

The Heights Care Limited

The Heights Care Home

Inspection report

Ankerbold Road
Old Tupton
Chesterfield
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Ratings

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

Overall summary

About the service

The Heights Care Home is a residential care home providing personal and nursing care to up to 36 people. The service provides support to older people. At the time of our inspection there were 19 people using the service.

The care home accommodates people in one adapted building across two floors. There are communal living areas, bathrooms and dining spaces. The home also has a garden with several seating areas.

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

The provider and registered manager had made several improvements to infection, prevention and control, auditing and care planning since our last inspection and were continuing to work to action plans they had in place. Staff also told us of the improvements that had been made which included improved communication in the service and strategies for managing people's oral care and skin integrity.

People had their needs assessed prior to using the service, care plans and risk assessments were regularly reviewed and updated to reflect any changes in people's needs. Staff worked with external professionals to reduce the risks they had identified. Records demonstrated that appropriate referrals had been made when people had experienced a deterioration in their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff spoke about the people they supported with respect and understanding. Relatives were happy with how staff treated people and staff had a good understanding of how to ensure the care they provided was individualised.

The service had an activities coordinator in place who provided a range of activities and relatives told us people were supported to keep in touch with them, we saw evidence that staff had supported people with regular visits and phone calls.

The provider and manager had a comprehensive quality assurance system in place which ensured all aspects of the service were regularly audited. The management team were passionate about the service and committed to providing a safe and good quality service, they shared with us the improvements they had made to improve people's outcomes.

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 October 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the care of people using the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

The Heights Care Home

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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector.

Service and service type

The Heights Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Heights Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and 10 members of staff including the registered manager, deputy manager, activities coordinator, nurses, domestic and catering staff also care assistants. We also spoke with four relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to mitigate risk in relation to infection, prevention and control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

Preventing and controlling infection

- 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.

Visiting in care homes

- The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

Learning lessons when things go wrong

- The provider and registered manager had made several improvements to infection, prevention and control, auditing and care planning since our last inspection and were continuing to work to action plans they had in place. Refurbishment work was ongoing in the home and the registered manager sent us the timescales for expected completion.
- Accidents and incidents were reviewed and investigated by the management team, we found appropriate actions had been taken to reduce the risk of re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Accidents and incidents had been correctly reported, recorded and investigated. We found that appropriate actions had been made to reduce the risk of reoccurrence.

- People and their relatives told us they felt safe. One relative told us "Whenever I visited, [person] has seemed to be safe, always clean and tidy so has their room as well and bedding."

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person was assessed as being at risk of pressure ulcers. We found detailed care plans in place which provided staff with guidance on to support and monitor the person which reduced the risk of a pressure ulcer occurring.
- Risks to people had been identified such as in relation to their nutrition, dehydration and skin integrity. We reviewed the monitoring charts people had in place and found these had been continuously completed and reviewed.
- Environmental risks were well managed, regular checks had been carried out which included water temperature checks and fire safety.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed opinions from relatives and staff about the staffing levels. One relative told us "Staffing is poor because lots have left with COVID." Another relative told us "[staff] come quick enough whenever we need them they ring me whenever there's been anything happening or not." Staff told us they did not feel the staffing levels allowed them to spend time to talk and listen to people. One staff member told us "We use a lot of agency staff, some are regular, but others aren't, it can make things hard." Another staff member told us "It's a nationwide problem, we need to recruit more permanent staff."
- The registered manager told us their ongoing recruitment plans and how regular agency staff were deployed to provide cover for any shortfalls in staffing. We spoke with an agency staff nurse on duty who demonstrated a good understanding of people's needs and the medicines they had been prescribed.
- We reviewed the dependency tool in place which was used to inform staffing levels. The registered manager monitored and reviewed the dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- During the inspection we observed call bells were answered in a timely manner and people to receive care and support when they required.

Using medicines safely

- Medicine was administered by trained nurses. Staff received regular checks and direct observation of their practice to ensure medicines were administered safely.
- Audits of medicine administration records were conducted regularly by the management team and appropriate actions had been taken to address issues in shortfalls they identified.
- Stock levels of medicines corresponded with the records in place, staff told us how they checked the stock levels to reduce the risk of errors.
- There was clear guidance for staff for safe administration of 'as and when required medicines' (PRN). This meant people received these medicines when they needed them.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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 had their needs assessed prior to using the service. This ensured the staff team had information on the person's needs, known risks, likes and dislikes.
- Care plans and risk assessments had been regularly reviewed and updated to reflect any changes in people's needs and actions staff should take to minimise the risk of avoidable harm.
- Care plans detailed information about people's choices and preferences, for example one person's care plan recorded their preference to sleep with a certain type of blanket. We observed this to be in place.

Staff support: induction, training, skills and experience

- Staff had completed mandatory induction training when joining the service, this was regularly refreshed to maintain their skills and knowledge. Staff told us the training was good. One staff member told us about the moving and handling training they had completed and said, "It was really good we got to have a go in the equipment."
- Staff were provided with specific training to meet the needs of the people using the service.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and spot checks of their competencies.
- Nursing staff received refresher training in clinical areas such as pressure ulcers and stoma care and the management team carried out observations of their practice to check their competency.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences, this was highlighted for staff to follow.
- Guidance had been sought from external health care professionals where people required additional support or risks such as choking had been identified. The guidance external professionals provided had been included in people's care plans and risk assessments
- We observed people to have a choice of food and drink, where people needed assistance staff were patient and provided support in a discreet and dignified manner.
- People told us they enjoyed the food. One person told us, "The food is always good here" and another person told us, "You can choose, whatever you want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals to reduce the risks they had identified. Records showed us

appropriate referrals had been made when a person had experienced a deterioration in their health.

- Guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding of guidance in place and we observed the guidance to be followed in staff practice.

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

- Signage and decoration to orientate and inform people was found to be sparse. The management team had also identified this and showed us the resources they had sourced to improve this.
- People had personalised their bedrooms with pictures and items of their choice.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in the least restrictive way possible. Individualised, decision specific mental capacity assessments had been completed and best interest decisions recorded. Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.
- Staff had received training in MCA and understood how to support people in line with the act.
- People were supported to access advocacy services. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity. Care plans contained information about people's choices and personal relationships, and the support staff were to provide, to ensure people's individual needs were met.
- Relatives were happy with how staff treated people. One relative told us, "[person] is treated with care, kindness and in a friendly chatty manner by staff." Another relative told us, "The staff seem to be kind and caring."
- We observed staff to be considerate and friendly throughout the inspection. We observed staff to offer people choices of activities and spending time chatting with people in their bedrooms.

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

- People, and their relatives where appropriate, were involved in their care planning and how they wished to be supported. Care plans were regularly evaluated and updated when required.
- Relatives told us when they had suggested improvements to the service these had been appropriately actioned. One relative told us, "They always say if there is anything bothering you let us know."
- The registered manager also shared with us their plans to reintroduce resident meetings, which had been placed on hold during the pandemic, to encourage people to share their views in a group.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about the people they supported with respect and understanding. One staff member told us, "Before I support anyone with personal care, I make sure doors and curtains are closed to ensure their privacy."
- Staff had received training in person centred care. The staff we spoke with had a good understanding of how to ensure the care they provided was individualised. One staff member told us "I make sure everyone is treated as an individual, it's not one size fits all."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred information was gathered on people's life history and how they wanted to be supported, this included their likes and dislikes. This information informed the planning of people's care and risk assessments.
- Staff had a good understanding of individual communication needs. We observed staff to know how to individually communicate with people and use objects of reference when appropriate to ensure people had choice and control over their day to day lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if alternatives were required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had an activities coordinator in place who provided a range of activities, at the time of our inspection the activities coordinator was supporting people to prepare for an upcoming garden party which people's friends and relatives had been invited to.
- Relatives told us people were supported to keep in touch with them, we saw evidence that staff had supported people with regular visits and phone calls.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received, we found they had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.
- Relatives told us they knew how to raise complaints or concerns. A relative told us of their experience when they had raised a concern and how this was promptly resolved.

End of life care and support

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- Care plans detailed the decisions and arrangements people had made so staff had information to follow to ensure people's choices and needs were met.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and manager had a comprehensive quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified action plans were put in place. For example, where medication errors had been identified this had been promptly followed up, with appropriate actions taken.
- Staff told us they felt communication in the service had improved since daily meetings involving a staff representative from each department of the service had been introduced. We observed the daily meeting and saw how important information was shared to aid the day to day running of the service.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they provided care and support to the required standard. One staff member told us "The training is good, its continuous in all areas."
- The management team were passionate about the service and committed to providing a safe and good quality service, they shared with us the improvements they had made to improve people's outcomes such as introducing a keyworker system and improvements to ensuring people's oral care and skin integrity was maintained.
- The manager had a supervision schedule in place to ensure all staff had a regular one to one meeting. Staff told us they had regular supervisions and felt able to raise any concerns they had.
- The provider had made improvements to infection prevention and control measures; daily environmental checks were in place and the government guidance was being followed in relation to COVID-19.
- The provider had plans in place to improve the environment of the service, this included refurbishing areas such as the bathrooms and laundry area.

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 manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.

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

- People using the service had opportunities to suggest improvements to the service in person to their keyworker or the management team. The registered manager told us of their plans to reintroduce resident meetings which had been placed on hold during the pandemic.
- Staff meetings took place regularly, staff told us they were kept up to date with regular information and updates relating to people's care plans.
- Relatives told us they had opportunities to provide feedback on the service. The registered manager told us of their plans to improve this by formally requesting feedback from relatives through a variety of methods.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's, dieticians and speech and language therapists to support people to access healthcare when they needed it which had improved people's outcomes.
- We saw the service had acted promptly when there had been a concern about a person's health. The service had contacted the relevant health professional to seek advice and support.