. However, medicine management practices needed some improvement for people's well-being and safety.

Staff recruitment included the relevant character checks. There were enough staff available to provide safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Processes were in place to maintain a safe environment for people who used the service. However we requested some areas of refurbishment were attended to during the inspection.

### Is the service effective?

**Good** 

The service was effective.

People were satisfied with the accommodation and facilities available. Improvements had been made and people had been consulted on the decoration of their rooms.

People told us they enjoyed the meals and their preferred meal choices and dietary needs were known and catered for.

People were encouraged and supported to make their own decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

### Is the service caring?

**Good** 

The service was caring.

We found there was a welcoming and friendly atmosphere at the

service. There was information for people to access and be kept aware of their rights and choices.

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 and staff.

Staff had an awareness of people's individual needs, backgrounds and personalities. People's dignity and personal privacy was respected. People were supported to be as independent as possible.

### **Is the service responsive?**

The service was not always responsive.

Arrangements were in place to find out about people's individual needs, abilities and preferences. Each person had a care plan, which included information about the care and treatment they needed. We found some care records were lacking in detail, but action was in progress to make improvements.

Processes were in place to monitor, review and respond to people's changing needs and preferences.

People were supported to take part in a range of suitable individual and group activities. There were opportunities for people to improve and develop their skills and abilities.

There were procedures in place to manage and respond to complaints, concerns and any general dissatisfaction with the service. However we found one complaint had not been properly dealt with and was unresolved.

**Requires Improvement** 

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

The service was not always well led.

People made positive comments about the management and leadership arrangements at the service.

There were processes in place to regularly monitor the quality of people's experience at the service. However we found some of the checking systems could be improved.

We found there was a lack of proper oversight and review of the service from the provider.

**Requires Improvement** 

# 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.

This inspection took place on 22 and 23 February 2017. The inspection was carried out by a team of inspectors which included: One adult social care inspector, an inspection manager, a specialist advisory (pharmacist) a specialist advisor (mental health nurse) 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.

Prior to the inspection the provider completed a PIR (Provider Information Return). 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.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted various professionals including: the local authority contract monitoring and safeguarding teams, community mental health teams, clinical commissioning groups, GP practices and consultant psychiatrists. We reviewed information we had and used it 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 we spoke with 15 people who used the service. We talked with five health care assistants, three nurses, two rehabilitation coordinators, a housekeeper, the chef, the deputy manager, two administrators and the registered manager.

We spent time with people, observing the care and support being delivered. We looked round the premises and grounds. We looked at a sample of records, including four care plans and other related documentation, three staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.



# Is the service safe?

## Our findings

We looked at how the service protected people from abuse and the risk of abuse. The people we spoke with indicated they felt safe at the service. Their comments included, "I feel really safe here knowing that there is always a member staff available if anything were to happen to me," "I feel very safe here. I have never had a problem with anything," "I do feel safe," "I have never felt safer," "I have been here for around 20 years and I wouldn't feel safe anywhere else" and "I would speak up if I wasn't happy." There was information displayed on notice boards on keeping people safe. This included the guide to the service which highlighted the rules, expectations and response to any aggressive behaviours. A summary of the service's abuse and protection procedures was also available. One person commented, "Its good information about what's right and what's wrong." Staff had received training on positively responding to people's behaviours.

Prior to the inspection we reviewed the information we held about the service relating to safeguarding incidents, allegations of abuse and incidents involving the police. There had been several matters of concern over the last 12 months and which had impacted upon people's well-being and safety.

We discussed the safeguarding procedures with staff and the managers. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We discussed and reviewed some of the previous safeguarding concerns with the registered manager. Records seen demonstrated how safeguarding and protection matters were reported, managed and analysed to mitigate the risks of re-occurrence. Information within the Provider Information Return (PIR) told us that the number of staff 'safeguarding champions' was to be increased and a 'safeguarding group' would be formed to review and learn from incidents.

We checked how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. At our last inspection we found there was a lack of robust recruitment procedures for the well-being and protection of people who used the service. At this inspection we found improvements had been made.

We reviewed the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We found records had been kept of the applicant's response to interview questions. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, obtaining written references, clarification about any gaps in employment and a health screening assessment. An appropriate 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. Arrangements were in place for new employees to undergo a probationary to monitor their conduct and competence.

We found processes were in place to check the nurses had appropriate qualifications and a current registration. There were recruitment and selection policies and procedures to guide the process. One new staff member spoken with confirmed the recruitment procedures had been appropriately followed.

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. At our last inspection we found appropriate action had not been taken to reduce the risks to people's well-being, safety and security. At this inspection we noted several improvements had been made. A significant programme of refurbishment had been carried out to up-grade and improve the environment for the people who used the service. There were new floor coverings in several areas, new furniture provided and new bathing facilities had been installed. Action had been taken to minimise the risks on the bridge walkway.

However we noted call points were not accessible in some bathrooms and some outside paving stones were slippery. The registered manager gave us an assurance that action would be taken to rectify these matters. We also found there was a lack of appropriate screening to some bathroom windows and the carpet in one lounge and corridor, was in a very poor condition and presented as unhygienic. During the inspection we received written confirmation from the provider that action was being taken to rectify these matters within the next two weeks.

There were contingency procedures to be followed in the event of emergencies, disasters and failures of utility services and equipment. We found health and safety checks were carried out on the premises on a regular basis. We reviewed the health and safety risk assessments which covered the internal accommodation and the grounds. These included 'risk warning symbols' but lacked specific instructions on the action to be taken to mitigate the risks. We discussed our findings with registered manager, who explained the action in progress to develop the assessments. 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 and electrical safety, water quality, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. Contract agreements were in place for the removal of hazardous and clinical waste. Processes were in place to identify and attend to general maintenance and repairs.

We looked at how risks to people's individual safety and well-being were assessed and managed. At our last inspection we found individual risk assessments were not properly recorded and regularly reviewed. At this inspection we noted sufficient improvements had been made. Individual risks had been identified in people's care records and were kept under review. The risk assessments include: dependency, skin integrity, nutrition and falls. Strategies had been drawn up to guide staff on how to monitor and respond to identified risks. The assessments were kept under review monthly or earlier if there was a change in the level of risk.

There was a 'comprehensive risk assessment' around mental wellbeing and behaviours. This incorporated an initial risk screening tool and an in-depth risk assessment process. The domains covered included: risk to others, risk of suicide, self-harm, physical violence, sexual violence and vulnerability/exploitation/self neglect. The domains provided scope for evidence of the identified risks to be included, however we found this information had not always been recorded. This meant the reasons the risks had been highlighted may not be clear. The processes concluded in a series of risk management plans which included actions for staff to follow on minimising the risks to the individual. We noted the risk assessments were kept under review and all relevant staff had signed to confirm their awareness of the risk assessments. One healthcare assistant told us, "I have been through all the risk assessment's they are quite easy to follow."

Records were kept of any accidents and incidents that had taken place at the service. We noted incident

reports were kept which provided clear and detailed information. The reports were logged at the administration office. However the incidents were not always properly recorded the person's daily notes. We found one reference to an incident, but the daily notes did not state what had happened or what action was taken and there was to no link to the incident report. This meant the records were incomplete and did not provide a clear audit trail of the incident. We discussed this with the registered manager who acknowledged our concern and agreed to rectify the matter. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends. Referrals were made to relevant health and social care agencies as appropriate.

We looked at the way the service supported people with their medicines. At our last inspection we found suitable arrangements were not in place for the proper and safe management of medicines. At this inspection we noted sufficient improvements had been made.

All the people spoken with said they received their medicines on time. They told us if they required pain relief this was provided and all they needed to do was ask for it. The care records we reviewed included a medicine plan. The plans were easy to follow and clearly stated why the person taking medicine, the dosage, amount, side effects and monitoring information. Some people were supported to manage their own medicines. We found appropriate risk assessments had been completed to enable and monitor this involvement. One person spoken with described how they managed their medicines and showed us the arrangements in place to keep them secure. We asked about other people managing their own medicines, we were advised this would not be suitable. However there was a lack of evidence to confirm that this response had been verified.

On the first morning of the inspection we observed people being given their medicines. This was carried out in a safe, professional manner and people were treated with dignity. We saw that MAR (Medicine Administration Record) charts were correctly completed and that afterwards medicines were stored away securely.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions prior to them being sent to the pharmacists.

People were identified by a photograph on their MAR which helped to reduce the risk of error. The MAR provided clear information on the prescribed items, including the name and strength of the medicines and dosage instructions. There were records which were clear, up to date and appropriately kept. However, we not noted one prescribed item had been discontinued; there was no indication on the MAR as to the reason for this and the change had not been appropriately signed and dated. We also found a discrepancy around the change of dosage on one item, which was previously prescribed "as necessary" but was being given on a regular basis. We checked the prescription which indicated it had been changed to a regular dose by a nurse prescriber, however the MAR chart had not been updated to reflect this change. We discussed this matter with the nurse on duty, who took action to rectify this matter during inspection.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff are aware of the individual circumstances this type of medicine needed to be administered or offered

We looked at the arrangements for the safe storage of medicines. We checked the arrangements in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We found appropriate secure storage was provided and that the stock levels were in agreement with the recorded balance. However we noticed one stock balance check had not been recorded since December

2016, this was not in line with the provider's medicines policy which stated checks should be completed weekly.

We checked medication storage areas which were found to be clean, tidy and secure. We noted one locked fridge was leaking water. We found the fridge temperature was being recorded on a daily basis, but noted that since September 2016 this had dropped to an unacceptable level. Which meant there was a possibility that the integrity of the medicines may have been compromised. No action had been taken to resolve this matter and it had not been reported the registered manager. This raised questions around a lack of staff awareness on appropriate storage conditions and the efficiency of service's audit systems. We discussed this matter with the nurse on duty, who quickly took action to pursue this matter during inspection.

We noted some good practice taking place in response to the refusal of medicines. This had resulted in a meeting being arranged with relevant agencies to discuss best interest's decisions. We also reviewed the action taken in response to a specific medicines error. We found this incident had been thoroughly investigated and actions taken to minimise future occurrences.

We found medicinal gas (oxygen) was stored at the service. However there was a lack of appropriate signage on doors to highlight this. We also noted a paraffin based product was prescribed "as necessary." Although this product was not in use, the related risk assessment highlighted such products should not be used in combination with oxygen as it was a fire hazard. Prompt action was taken during the inspection rectify these matters.

We observed medication audits had been conducted across the service which showed shortfalls had been identified, learned from and the necessary improvements made. Staff had access to a range of medicines management policies, procedures and nationally recognised guidance which were available for reference. Staff responsible for medicines management had received appropriate training and we noted their competencies had been assessed.

The nurses on duty and registered manager took immediate action to pursue the shortfalls we found, however we would have expected these matters to have been identified and rectified without our intervention.

- We recommend processes for auditing medicine management practices are further developed to identify and rectify shortfalls in a timely way.

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with did not express any concerns about the availability of staff 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 considered there were enough staff on duty at the service. They confirmed action was taken to cover unforeseen and planned staff absences. We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. The service had a staffing plan in place. This identified the required staff deployment structure for each designated area of the service. The plan specified the numbers and roles of staff to be on duty, including the nurse qualified staff and health care assistants. Consideration had been given to the skill mix of staff, including the qualifications and experience of nurses. The registered manager told us of the additional nurse qualified staff within the management team who were available for cover and support as needed. In addition, the service had a team of activity coordinators and the engaged support of a psychiatrist, occupational therapist, psychologist and homoeopathist. There was a team of cleaning staff with responsibilities for specific areas of the service, maintenance staff, gardeners, a catering team and administrators.

## Is the service effective?

### Our findings

The people we spoke with indicated satisfaction with the care, support and treatment they experienced at the service. They told us: "This is the best place going," "Generally things here are okay" and "This service is good for me and could happily stay here for the rest of my life," and "It's a good service with great staff."

People spoken with indicated they were always asked about matters affecting them, including their consent to support and care. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. Staff spoken told us the always consulted with people and asked for their consent before delivering care and providing support. One healthcare assistant commented, "We always involve people. We explain the options and why they are beneficial." The care records we reviewed included signed and dated agreements on consent to care and treatment. The agreements were kept under review.

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 the 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The care planning process included an assessment of people's capacity to make their own choices and decisions.

There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisation by local authorities in accordance with the MCA code of practice. Records had been kept to progress of pending applications. We noted clear information for the reasons for the applications were included in people's care records.

Records and discussion showed that staff had received training on this topic and further training was being arranged. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at how people were supported with their healthcare needs. All the people spoken with told us they could see a doctor, dentist or any other health professional when they need to. They said nurse qualified staff do check them over first and then decide with them if further attention is needed. People's medical histories, mental health diagnosis and healthcare needs were included in the care planning process. Their physical and emotional wellbeing was monitored daily and considered as part of ongoing

reviews. This meant staff could identify any areas of concern and respond accordingly. We found the service had established good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Records were kept of healthcare examinations/checks, visits from healthcare professionals and appointments in the community. This included consultations with GPs, nurse practitioners, speech and language therapists, opticians, dentists, podiatrists, psychiatrists and care coordinators. The registered manager indicated plans were underway to introduce a mental health 'recovery star' programme. This was to support people in actively sharing responsibility for managing their mental health care needs. We noted people's care files included a recording tool to support this process; however these were not yet completed. The registered manager explained arrangements were in hand for staff to access training on the 'recovery star' programme prior to its introduction.

We looked at how the service supported people with their nutritional needs. Since our last inspection, the service had been fitted with a new kitchen with upgraded catering equipment. This had greatly improved the preparation and cooking of food for the wellbeing and satisfaction of people using the service. People made positive comments about the meals provided at the service. They told us, "I happy with the food that is given," "The meals are pretty good, breakfast is cereal or toast. We have a main meal at lunch, we have soup and sandwiches at tea time," "The food that we have is good, but I enjoy eating out as well!"

Care records included information about people's individual dietary requirements, the support they needed and any risks associated with their nutritional needs. This information had been shared with kitchen staff who were aware of people's dietary needs, likes and dislikes. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary. Specific diets were catered for, including in response to cultural and religious needs. Fortified diets and pureed meals were blended in separate portions. The head chef had expertise in producing blended food in an appealing and appetising way. We were shown photographs of some previous creations which were commendable.

We spoke with the head chef who told us new menus had been introduced. These had been devised following a survey with people who used the service. Each person had been asked for their views on the food and their preferred meal choices. The service was working towards a four-week rotating menu system. The main meal was served at lunchtime and two choices were routinely offered. The menus we looked at showed variety of meals were offered. Menus were displayed for people to refer to. There were photographs of meals to help make people aware of the various choices. One person told us, "The food is great the staff always come round with a menu. If we don't want what is on the menu there will be two alternatives to choose from."

We observed the meals service at lunch time in one dining area. The meals were served from a heated trolley 'canteen style'. This meant people were able to choose their meal from the range of foods available and had control on portion sizes. We noted people enjoying the mealtime experience as a social occasion, in an unhurried way. We observed examples of people being sensitively supported and encouraged by staff with their meals. The meals looked plentiful, well presented and appetising. Mealtimes were flexible and people could eat in their rooms if they preferred. Drinks were available and offered throughout the day. Some people were involved in cooking their own meals and made drinks and snacks for themselves.

People were satisfied with the accommodation and facilities available. Since our last inspection some significant improvements had been made to improve the facilities and accommodation for peoples comfort and wellbeing. We looked around the premises and found several improvements had been made and were ongoing. These included additional shower rooms and up-graded toilets and bathrooms. Some communal



areas had been redecorated, new furniture, light fittings and soft furnishings provided. Bedrooms had also been decorated and refurbished. People had been actively involved in choosing the colour schemes and furnishings. The renovation of the activities centre had been completed. This incorporated a domestic style laundry, computer suite and adjustable height kitchen equipment for people using wheelchairs.

We looked at how the service trained and supported their staff. Arrangements were in place for new staff to complete an initial 'in-house' induction training programme. They spent two weeks 'shadowing' and working alongside experienced staff and worked through the induction training programme. This included an introduction to the service's core values for example, people's rights to individuality, independence, privacy and dignity. Staff spoken with told us about the training they had received. They confirmed that there was a rolling programme of learning and development at the service. This included: moving and handling, safeguarding adults and children, mental health awareness, basic life support, fire safety, health safety and welfare and infection prevention and control.

The service aimed to recruit staff with recognised qualifications in health and social care. Health care assistants had a Level 2 or above, NVQ (National Vocational Qualification) or were working towards a level 2 or 3 Diploma in Health and Social Care. Housekeeping staff had been supported to attain an NVQ in cleaning and the catering team were working towards achieving recognised qualifications. The registered manager also confirmed qualified nursing staff were supported to continue and update their professional development and had been enabled to revalidate their registration with the Nursing and Midwifery Council.

Staff spoken with indicated they had received one to one supervisions with a member of the management team. This provided staff with the opportunity to discuss their role and responsibilities in providing care and support for people who used the service. We found processes were in place for staff to receive an annual appraisal of their work performance, which included a review of their development needs. Records and discussions showed some staff supervisions and appraisals were overdue. However we noted plans were in place to address this matter. Additionally, information within the PIR clearly identified the implementation of effective staff appraisals and supervisions as an area for improvement at the service.

## Is the service caring?

### Our findings

The people we spoke with made positive comments about the staff team and the care and support they received at the service. Their comments included, "The staff are very good," "The staff are fantastic" and "All the staff are alright people."

We found Heightside House had a friendly and welcoming atmosphere. We observed positive and respectful interactions between people using the service and staff. Staff demonstrated sensitivity and tact when responding to people's emotional needs and behaviours. They showed kindness, compassion when they were providing care and supporting people with their daily living skills. People told us, "The staff go above and beyond their duties. They are always there when I need them;" "They are always caring and polite," "The staff are really good down to earth people" and "Staff always treat me with respect."

We found positive relationships were encouraged. There were no restrictions placed on visiting, relatives and friends were made welcome at the service. People told us of the contact they had with families and friends. There was a 'keyworker/named nurse' system in place. This linked people using the service and their family to a named staff member, who had responsibilities for overseeing aspects of their care and support. The system aimed to provide a more personalised service and develop beneficial and trusting relationships. People were supported to do as much for themselves as possible. For some people this could include empowering people to make their own decisions and confidence building to promote their independence and skill development. Staff spoken with understood their role in providing people with person centred care and gave examples of how they supported people and promoted their independence and choices.

We found the care planning process took into consideration people's social history, cultural needs, sexuality, relationships, religion and lifestyle preferences. Some people spoken with told indicated they were involved with planning their care and support. They said they had seen their care plans and that they were reviewed with them every three to six months. The care records we looked at showed people had been included in the care planning/review process and they had signed in agreement with them. We also noted examples where relatives had been consulted and involved as appropriate. Staff spoken with were knowledgeable about people's individual needs, personalities and backgrounds. They told us they were familiar with the content of people's care records. One person who used the service commented, "They understand my illness and help me in the best way they can."

We spoke with people about their privacy needs. They said, "Staff always knock before entering my room," "The staff always respect my privacy" and "Staff always knock and asked if I'm decent before entering my room." We observed people spending time in the privacy of their rooms. Bedroom doors were fitted with suitable locks and people were offered keys to their rooms. 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 other people's privacy. Staff described how they upheld people's privacy within their work, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. One healthcare assistant said, "The least we can do is give people as much dignity, privacy and control as



possible."

People we spoken with indicated that the staff listened to them and acted upon their requests. One person told us, "They know how to talk to us in a way we understand." We observed that people expressed their views and opinions during daily conversations. They were routinely offered choices and encouraged to make decisions. Residents meetings were held on a regular basis. This provided the opportunity for people to make suggestions, be consulted and make shared decisions. We noted from the records of meetings that various matters had been raised and discussed. Some people told us they were not interested in attending the meetings. We therefore discussed with managers, ways of encouraging people's participation and involvement with consultation meetings. This could further empower people and hopefully help to raise their self-esteem.

Since our last inspection, a number of notice boards had been introduced at the service. These provided a range of information for people to access and be kept aware of their rights and choices. Including the services' newsletter, various 'self-help' leaflets, proposed activities, forthcoming events, complaints procedures and the details of local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions.

There was brochure/guide about Heightside House Nursing Home. This provided people with details of the services and facilities available, staff training, management and quality monitoring arrangements and the complaints procedure. The values and aims of the service were highlighted in the 'residents' charter of rights' and the philosophy of care statement. We noted the service's CQC rating was on display all around the service. A copy of the previous inspection report was also on display at the service. This was to inform people of the outcome of the last inspection.

## Is the service responsive?

### Our findings

We looked at how the service managed complaints. At our last inspection we found the provider did not have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively managed and any necessary action taken. At this inspection we found sufficient improvements had been made. People spoken with indicated they were not familiar with the complaints procedures, as they had never had a complaint. One person said, "If I had something I wasn't happy about I would approach a member of staff."

There was a copy of the service's complaints procedure displayed on the notice boards. The procedure was also summarised in the guide to the service. This information provided guidance on how to make a complaint along with an indication of how the concerns would be investigated. Complaints forms were available around the service for people to complete. We noted the last newsletter reminded people to make use of the complaints forms and staff were available to assist people with process. Staff spoken with expressed an understanding of their role in supporting people to make complaints and how to respond to them.

We found processes had been introduced to respond to 'soft information,' including minor concerns and grumbles from people who used the service. The deputy manager showed us the action taken to respond to any dissatisfaction expressed within residents meetings, individual reviews and consultation surveys. Some people we spoke with indicated there was a lack of clarity around rules on alcohol at the service and this matter was responded to straight away. This provided a good indication that people's complaints were being taken seriously and proactively acted upon.

We reviewed the complaints management process. Since our last inspection there had been two formal complaints raised at the service. Records were kept of the date and nature of the complaints. Records showed the action taken to investigate one complaint and resolve matters. The complainant had been responded to following with the outcome of the investigation. However we found one complaint which had been raised over 12 months previously had not yet been resolved. There were no records to indicate the reasons why no action had been taken and the complainant had not been contacted with an outcome or explanation of their response. This meant the provider had not followed their own complaints procedures. During the inspection the registered manager took action to pursue this concern with the provider. However, we did not receive an assurance from the provider of the action taken to rectify this matter.

We reviewed how the service provided personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. Information within the PIR described in some detail the service's assessment process for new admissions and we discussed this with the register manager. The process involved gathering information from the person and other relevant sources, including the persons care coordinator/social worker and psychiatrist. We looked at the assessment records of the most recent admission and the assessment information in people's care records we reviewed. We found assessment was comprehensive and covered a wide range of needs and abilities, including: mobility, physical health, mental state, cognition, psychiatric history, behaviours, social history and cultural and spiritual beliefs. Initial risk

assessments were also completed. People's views of their needs and preferences were included in the assessment. The assessment resulted in the proposed initial care management plan.

The registered manager explained that the admission process was tailored to the needs of the individual. This was to ensure their needs and choices could be appropriately and effectively met. People were encouraged to visit Heightside House for day visits and overnight stays. This assisted with the ongoing assessment process and gave people the opportunity to meet with others, see the accommodation available and experience the service.

Each person had an individual care plan. We reviewed four people's care plans and associated records. The care and support plans were divided into sections in response to areas of need and were underpinned by a series of risk assessments. We found the care plans were sensitively and professionally written. They were up to date and personalised, the information identified people's needs and provided guidance for staff on how to respond to them. It was apparent the plans were reflective of people's preferences and most people had been consulted on the content. There was clear evidence that the care plans were reviewed regularly. There were also records of reviews with the involvement of others, including care coordinators, psychiatrists, social workers and relatives.

Records were kept of people's daily living activities, their general well-being and the care and treatment provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours and specific health care needs. We noted there was variance in the quality and detail of the information noted in daily records. Some entries were very clear, reflective and easy to follow; others were brief, vague and included generalised statements. This meant processes for monitoring and responding to people's needs may not be accountable and effective. However the registered manager had already identified this shortfall in record keeping and was taking action to make improvements.

People indicated they were mostly satisfied with the range of planned activities offered at Heightside House. The notice boards displayed information about the programme of daily activities, also details of forthcoming events, such as outings, church services and residents meetings. People had been actively supported on a one to one basis and in groups to attend community events and chosen leisure activities. These included: football matches, theatre visits, swimming, gym membership, shopping and bowling.

The activities centre was well equipped and a provided good resource for rehabilitation and skill development. People were enabled to complete domestic tasks such as dealing with laundry, cooking, baking and cleaning. There were computers for people to use, which meant they could improve and develop their IT skills. We spoke with an activities coordinator who described the activities provided in response to people's needs and choices, including the progress they had made. We looked at records of people's participation the rehabilitation programme, which included outcomes to show their progress. We discussed the value of identifying individual learning objectives, to provide a focus upon skill development. We also suggested ways of including additional practical life skills, to empower people and promote confidence building.

## Is the service well-led?

### Our findings

People spoken with had an awareness of the overall management arrangements at the service. They did not express any concerns about how the service was run. One person told us "I know who the manager is. I think this place is managed well." We noted the registered manager had an 'open door' policy to promote ongoing communication and openness. During the inspection we observed people regularly approached the managers and administration team for information and informal chats.

At our last inspection the provider did not have suitable systems or processes in place, to ensure the service was operated effectively. At this inspection we noted sufficient improvements had been made. One member of staff told us, "Staff morale is really good, our spirits have been lifted." A 'quality improvement group' had been established, to look at ways of reviewing the service and make positive developments. The service had an ongoing programme of refurbishment and decoration and it was apparent progress had been made and was ongoing in improving the environment. Staff recruitment processes had improved for the protection and wellbeing of people who used the service. There were suggestion boxes to encourage people to provide ongoing feedback on the service. The registered manager and deputy manager had produced and 'operational plan' to provide an overview of the progress at the service and the future plans for development.

A service user satisfaction and a staff survey had been carried out and the results analysed in September 2016. Efforts had also been made to consult with other stakeholders. We reviewed the findings of the surveys which included positive and negative outcomes. There was information to show matters requiring attention had been identified. Brief reference was made to the action taken to make improvements and to plan for further progress.

We found arrangements were in place for more comprehensive audits to be planned and carried out on processes and systems. Processes in place to as appropriate, to identify and analyse patterns and trends. The audits included: care plans, risk assessments, infection prevention and control, falls and mobility, DoLS and MCA applications, pressure ulcer prevention and management, medicine management, staffing levels, staff training and health/safety checks. There were some action plans available to respond to matters requiring attention. However this inspection confirmed there was a lack of effective auditing process to identify and manage improvements relating to the safe handling of medicines. It was also apparent the complaints systems had not been properly monitored and audited to ensure the appropriate procedures were followed.

The registered manager explained that representatives of the provider continued to visit the service and completed reports on their findings. However the reports following the visits were not readily available at the service. It was not clear the findings were shared and agreed with the registered manager or effectively monitored by the provider. This meant processes were lacking in demonstrating the provider had structured oversight of the service. Following the inspection we received a copy of a monitoring report completed in February 2017. This clearly highlighted the need for further improvements to the quality monitoring and governance systems at the service.

- We recommend the registered providers review and update their governance and oversight systems to ensure they provide a more structured, dependable and accountable process.

The management team in place included the registered manager, deputy manager and lead nurses. The staff rota had been arranged 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. Comments from staff included, "The management is good" and "The managers are very supportive."

The registered manager and deputy expressed commitment to the ongoing improvement of the service. Information included within the PIR showed us the managers had identified some matters for development within the next 12 months. The service had established links with various community resources, also partner agencies. Further initiatives and projects were being considered and planned.

Various staff meetings had been held. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. One staff member commented, "We have staff meetings. We can contribute our ideas and speak up about things." Staff spoken with were well informed and expressed a good working knowledge of their role and responsibilities. The service's vision and philosophy of care was reflected within the services written material including, the statement of purpose and policies and procedures. Staff had been provided with job descriptions and contracts of employment which outlined their roles and responsibilities. They had access to the service's policies and procedures. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. One member of staff said, "The managers are approachable, I would feel confident to speak to them."

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the managers had appropriately submitted notifications to CQC about incidents that affected people who used the service.