Scotia Health Care Limited

Scotia Heights

Inspection report

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27 June 2018
23 July 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 26, 27 June 2018 and 23 July 2018.

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

Scotia Heights is registered to provide a service for up to 60 people who have a neurological disability, enduring mental health, brain injury, stroke and early onset dementia. On the days of our inspection there were 52 people living in the home. The home is situated on three floors and divided into six units of which were accessed by a passenger lift.

We carried out an unannounced comprehensive inspection of this service on 7 and 9 February 2018. The provider was found to be in breach of regulation 17, Good governance. After that inspection we received concerns in relation to the safety and wellbeing of people who used the service. As a result, we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scotia Heights on our website at www.cqc.org.uk

At the previous inspection in February 2018, the service was rated 'Requires Improvement.' We carried out an inspection on 26 and 27 June 2018 and 23 July 2018. At this inspection we found concerns relating to care and support provided to people. We shared these concerns with the operation manager and the operation support manager who assured us that action would be taken to improve the service provided to people. On the third day of our inspection the provider had taken some action to improve the safety and welfare of people. The overall rating for this service is 'Requires Improvement.'

The home has been without a registered manager since November 2017. This meant the provider was in breach of the conditions of their registration. 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. In the absence of a registered manager the home was being run by two interim managers who were supported by the operation support manager who informed us they would be applying to registered with the commission.

At this inspection we identified that improvements were needed to ensure the safe management of medicines. We found the risks to people were not managed effectively or safely and this compromised their wellbeing. When we returned on the third day to complete our inspection. The provider had taken some action to ensure people received their medicines as directed by the prescriber. The risk to people had been reviewed and some systems put in place to reduce the risk of potential harm to them.

Since our last inspection in February 2018, additional staff had been recruited to ensure people received consistency with the care and support provided. People could be confident that practices and systems in place would reduce the risk of cross infection. People had access to information about who to talk to if they had any concerns about abuse and staff were aware of their responsibilities of safeguarding people from the risk of potential abuse.

Since the last inspection visit the management team had changed. The provider's governance was ineffective in assessing, monitoring and to drive improvements. However, the operation manager told us about systems and practices to assess and monitor the quality of service which had recently been implemented and as such we have not been able to assess the sustainability of these new systems. People who used the service and staff were encouraged to be involved in the management of the home. People were supported by staff to maintain links with their local community. The provider worked with other agencies to provide care and support for people.

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 consistently safe.

Staff did not always adhere to care plans relating to PEG and tracheostomy care or ensure that the risk assessments were followed appropriately.

We identified that improvements were needed with regards to the management of medicines and on the third day of our inspection the provider had taken some action to address this.

Staffing levels had increased to ensure people received consistency with the care and support they received. Safe recruitment practices ensured the suitability of people who worked in the home.

People were safeguarded from the risk of potential abuse because staff knew how to protect them. Practices and systems reduced the risk of cross infections.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider has been without a registered manager since November 2017. The provider's governance was ineffective in assessing and monitoring the quality of care provided to people. However, where we had identified risks the provider had taken some action to address this to ensure people's safety.

The provider had recently implemented systems and practices to improve the quality of the service and as such we have not been able to assess the sustainability of these new systems. People had the opportunity to have a say about how the home was run.

The provider worked with other agencies in providing care and support for people. People were supported by staff to maintain links with their local community.

Scotia Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was partly prompted by an incident which had a serious impact on a person using the service and that this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, we did look at associated risks.

This inspection took place on 26 and 27 June 2018, and 23 July 2018 and was unannounced. On the first two days of this inspection we identified concerns in relation to the safety of people who used the service. We returned on 23 July 2018, to find out what action the provider had taken to improve the service.

On 26 and 27 June 2018, the inspection team comprised of one inspector and a specialist advisor who was a specialist in nursing care. On 23 July 2018, the inspection was completed by one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

At this inspection we spoke with one person who used the service, three care staff and two nurses. We also spoke with the interim manager, operation support manager, operation manager, two-unit managers and a clinical nurse manager. We looked at nine care records, medicines administration records, risk assessments and records relating to quality audits. We observed care practices and how staff interacting with people.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. At this inspection we identified shortfalls with the care and support provided to people. We returned on 23 July 2018, to complete our inspection and to find out what action the provider had taken to address the shortfalls we had identified. We found that the provider had taken some action to improve the service provided to people. However, some areas still required improvement. This key question was rated 'Requires Improvement.'

People were not always supported by staff to take the medicines as directed by the prescriber. At our previous inspection we identified improvements were required to ensure the safe management of medicines. On the first two days of this inspection we found the provider had not taken sufficient action to address this. We found that staff had not followed a person's care plan to ensure they received the appropriate treatment to assist with their bowel movement as directed by the prescriber. This placed the person's health at risk. We shared these concerns with a nurse who assured us that action would be taken to address this. On the third day of the inspection we observed that the person's care plan had been reviewed and updated. The medication administration record showed that this person had received their treatment as directed by the prescriber.

Another person had been prescribed oral care treatment to prevent gum problems. The person's record showed this should be applied twice a day. However, further information in their care records showed this treatment could be applied once or twice a day. This meant the person was at risk of not receiving their treatment at the correct frequency. When we followed this up on the third day of our inspection the clinical nurse manager contacted the prescriber to find out how often this treatment was needed. They assured us that the care plan would be up dated to make sure the person received their treatment as confirmed by the prescriber.

One record showed a person had been prescribed treatment to manage their health condition. However, their treatment and the dosage was not identified on the medication administration record (MAR). A MAR is a record of people's prescribed medicines that is signed by staff when medicines have been given to people. When we returned on the third day of our inspection we observed that the person's prescribed medicine was on the MAR and staff had signed this to show when the person had been given their treatment. This meant there was a clear record of the person's treatment and when it had been administered.

People could not be confident that their prescribed medicines would be suitable for use. We found that some people had been prescribed medicines that were required to be stored in the fridge. The temperature monitoring of the fridge was inconsistent to ensure medicines were stored at the appropriate temperature range. For example, May 2018 checks had not been carried out for five days and in June 2018 three days. This meant the provider could not ensure that medicines were stored in accordance to the pharmaceutical manufactures recommendations. On the third day of our inspection we observed that the provider had taken action to ensure medicines were stored at the appropriate temperature range. Where discrepancies had been identified with the temperature the provider had taken action to address this.

The care that people with a tracheostomy received required strengthening. We looked at how the provider managed risks and reviewed the care and support provided to people who had a tracheostomy. A tracheostomy is an artificial airway that is used to help people to breathe. The interim manager told us there were three people who had a tracheostomy. Due to these people's health condition they were unable to tell us about the support they received with their tracheostomy. The operations manager told us that since our last inspection in February 2018, two tracheostomy trained nurses were always on duty and the rotas we looked at evidenced this. This should ensure that people received the appropriate support when needed.

We looked at records relating to tracheostomy care and found information contained in these records were inconsistent with regards to the support provided to people. For example, one record told staff about the appropriate pressure range for the tracheostomy tube cuff (this is a part of the tracheostomy equipment). We found that the recommended pressure for this cuff as shown in the care record had been exceeded. The over inflation of the cuff could potentially cause trachea (windpipe) wall damage. During the inspection visit the operations manager obtained advice from a healthcare specialist who confirmed that the tracheostomy cuff tube cuff had been over inflated. This meant person's health had been placed at risk. The operations manager assured us that the person's care record would be reviewed. On the third day of our inspection visit we saw that action had been taken to review the tracheostomy care plan to ensure staff had access to relevant up to date information. We observed that a record was maintained of the pressure cuff measurement. However, we saw that on three occasions the appropriate pressure range had been exceeded. Therefore, the person continued to be placed at risk of harm. We shared this information with the operations manager. They told us that this had been addressed with the staff responsible and additional supervision had be provided to improve their skills.

The risk to people was not always managed. Information contained in one care record and discussions with staff identified that the person managed their tracheostomy care themselves and there was a risk assessment in place to support them to do this safely. However, the risk assessment told staff to check that the person was carrying out their tracheostomy care appropriately. We could not find any evidence that these checks were being carried out and this placed the person at potential risk of harm. We shared this information with the manager who told us this would be reviewed. On the last day of our inspection visit we observed that a record had been maintained of checks undertaken to ensure the person carried out their tracheostomy care safely. However, we observed that nurses who were responsible for overseeing these checks did not always sign the record to demonstrate these checks were being carried out by the care staff. We shared this information with the clinical nurse manager and the operations manager.

One record showed the person had medical equipment to assist with their breathing and feeding. This person was unable to use the nurse call alarm and their care record showed they should be checked by staff regularly. However, when we spoke with staff they told us they did not have any specific time to carry out checks and this was done on a casual basis. A staff member told us the person needed to be repositioned in bed every four hours and during this period the person would be checked. Infrequent checks placed the person at risk of isolation and not receiving prompt care or support when needed. On the third day of our inspection visit we observed that the provider had taken action to address this. We saw that a record was maintained of frequent checks to ensure the person's wellbeing and safety.

One record showed the person had a diagnosis of epilepsy but there were no records in place to record or monitor their seizures. A nurse said, "If there is no record in place that means they have not had any seizures." However, we later saw a daily note that showed the person was 'unresponsive, their eyes were crossing and their head appeared stiff.' The nurse said they were unaware of this incident. We looked at another record that showed it was difficult to distinguish between agitation and a seizure. Hence, there

were no effective systems in place to monitor this person's epilepsy which placed them at risk. When we returned to see what action the provider had taken, the clinical nurse manager told us that the person had not had a seizure for a number of years. They told us that if the person experienced a seizure a recording monitoring form would be put in place.

People were not always provided with the relevant support with regards to their Percutaneous endoscopic gastrostomy (PEG). We looked at two care records where people had PEG. PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into the person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not possible. One care record showed that the PEG tube should be rotated once a day to prevent granulation. However, records showed this had been carried out twice a day. Granulation is where the skin granulates (sticks) to the PEG tube. Excessive rotation of the PEG tube could potential cause an infection. The person's care records showed they had recently been prescribed treatment for an infection from their PEG site. We shared this information with the operations manager who obtained advice from a healthcare specialist who confirmed best practice was to rotate the PEG tube once a day. When we returned on the third day to see what action the provider had taken we observed that this person's care record had been reviewed and up dated. The care record provided staff with clear information about how to manage the person's PEG site. We found that most entries on the care record showed that staff had followed the care plan. However, we found that some staff continued to rotate the PEG tube twice daily although they had not identified the reason for this. This placed people at risk of an infection. We shared this information with the operations manager who said this would be addressed with the staff members concerned.

Staffing levels had improved since our last inspection and people could now be assured that they would be supported by sufficient numbers of staff. At our previous inspection people were at risk of not receiving consistency with the quality of care they received. This was because of the high level of agency staff used to bridge the gap of staff shortages. At this inspection the operations manager told us that since the last inspection visit they had recruited six nurses, six full time care staff and two-unit managers. They told us they were still in the process of interviewing prospective candidates. We observed that staff were located in each unit and were nearby to assist people when needed.

Staff continued to be subject to appropriate pre-employment checks to ensure that they were fit to work in a care setting. At our previous inspection staff told us that a Disclosure Barring Service (DBS) was carried out before they started to work at the home and the records we looked at provided evidence of these checks. Staff told us that references were also obtained. This meant people could be confident that staff were suitable to assist them with their care needs.

At our last inspection people told us they felt safe living in the home and most of the staff were aware of their responsibilities of safeguarding people from the risk of potential abuse. Information was displayed throughout the home telling people what to do if they were concerned about abuse. Safeguarding referrals to the local authority that had been made by the provider when required. We saw that information of concern had been recorded and showed in most cases what action had been taken to reduce the risk of a reoccurrence. This demonstrated that the provider had taken the appropriate measures to safeguard people from risk of potential abuse.

At our previous inspection we found that practices and systems were in place to reduce the risk of cross infection. At this inspection we observed that these standards had been maintained. The cleanliness of the home was satisfactory. Hand wash areas were situated throughout of the home to promote regular hand washing. We observed that staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. The appropriate use PPE helped to reduce the risk of cross infection. The provider had a

nominated infection, prevention and control [IPC] lead. This person was responsible for reviewing and monitoring hygiene standards throughout the home. The home had been awarded the maximum five stars with regards to their environmental health inspection. This demonstrated good hygiene practices with regards to food handling.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question. The provider was in breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us what measures they would take to improve the service and to be compliant with this regulation.

This inspection was carried out over three days. The third day of the inspection was to find out what action the provider had taken with regards to the shortfalls identified on the first two days of our inspection visit. We found that the provider had taken some action to address the concerns identified. However, improvements were needed to ensure changes were monitored to ensure that people received consistency with the care and support they received.

At our previous inspection the management of medicines did not always ensure people received their medicines as directed by the prescriber. At this inspection we found that the provider's governance did not identify that staff had not followed a person's care plan to ensure they received their treatment as prescribed. The governance did not identify that information relating to person's oral care treatment was not clear. This meant the person did not receive their treatment consistently. Monitoring systems did not identify that a person's prescribed treatment was not identified on their medication administration records. Hence, there was no evidence that the person had received their treatment at the appropriate frequency and dosage as directed by the specialist nurse. Monitoring checks did not discover that the fridge temperature where medicines were stored were not checked every day. Therefore, the provider was unable to demonstrate that these medicines had been stored appropriately as directed by the pharmaceutical manufactures.

Checks did not identify that people did not always receive the appropriate support with their tracheostomy and PEG feed and this placed them at risk of harm. The provider's governance did not identify that one person did not receive regularly checks as identified in their care record. This placed the person at risk of not receiving assistance when needed because they were unable to use the call alarm. Monitoring systems did not identify that staff had not adhere to a person's care plan where checks were required to ensure they managed their tracheostomy care safely.

We observed that care records were hand written and in two cases we found that the handwriting was not legible. For example, one person had been diagnosed with epilepsy but we were unable to read how to manage the person's seizures. This meant staff did not always have access to clear information about how to care and support people.

We shared these concerns with the operations manager and the operations support manager. On the third day of our inspection we found that the provider had taken some action to ensure the wellbeing and safety of people who used the service. However, further improvements were required to ensure that nurses monitored that safety checks were carried out by care staff in relation to a person who managed their tracheostomy care. The provider needed to ensure that staff adhered to care plans relating to PEG care and

that staff have access to clear up to date information relating to a person's oral care.

This was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection visit the operations manager sent us a copy of their improvement plan.

The provider has not had a registered manager in post since November 2017. At our previous inspection the provider had appointed a new management team. At this inspection visit we found that a different management team had been appointed. We spoke with the operations support manager who told they had worked for the provider for seven years. They had been in post at Scotia Heights for three weeks and would be applying to register with the commission.

On the third day of our inspection the operations manager told us that the operations support manager had not submitted their application form to register with the commission. This was due to them waiting for a supporting document required to be submitted with their application form. This meant the provider continued to be in breach of their condition of the registration.

The operations support manager was supported in their role by the operations manager. The operations support manager was overseeing two interim managers who were running the home at the time of our inspection visit. One person who used the service told us the new management team were nice and approachable. They said, "The new managers are nice to talk to."

We observed that systems and practices to improve the quality of the service had recently been implemented and as such we have not been able to assess the sustainability of these new systems. For example, the operation manager told us they had implemented an eight-week action plan that would be merged with the governance to improve the service. We were told that weekly head of department meetings would be carried out to review respiratory and wound care training. This would ensure that staff had the appropriate skills to support people effectively and safely. The operation manager told us that the service user's ambassador would be involved in future staff recruitment. This would ensure that people had a say who worked with them.

The operations manager told us that an improvement plan had been agreed by the board and if there were any subsequent changes to the management team this plan would stay in place to ensure consistency with improvements. They told us that weekly conference calls were carried out to discuss and review improvements made. The operation manager had identified that the staff on one unit needed additional support to improve standards in relation to the care and support people received. They told us that admissions to this unit had stopped until standards had improved.

The operation manager provided us with evidence of the undertaking of health and safety committee meetings. These meetings looked at risks relating to the environment, fire safety and moving and handling amongst others. During this meeting it was also identified the percentage of staff who had received training in these areas and where this needed to be improved.

The operation manager told us about 'food forum' meetings. This was to discuss with people the meals provided and how to improve their dining experiences. Since our last inspection the provider had taken action to ensure meetings with people who used the service and staff were regularly carried out. This gave people the opportunity to tell the provider about what worked well and where improvements may be required. A 'meeting schedule' for 2018 had been completed showing the dates of planned meetings.

At our previous inspection we found that people were supported to maintain links with their local community and this level of support continued. The provider worked in partnership with other relevant agencies to provide care and support for people who used the service. At the time of our inspection we observed other agencies visiting the home to review the service provided to people. These included the local authority safeguarding team and the Clinical Commissioning Group (CCG).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's governance was ineffective to assess, monitor and to drive improvements. Monitoring checks did not identify the shortfalls with regards to tracheostomy and PEG care. Systems were not robust to identify that people did not always receive their medicines as directed by the prescriber or to ensure medicines were stored as recommended by the pharmaceutical manufactures. The provider's governance did not identify that one person did not receive regularly checks as shown in their care record.

The enforcement action we took:

Warning Notice was issued in relation to the continued breach of regulation 17.