

Scotia Health Care Limited

Scotia Heights

Inspection report

Scotia Road
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Ratings

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

Summary of findings

Overall summary

What life is like for people using this service:

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported safely to manage their risks, whilst promoting their independence. Medicines were managed safely. Effective care planning was in place which guided staff to provide support that met people's needs which were in line with their preferences.

People consented to their care and were supported in their best interests. People were supported to eat and drink sufficient amounts in line with their assessed needs. People's diverse needs had been planned for which ensured they received individualised care in all aspects of their life. Professional advice had been sought and acted on to ensure people's health and wellbeing was maintained. Systems were in place to ensure people received consistent care across the service and when accessing external services.

Staff were kind and caring towards people and promoted choices in line with individual communication needs. People were treated with dignity and their right to privacy was upheld.

People were supported to be involved in hobbies and interests that were important to them. People and their relatives were involved in the planning of their care, which meant people were supported in line with their preferences. Complaints systems were in place, which people and relatives knew how to use. People's end of life wishes and needs were taken into account to ensure they received individualised care at this time of their lives.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. The provider continually sought ways to improve the service people received.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

Requires Improvement (supplementary report published 15 December 2018)

About the service:

Scotia Heights is a care home that was providing personal and nursing care to 48 people at the time of the inspection.

Why we inspected:

This inspection was brought forward due to information of concern we had received and to check the provider had made improvements since the last inspection.

At the last comprehensive inspection in February 2018 the service was rated requires improvement overall (in the key questions of Safe, Responsive and Well Led). There was a breach in regulation because the governance systems in place were not effective in identifying and mitigating risks to people, which placed them at risk of poor care.

We carried out a responsive inspection in June 2018 and July 2018 due to information of concern and found improvements were still required in the key questions of Safe and Well led. There was a continued breach in regulation because the systems in place to monitor and manage the service were not effective. We served a warning notice and asked the provider to make improvements within a specific timescale.

At this inspection the required improvements had been made and the service had met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Scotia Heights

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector, a nurse specialist 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.

Service and service type:

Scotia Heights is a care home that accommodates up to 60 people who may be living with neurological disabilities, enduring mental health, brain injuries, stroke and early onset of dementia. The service was split into six units. At the time of the inspection One of the units was closed due to a refurbishment and there were 48 people living across five units.

People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced and was carried out over two days.

What we did:

We used the information we held about the service to formulate our planning tool. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. Before the inspection we contacted commissioners to gain their experience of working with the service.

We spoke with six people who used the service and two relatives. We observed care and support in communal areas to assess how people were supported by staff. We spoke with two nurses, six care staff, the clinical manager, the registered manager and the regional director.

We viewed ten people's care records to confirm what we had observed and staff had told us. We looked at how medicines were stored, administered and recorded for 14 people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection improvements were needed to ensure people's risks were mitigated to protect them from harm. At this inspection the required improvements had been made.
- Risk assessments and support plans were in place which gave staff guidance to follow to keep people safe. We saw the plans were followed by staff and improvements had been made to the monitoring of people's daily care needs.
- Staff knew people well and explained how they ensured people's risks were lowered.

Using medicines safely

- At the last inspection we found improvements were needed to ensure medicines were consistently managed safely. At this inspection the required improvements had been made
- People told us they received their medicines when they needed them. One person said, "The staff are very good and if I say I am in pain they make sure I have a painkiller to help me".
- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff were trained to ensure they were competent in medicine administration.
- Guidance was available for staff to follow when people needed 'as required' medicines, which ensured people received their medicines when they needed them.

Staffing levels

- People told us there were enough staff available to meet their needs. One person said, "Staff come to me when I need them, they make sure I have my buzzer next to me to call for them". Another person said, "There is enough staff, they look after me well". We saw there were enough staff available who were deployed effectively to ensure people received support when they needed it.
- The provider had a staffing tool in place to ensure there were enough staff available to provide support to people. There were contingency plans in place to ensure people were not affected when there were staff shortages at the service.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Preventing and controlling infection

- People and their relatives told us the service was always well maintained and clean. We saw all areas of the home and equipment were clean and best practice information for hand washing was in place.

- Staff wore gloves and aprons which demonstrated systems were in place to ensure the risk of cross infection was minimised.
- The registered manager carried out checks to ensure infection control risks were lowered and to ensure staff were following procedures to prevent and control infection.

Systems and processes

- People were protected from the risk of abuse because staff understood the procedures in place to recognise and report suspected abuse.
- The registered manager had reported suspected abuse to the local safeguarding authority where required. Investigations had been undertaken to ensure people were protected from the risk of harm.

Learning lessons when things go wrong

- The registered manager told us that they had taken learning from the last inspection and it had helped them to focus on the improvements needed. We saw how the registered manager had ensured staff were working in line with the improvements made at the service.
- Incidents that had occurred at the service were recorded. The registered manager analysed the incidents and ensured action had been taken to lower further occurrences. Staff were informed of changes to people's support as a result of this, which ensured lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. This ensured people received support that met their needs.
- Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support. Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Records showed that where diverse needs had been identified such as religion and sexual orientation the provider had followed the requirements of the Equalities Act 2010. The registered manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food on offer and we observed people's experience was positive at mealtimes. One person said, "The food is really good here". Another person said, "I am quite fussy with my food and I spoke with the staff about this. I like my family to bring in some of my food and this isn't a problem".
- People's nutritional needs were monitored and managed to ensure they received adequate food and drink which was prepared in a way that met their individual needs.
- Advice was gained from professionals such as the Speech and Language Therapist Team (SALT) to ensure people's nutritional risks were managed. We saw staff followed the advice provided.

People are supported to have healthier lives and have access to healthcare services

- People had access to healthcare professionals. One person said, "I like to make my own appointments and staff take me". Records showed that people had attended appointments with G.P's, Chiropodists, consultants, and diabetic nurses.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Staff skills, knowledge and experience

- Staff told us they had received an induction at the service before providing support to people. One member of staff said, "The induction was good and I felt ready to provide support to people after I had received training and shadowed other members of staff".

- Staff received a supervision, which gave them an opportunity to discuss any areas of development they needed.

Staff providing consistent, effective, timely care

- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and detailed people's high-level needs. This ensured that people received a consistent level of support from staff.
- We saw hospital transfer forms which were used to ensure that people received a consistent level of support between services.

Adapting service, design, decoration to meet people's needs

- The layout of the service enabled people to move around freely. People had access to communal rooms where they could socialise and private rooms when they wished to spend time in their own company.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grab rails were in place to ensure people were safe whilst promoting their independence within the service.

Ensuring consent to care and treatment in line with law and guidance

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.

- People were encouraged to make decisions about their care. One person said, "The staff let me choose what I need help with and they listen to me, which is good". Another person said, "The staff ask me what I want and I get what I want. I am never told what to do".
- Staff respected people's decisions. We saw detailed plans were in place where people had made decisions that could affect their health and wellbeing. For example; one person refused a specific area of support. The plan showed a discussion with the person about the risks to their health and the person's decision in this area, which had been signed to show they understood the information.
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- The registered manager had submitted referrals to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us staff treated them in a kind and caring way. One person said, "The staff are gorgeous. They treat me so well, I like them all". Another person said, "Staff are very kind and make sure I'm okay".
- We observed caring interactions between people and staff. One person liked to have a hug which made them felt cared for. Staff showed patience when supporting people and ensured people were comfortable throughout the inspection.
- People were supported to establish and maintain relationships with their families and friends. People told us they regularly met up with friends and family which was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices about the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. Staff understood people's individual methods of communication and support plans were in place to give staff guidance on the most effective way to communicate to help people express their views.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices. This gave people control over their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person said, "The staff treat me with dignity. I have never had a problem as I feel respected". We saw staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently. Positive risk-taking plans were in place to ensure people were safe when they wished to access the community independently.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People told us they had opportunities to access interests and hobbies that were important to them. One person said, "I like to stay in my room and play with my games. I go out too which I really enjoy". Another person said, "I like the different types of entertainment and I can go out by myself. I just let staff know where I am going and when to expect me back".
- We saw records that showed people were supported to partake in activities and to access the community. Where people accessed the community independently there were risk assessments and care plans in place to ensure people were safe and were aware of potential dangers to their safety.
- Staff knew people well and supported people in line with their preferences. The support plans detailed people's preferences which were followed by staff when they provided support to people.
- People and their relatives were involved in the planning and reviewing of their support which ensured people received support in line with their wishes.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I don't have any concerns but I would speak with the unit manager if I had any". A relative told us they had raised concerns with the unit manager who had acted on these to make improvements to their relative's care.
- We viewed complaints that had been received at the service. Investigations had been carried out and a full written response had been provided to the complainant.

End of life care and support

- People had been involved in discussions about their care at the end of their life, this ensured that people were supported in line with their wishes.
- Medicines to manage pain when people were at the end of their life were available and clear instructions were recorded to ensure people were comfortable and pain free.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- At the last inspection the provider was in breach of Regulation 17 because the provider's governance systems were not effective in mitigating risk to people. At this inspection, the required improvements had been made.
- There had been significant improvements to the quality assurance systems in place, which we saw the registered manager had followed in practice. Where the quality audits had identified an issue, the registered manager had taken action to ensure improvements were made.
- Discussions were held with staff to ensure they were aware of any changes in people's support needs or practice. For example, changes were made to the way staff completed monitoring charts to ensure they were effective in identifying concerns. Staff had received training from the registered manager to ensure they understood how to record effectively.
- At the last inspection the provider was in breach of their conditions of registration because there was not a registered manager in place. At this inspection, there was a registered manager who understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display.
- The provider had systems in place to ensure the registered manager was undertaking their role effectively and working in line with regulatory requirements. There was an improvement plan in place which the Regional Director and Registered Manager regularly updated when improvements had been implemented.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People and relatives felt able to approach the registered manager and management team. One person said, "They [registered manager] are very nice and always ask how I am when they see me". We observed people approach the registered manager, who gave them their time and listened to what they wanted.
- Staff we spoke with were positive about the registered manager and the management team. They told us there had been an improvement in communication between management and staff. One staff member said, "We [staff] know who to talk to now, we didn't know before". Another staff member said, "The service has settled since Christmas, the management team are more approachable and the communication between us (management team and staff) is a two-way thing now"

- The registered manager promoted the values of the service, which the staff followed in practice. The registered manager attended meetings to share and receive good practice initiatives with other providers and professionals. This showed the registered manager continually sought to improve the service they provided.
- The registered manager understood and acted in line with duty of candour when things went wrong. People had received a formal apology where there had been problems with their care.

Engaging and involving people using the service, the public and staff:

- Feedback was gained from people during meetings and through questionnaires, which were used to make improvements to the service received. Details of the actions taken as a result of the feedback was made available to people and their relatives.
- Staff meetings were held regularly and staff told us the registered manager listened to any suggestions made to improve the service. One staff member said, "The registered manager and the clinical managers are very good. They listen to any suggestions and share their plans to improve the service". Another member of staff said, "We have autonomy to do things and suggestions are listened to and acted on to make things better for people".

Continuous learning and improving care:

- Staff told us they had opportunities to undertake further development and the registered manager actively sought condition specific training. This meant people received effective support because staff were supported to continually develop their skills and knowledge.
- Weekly management meetings and daily meetings with unit managers had been implemented to discuss any issues and how improvements can be made to people's care.

Working in partnership with others:

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.