

# Scotia Health Care Limited

# Scotia Heights

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Scotia Heights is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

The service accommodates people in a purpose-built building, across six separate units. Each unit has the capacity to support ten people each. The units have their own lounge and dining facilities alongside a small kitchenette. Some units specialise in more physical health needs whereas other units are more focussed on providing support for people's mental health.

### People's experience of using this service and what we found

The service had recruited new staff. However, we were not sure if all staff were aware of their role and the regulatory requirements within which they worked. This was because we could not find evidence to confirm competency assessments had been completed as part of their staff induction.

Risks to people's safety were assessed and the service was able to meet the needs of people currently living in the service. Sometimes this meant staff needed to leave their unit to help other units within the home.

People received their medicine as prescribed and were safeguarded against the risk of abuse.

People were supported by sufficient numbers of staff who had been recruited following the application of safe recruitment procedures.

We were assured that the provider was following the guidance around preventing and controlling infection in regard to Covid-19.

The provider could evidence lessons had been learnt when things went wrong and had increased governance the systems in place to ensure they was greater oversight of people's care needs.

The culture of the service presented as positive and people told us they were listened to and able to contribute to the development of the service. The provider worked in partnership of others and understood their duty of candour.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 September 2020). At the inspection a number of breaches were identified. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focussed inspection of this service on 03 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

Requires Improvement ●

The service was not always 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by three inspectors. One of the inspectors was from the medicines team.

#### Service and service type

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

#### Notice of inspection

We gave the service 18 hours' notice of the inspection. This was because we needed to know about the Covid-19 status in the home and discuss the infection prevention and control measures in place.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with 18 members of staff including the registered manager, clinical nurse leads, unit managers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing rotas.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found concerns regarding the management of risk and the safe use of medicine. This was a breach of regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At the last inspection concerns were raised around the length of time people were left between welfare checks. A number of people who access the service are nursed in bed and unable to use their call bell. These people rely on staff to ensure they are safe and well. At this inspection we found 15-minute checks were in place for everyone who was unable to use their call bell. This meant people were at a reduced risk of harm.
- We reviewed the reports in relation to the management of distressed behaviour and cross referenced it with other relevant records. At this inspection we found there had been some changes to the client group and the need for any physical intervention was planned and carried out in line with people's care plans. We found there was sufficient staff, across the service, to safely manage this risk.
- However, we would recommend more staff training is needed should the service again accept people who exhibit unpredictable behaviour and may require an unplanned physical hold to protect them and others. A review of the rota demonstrated that not all staff had received physical intervention training and the staff who were trained were often spread across a number of different units. This had the potential to impact on the staff's ability to safely respond to an unexpected incident.
- Risk's to people's safety were assessed and positive risk taking was supported where someone had the capacity to make unwise decisions. For example, one person refused to comply with dietary recommendations. There was a clear audit trail of actions taken by staff to mitigate the risk of harm while, at the same time respecting the person's wishes.

### Using medicines safely

- At the last inspection we found people were not being safely supported to take their medicine. At this inspection we found people were now receiving the appropriate level of support.
- People's medicine needs were clearly care planned. Additional guidance was in place for the use of covert medicine, controlled drug administration and 'as required' medicines.
- Medicine audits were carried out and action taken when an error occurred. Over the past year a number of errors had been reported. We were reassured to see investigations had been carried out to identify the root cause. This ensured errors were not repeated and staff performance could be accurately monitored.

### Staffing and recruitment

At the last inspection we found improvements were needed in regard to the deployment of sufficient

numbers of staff. This was a breach of regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection the use of agency staff had dramatically reduced and usage was now minimal in the service. The registered manager advised they had been tackling the reasons for agency staff by increasing staff recruitment and better managing sickness within the team.
- One person told us, "The staff are great and there is enough of them. The only thing I don't like is when my staff have to help out other units." We explored this comment further and found this did happen when a specific unit needed additional support from staff who had received training in areas such as restraint. One staff member told us, "We are one team and do help each other out but it will be good when all staff are up to date on all their training, so we don't have to move about."
- People were supported by staff who had been recruited following the application of safe recruitment procedures. Staff's character, background and qualifications were assessed prior to them being offered a job role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Scotia Heights. One person said, "Yes, I definitely feel safe."
- Staff received training in recognising and reporting abuse and were able to explain the process they would follow if, they became concerned about someone's welfare.
- Where previous safeguarding concerns had been substantiated, we found action had been taken to mitigate the risk of further harm. For example, training had recently been delivered to staff around safe bowel management to increase their understanding of the key factors to be aware of.

Preventing and controlling infection

We reviewed the infection prevention and control measures in place in the service, particularly in relation to Covid-19.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service was supported by a clinical team who were able to demonstrate to us the process they followed to ensure lessons were learnt when things went wrong.
- We saw how people's incident forms were reviewed and that for some people their behaviour had improved, as staff gained a better understanding of what upset them.
- We saw an analysis of themes and trends across the service over a nine-month period and noted actions had been taken to improve the care people received.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found improvements were needed in regard to the overall governance of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had committed considerable resources to improving the service provided. Issues identified at the last inspection had been resolved and there was greater oversight of the staffing levels and people's care needs. We discussed future improvements with the management team and were advised of their plans to prioritise staff training and ensure staff had the correct skills to support people with complex needs. Scotia Heights specialises in supporting people with complex needs. Therefore, it is imperative staff have the necessary skill set.
- A review of the training matrix had highlighted a number of staff, especially new starters were yet to complete their required training. Also, we struggled to find any documented evidence of the competency assessments staff are required to complete as part of their induction programme. We discussed our findings with the management team and received reassurance they hoped to have everyone up to date with their training within the next three months. We were advised competency assessments were done but the evidence was kept with the individual staff member.
- We discussed with the registered manager the complexity of the people being supported alongside the training staff had received. The registered manager advised us they had carried out a review of the people accessing the service and were conscious of ensuring the team could meet the needs of people being referred.
- We will check on our next inspection that staff have received their training, and this continues to match the needs of the group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found the atmosphere in the service to be positive and observed staff working well together.
- Staff were complimentary of the changes being made by the new management team.
- One person told us, "The management are good." Another person said, "I like the new team and they do

listen to us, which is positive."

- One staff member told us, "The registered manager is approachable and supportive." This comment was echoed by other staff members we spoke to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour and shared information as needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively engaged with people who used the service. We spoke to people who were nominated to speak up on behalf of others living in the service. They confirmed they were asked for their opinions and were able to contribute towards the development of the service.
- The provider had a dedicated engagement officer who had devised an action plan to further increase the level of engagement with people and their families.
- People's care plans outlined their equality characteristics and how these needed to be met.

Working in partnership with others

- We found the service to be open and transparent about the challenges which had been faced and the plans moving forward.
- We saw evidence of strengthened relationships with external agencies. Within the documentation we reviewed we found the service was actively engaged with the multi-disciplinary team and this was having a positive impact on the care people received.