

Randomlight Limited

# Heightside House Nursing Home

## Inspection report

Newchurch Road  
Rawtenstall  
Rossendale  
Lancashire  
BB4 9HG

Tel: 01706 830570

Website: [www.heightsidehouse.co.uk](http://www.heightsidehouse.co.uk)

Date of inspection visit: 12 & 13 August 2015

Date of publication: 22/10/2015

## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



## Overall summary

The inspection was carried out on 12 and 13 August 2015. The first day of the inspection was unannounced.

Heightside House is registered to provide nursing care for up to 78 people who have mental health care needs. At the time of the inspection there were 63 people accommodated at the service. The service provides long

and short term care/support and rehabilitation. There are extensive grounds with walkways, lawns, gardens and a greenhouse. There is access to public transport at the bottom of the drive.

Accommodation is provided in four separate units: The House, The Mews, Close Care and The Gate House. There is a separate activities centre.

# Summary of findings

The House, incorporates the HDU (High Dependency Unit) and has both single and double bedrooms over four floors. Some bedrooms have en-suite facilities. There are two lounges, one lounge/dining room, a separate dining room and a room for people who smoke. A passenger lift provides access to all floors.

The Mews consists of one six bedded unit, shared bungalows and flats. Close Care includes a seven bedded unit and a bungalow accommodating four people. The Gate House can accommodate three people. All the bedrooms are single occupancy. There are various communal lounges and dining areas.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection on 1 October 2013 we found the service provider was meeting the legal requirements.

During this inspection we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff recruitment practices had not been properly carried out for the protection of people who used the service. Some environmental risks had not been identified, assessed and minimized. Some risks to individuals had not been properly assessed and planned for. This meant appropriate action had not been taken to reduce the risks to people's well-being and safety.

People's medicines were not always managed appropriately, which meant there were risks they may not receive safe support. People's concerns and complaints were not properly acknowledged, managed and responded to. There was also a lack of effective systems to assess, monitor and improve the quality of the service provided.

You can see what action we told the provider to take at the back of the full version of this report.

Staff spoken with expressed an understanding of safeguarding and protection matters. They knew what to do if they had any concerns. They had received training on safeguarding vulnerable adults and positively responding to people's behaviours.

Arrangements were in place to maintain sufficient staffing levels. However, there was no structured process in place to assess staffing arrangements, to make sure there was always enough staff; the manager agreed to address this matter.

People's needs were being assessed and planned for before they moved into the service.

Healthcare needs were monitored and responded to. People were supported to keep appointments with GPs, dentists and opticians.

We observed examples where staff involved people in routine decisions. However we found the service needed to be more proactive in promoting rights and choices, by providing information and encouraging people to be involved in making individual and group decisions.

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found appropriate action had been taken to apply for DoLS and authorisation by local authorities, in accordance with the MCA code of practice and people's best interests.

Staff were enthusiastic about supporting people with shopping and cooking for themselves. However, people spoken with had mixed views about the meals provided at the service. We found improvements were needed with the catering arrangements. We made a recommendation about supporting people with their nutritional needs.

We observed people being supported and cared for by staff with kindness and compassion. One person told us, "I find the staff are very kind and respectful to me." Systems were in place to ensure all staff received regular training, supervision and support.

Although we found some of the accommodation in the units provided was satisfactory and people had been supported to personalise their rooms, some areas were in need of upgrading and refurbishment. Improvements were needed around promoting privacy and dignity; we therefore made a recommendation about this.

# Summary of findings

We found people had mixed views about the programme of activities/engagement at Heightside House. Some people told us they were bored in their daily lives. However we found plans to improve therapeutics and meaningful activities.

There were some systems in place for monitoring and checking the quality of the service. It was apparent they were lacking in effectiveness, however, we found further processes were being introduced.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

We found action had not always been taken to reduce the risks to people's well-being and safety.

We found a robust recruitment procedure for new staff had not been followed.

We found some medicine management practices needed to improve.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found there were sufficient staff available. Staffing arrangements needed ongoing review, to ensure there were always enough staff on duty to respond to people's needs.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

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

People spoken with had mixed views about the meals provided at the service. We found improvements were needed with responding to nutritional needs and promoting healthy eating and offering choices.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

The service was working towards meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

People made positive comments about the caring attitude and kindness of staff. During our visit we observed respectful and considerate interactions.

Staff expressed and awareness of people's individual needs, backgrounds and personalities.

People's dignity and privacy was not always upheld and respected.

Improvements were needed with involving people and sharing information to promote their awareness, rights and choices.

**Requires Improvement**



### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement**



# Summary of findings

Processes were in place to find out about people's needs, abilities and preferences. People had individual care plans.

We found concerns and complaints were not properly responded to and managed.

People had mixed views about the opportunities to take part in social and meaningful activities. However, the provision of therapeutic activities, opportunities for education and skill development was progressing.

People were supported to keep in contact with families and friends. Visiting arrangements were flexible.

## Is the service well-led?

The service was not consistently well led.

There was a registered manager in post who expressed a clear commitment to develop the service and described the action taken to make improvements.

There was a lack of effective systems in place to assess, monitor and improve the quality of the service. However we found new systems were being introduced.

Improvements were needed with sharing details of proposed changes and the service's vision and values.

**Requires Improvement**



# Heightside House Nursing Home

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 12 and 13 August 2015. The first day of the inspection was unannounced. The inspection was carried out by a team, which included one adult social care inspector, a specialist adviser who was a Registered Mental Health Nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of mental health services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about Heightside House, including statutory notifications received from the service and previous inspection reports. We contacted community professionals including: local authority contract monitoring teams, community mental health teams, clinical commissioning groups and a GP practice.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we spent time in the company of the people who used the service. We observed how people were cared for and supported. We spoke with 24 people who used the service. We talked with seven health care assistants, two nurses, a psychiatrist, the deputy manager, the training coordinator, cooks and the registered manager.

We looked round the premises. We looked at a sample of records, including four care plans and other related documentation, three staff recruitment records, medicines records and audits. We also looked at a range of policies, procedures and information about the service.

# Is the service safe?

## Our findings

The majority of the people spoken with did not express any concerns about their safety and wellbeing, one person told us, “Everything is okay here.” However, some people indicated they did not always feel safe because of the behaviours and actions of others using the service.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We found process were in place to check the nurses had appropriate and current registration. We looked at the recruitment records of three staff. Some of the required checks had been completed before staff worked at the services and these were recorded. The checks included an identification check and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

However, we found full employment histories had not been obtained and gaps in employment had not been pursued and clarified. There were no records available to show the applicants physical or mental health conditions had been sought and reviewed. There were no written references available for one person. The recruitment process included candidates attending a face to face interview; but we found no records had been kept of this part of the assessment.

This meant the registered provider had not operated robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the medicine management processes in The House. We looked at the way the service supported people with their medicines. Staff had access to a range of medicines policies, procedures and guidance which were available for reference. Information leaflets were available for each prescribed item.

We were told no one was self-administering their medicines. Although the service had a process in place to assess, record and plan for people choosing to self-administer their own medicines, each person’s preference and ability to manage/ be involved with their medicines was not routinely risk assessed. One person told

us, “I was never asked to consent to medication I don’t really know what I take.” This implied there was an assumption people could not manage/be involved with their own medicines.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There was a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. All the records seen of medicines administered were complete and up to date. However we noted there were hand written entries on MARs (medicine administration records) which had not been verified as correct by another staff member. We noted one record did not include an identification photograph of the person.

Separate protocols had been drawn up for the administration of medicines prescribed “as necessary” and “variable dose” medicines. These are important to ensure staff are aware of the individual circumstances this type of medicine needs to be administered or offered. However, the protocols we looked at were dated 2011 and there was no information to indicate they had been reviewed.

There were some systems in place to check aspects of medicine management on an ongoing basis and audits were carried out three monthly. However, information in the PIR (Provider Information Return) told us there had been 10 medicine errors in the last 12 months. This indicated the audits had not been effective in identifying and minimising risks of error and promoting safe medicine management. Although staff responsible for administering medicines had completed medication management training, this had not included a practical assessment of their skills and competence.

The provider did not have suitable arrangements in place for the proper and safe management of medicines. This was a breach of Regulation 12(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. Records showed arrangements were in place to check, maintain and service fittings and equipment,

# Is the service safe?

including gas and electrical safety, water quality/temperatures, the passenger lift and nurse call systems. We found fire safety risk assessments were in place. Regular fire drills and fire equipment tests were being carried out. Systems were in place to record and proactively respond to accidents and incidents. There were contingency procedures to be followed in the event of emergencies.

We looked around the units and found there was a variance in the standard of the accommodation provided at the service. In The Mews the areas we looked at were in good order, comfortable and safe. However we found in other areas some matters required attention.

In The House there was a smell of urine on the ramp leading to the High Dependency Unit. During the inspection we noted there was a consistent banging of doors due to ineffective closures. Several of the bathrooms were in need of upgrading to provide more accessible and suitable facilities. We were also made aware of circumstances whereby people found it necessary to use bathing facilities on different floors and in the other units. There were holes in one bathtub and the floor covering in one toilet was marked with cigarette burns. One person told us the call point in their bedroom wasn't working and call points were not always accessible to showers and baths.

There were lounge chairs with torn covers which presented as unhygienic. We also noted tables in the dining room were covered with worn and ripped plastic table cloths. On the second day of the inspection we found action had been taken to make improvements. However, we would have expected these matters to have been identified and improved without our intervention. We noted an air-flow mattress on a bed was set to 'high' but it was not clear how the decision for this had been reached. There were no instructions regarding the settings for this equipment.

There were health and safety risk assessments available which covered the internal accommodation and the grounds. However, the information was generic in style with symbols indicating areas of risk. Specific details had not always been included of the action to be taken to mitigate the risks. One particular area of concern was the bridge walkway leading from The High Dependency Unit.

This meant the registered provider had not ensured the premises and equipment were suitable and safe for the intended purpose. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people's individual safety and well-being were assessed and managed. Staff carried personal alarms and systems were in place for designated staff to respond to any calls for assistance. Staff told us it was rare that the alarms were activated due to aggressive behaviours, because other interventions were used to prevent a situation occurring. Staff had received training on positively responding to people's behaviours. Each person had a PEEP (personal evacuation plan) in the event of emergency situations.

We found some individual risk management strategies had been drawn up to guide staff on how to manage and minimise risks to people's wellbeing and safety. The strategies reflected people's specific needs, behaviours and preferences. We noted an example where a person's vulnerability had been identified and managed for their personal safety and protection. However, we found there was a lack of proactive guidance and preventative strategies to minimize some behaviours. We also noted information was lacking in care records, about supporting and reassuring people who did not feel safe because of the behaviours and actions of others using the service. One bed was fitted with bed rails, however there was no risk assessment in place to show the risks around using this equipment had been identified and managed. We found some risks associated with people's weight loss/weight gain were not consistently monitored.

The provider did not have suitable arrangements in place for assessing and managing risks to people's health, safety and welfare. This was a breach of Regulation 12(2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we reviewed the information we held about the service relating to safeguarding incidents, allegations of abuse and incidents involving the police. There had been several matters of concern over the last 12 months and which had impacted upon people's well-being and safety. At the time of the inspection, there were safeguarding alerts which had been raised with the local authority and CMHT (community mental health team) which were under investigation.

# Is the service safe?

We discussed some of the ongoing and recent safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were more appropriately managed and alerted to the local authority. Two of the community professionals we contacted indicated they had no concerns with the safety of the service. One commented, “They have been proactive in instigating safeguarding alerts recently and have been keen to support all investigations.”

Staff spoken with expressed an understanding of safeguarding and protection matters. They had an awareness of the various signs and indicators of abuse. They explained how they kept people safe and described the action they would take if they witnessed or suspected any abusive practice. They said they had received training on safeguarding vulnerable adults. There were records to confirm this. The service had policies and procedures on safeguarding and protecting people. We noted the regional safeguarding alert telephone number had been prominently displayed in several areas. However, there were no information leaflets from the local authority or health authority on safeguarding and protection, which would help increase everyone’s awareness on keeping people safe.

Information included within the PIR outlined some of the processes in place to promote and maintain safety and

well-being at the service. We noted a review of the safeguarding training to ensure all staff were aware of their individual responsibilities was a plan for improvement within the next 12 months.

We looked at how the service managed staffing levels and the deployment of staff. During the inspection we found there were sufficient staff on duty. However we did receive comments from some people using the service that staff were ‘always busy.’ A staffing plan had been produced. This defined the proposed staffing levels within each unit; the numbers and role of staff were specified. This included the required numbers of nurse qualified nursing staff and health care assistants. The PIR told us staffing levels in The Mews were to be reviewed; we found additional staff were being recruited to provide further support with activities and rehabilitation. However, there was no structured process in place to demonstrate how staffing levels had been decided, or were being monitored, to ensure there were sufficient and suitable staff available to meet people’s individual needs and to keep them safe. The registered manager agreed to pursue this matter. We looked at the staffing rotas; we found systems were in place which aimed to ensure there were consistent staffing arrangements in each of the units. The register manager told us of the additional nurse qualified staff within the management team who were available for support as needed.

# Is the service effective?

## Our findings

The people we spoke with indicated some satisfaction with the care and support they experienced at the service. Their comments included: “I really like it at Heightside” and “I’m happy here I don’t think I’ll ever leave.” At the time of the inspection, the service was in transition and working towards providing support for people with the potential for rehabilitation and progression towards more social independence.

We looked at the way the service provided people with support with their healthcare needs. Most people spoken with indicated staff understand their healthcare needs, although some felt they did not. Healthcare needs were considered and managed within the care planning process. Arrangements were in place for people’s health and well-being to be monitored and responded to. People were supported to keep appointments with GPs, dentists and opticians. People confirmed they had received attention from healthcare professionals. One person told us, “The staff do take me to any healthcare appointments.” Staff spoken with explained the processes in place for monitoring and responding to people’s healthcare needs. The service had employed a consultant psychiatrist to review people’s needs and provide guidance and support. A Nurse Practitioner from the GP surgery attended the service twice each week and liaised with the GPs about minor ailments. We noted some services, including chiropody and hairdressing were routinely provided/ offered ‘in-house’ which could diminish the opportunity for skill development and social inclusion in the community.

During the inspection we observed examples where staff involved people in routine decisions and consulted with them on their individual needs and preferences. We noted people had freedom of movement within the units and grounds, outer doors were not routinely locked. Staff spoken described how they encouraged and motivated people to make their own choices decisions, including with day to day activities. Staff expressed an awareness of people’s ability to make decisions and choices. People’s capacity to make safe decisions and choices about their lives was considered within the care planning process.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make

decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The service had a designated ‘DoLS coordinator’ to take a lead on the application process. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. However, we noted care plan records did not include copies of the applications, which meant staff may be unaware of the proposed deprivations of liberty. Staff spoken with had a good understanding of the MCA 2005 and DoLS, records and discussion showed arrangements had been made for staff to access training on these topics.

We looked at how the service supported people with their nutritional needs. Some people were supported to shop and cook for themselves as part of the rehabilitation process. Staff expressed enthusiasm in supporting people to achieve this. People spoken with had mixed views about the meals provided at the service. Most people said there was plenty to eat and drink, but that the menu was very predictable and repetitive. One person told us, “The food is good” another commented, “The meals aren’t very good and there is not much choice.”

We noted the menus were not on display or available for people to refer to. Processes were in place for staff to discuss the various options available and obtain people’s choices each day. We spoke with the cooks on duty who explained the arrangements in place for ordering provisions, offering choices and catering for specific diets. The cooks had completed food hygiene training but this had not included nutritional matters. We were told some of the kitchen equipment was not working effectively. However the registered manager assured us these matters were in-hand.

We looked at the menus and noted choices were available. Including at least three options at lunch time and two evening meal options during weekdays. We noted there was some repetition, home-made soup and baked potatoes were always on the lunch menu, a fish option was always offered on Fridays and rice pudding always the dessert on Mondays. There was less choice routinely offered at weekends, with set brunch meal provided at

## Is the service effective?

lunch and a roast dinner on Sundays. Cereals, porridge and toast were always offered at breakfast. There was an example of on a specific diet being provided which did not include the offer of alternatives.

We noted in The House people did not have facilities or arrangements in place to make drinks and snacks for themselves. One person told, “We can’t get our own drinks not even water and sometimes they make us wait a long time in between drink times.” We discussed this situation with the registered manager, who told us arrangements had previously been made for drinks to be more accessible and these would be re-introduced.

Processes were in place to assess and monitor people’s nutritional and hydration needs. The care records we looked at showed people’s food likes and dislikes had been sought and their dietary needs considered. Nutritional screening assessments had been carried out, including any conditions which may influence their food and fluid intake, with any support needed noted in people’s care plan. However, we found there was a lack of consistent weight monitoring as suitable hoist scales were not available. And for people refusing to be weighed, other methods of assessing weight loss or gain had not been used.

We looked at how the service trained and supported their staff. People spoken with considered the staff team knew what they were doing. All new staff completed an initial ‘in-house’ induction; they then began introductory training in care to a nationally recognised standard (The Care Certificate). There were systems in place to ensure all staff received regular training as part of an ongoing programme. The areas covered included: fire safety, infection prevention

and control, manual handling, health and safety mental health awareness and person centred care. Staff spoken with told us of the training they had received and confirmed there was ongoing training and development at the service. We looked at training records which confirmed this approach. The service supported staff as appropriate, to attain recognised qualifications in health and social care.

Staff spoken with said they had received one to one supervision and ongoing support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions held and noted plans were in place to schedule appointments for future supervision meetings.

We looked around the premises and found some areas of the service were in need of upgrading and refurbishment. The walls in the High Dependency Unit were stark and without decorative features. We also noted corridors in The House were mostly all painted the same colour, which did not help promote sense of orientation and ambience. However, we noted some improvements were ongoing including the renovation of the activities centre. This was to include two cookery work stations, a library/IT suit and a domestic laundry. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of ‘home’ and ownership.

**We recommend that the provider seeks advice and guidance from reputable sources, about effectively supporting people with their nutritional needs.**

# Is the service caring?

## Our findings

Five of the people spoken with indicated the staff were kind and compassionate and treated them with respect. One person said, “I find the staff are very kind and respectful to me.” Three people described the staff as, “Just about okay.” Although one person stated, “They never come and have a chat with you,” we observed some examples of healthcare assistants, nurses and ancillary staff engaging in discussions with people.

We observed some positive and respectful interactions between people using the service and staff. Staff showed kindness and sensitivity when they were supporting and motivating people. Staff spoken with understood their role in providing people with care and support. There was a ‘keyworker’ and ‘named nurse’ system in place, this linked people using the service to a team of staff members who had responsibilities for overseeing aspects of their care and support. Staff were aware of people’s individual needs, backgrounds and personalities. They gave some examples of how they delivered care and promoted people’s dignity and choices.

We observed people spending time in the privacy of their own rooms. People were offered keys for their rooms which helped promote privacy, dignity and independence. In shared rooms privacy screening was available. The registered manager explained the action taken to reduce the number of shared rooms. We were advised some people preferred to share. However, we found there were no records of agreements to confirm people had been consulted on sharing bedrooms or that their preferences had been reviewed. We noted some windows in bathrooms were not fitted with blinds or curtains.

In The House, the noise levels at times were very loud and we noticed that some people who did not like the noise shouted back. This caused the noise to escalate further. Although we observed staff responding to these situations, we noted there was a lack of quiet lounge/areas for people to have some peace, or privacy for meeting with visitors. One person told us, “There is no opportunity to discuss any concerns in privacy.”

We observed people doing things for themselves and others. Some people did therapeutic work, including taking washing to and from the laundry, setting the dinner tables and gardening.

This provided them with a small income and gave them purposeful activity. Health care assistants told us how they promoted and encouraged independence. However, we found there were some established routines and practices which had not been reviewed and acted upon to promote informed choices, skill development, respect for others and confidence building. We discussed these matters and ways of involving people more constructively with day to day matters, with the registered manager and staff. We noted the PIR indicated rehabilitation and building upon skills as significant plan for future improvement at the service.

The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and confidentiality. There was a guide to Heightside House for people using the service. This provided details of the services and facilities available, along with a summary of the care and support philosophy. Included were the rights to dignity, privacy independence and choice. However, people spoken with were not aware of the guide and we noted copies were not readily available for people to refer to. We also noted there was a general lack of information available for people to access. There were no notice boards in The House or other methods of conveying information to support people’s rights and choices. There had not been any recent meetings for people using the service. One person commented, “I feel able to make my views known but I’ve never been encouraged to.” Discussion meetings are useful for helping to keep people informed and involved with the service, by offering them the opportunity to be consulted and make shared decisions. The registered manager explained his intention to instigate a more proactive approach to these matters.

We found positive relationships were encouraged and supported. People told us of the contact they had with families and friends.

**We recommend that the provider seeks advice and guidance from reputable sources, about upholding and promoting people’s rights to privacy and dignity.**

# Is the service responsive?

## Our findings

We looked at the way the service managed and responded to concerns and complaints. Most people spoken with told us they would feel comfortable raising any concerns or making a complaint. However, we also received comments from people who indicated they had previously not been satisfied with how their complaints had been handled. We noted procedures for making complaints were not readily available, or displayed around the service. During the inspection we received numerous comments of dissatisfaction with various aspects of the service. We would have expected these issues to have been identified and acted upon without our intervention. However, we were told there had not been any complaints logged and processed in the last 12 months. We noted there were no systems in place for the management of 'soft information' such as minor concerns, or grumbles. This meant complaints and concerns may not be identified, taken seriously and responded to proactively.

The provider did not have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager described the process of assessing people's need and abilities before they used the service. The pre admission assessments we looked at were very detailed and informative. They included the person's current state of health, a life history and key events which impacted upon their past and present mental health. Some health care assistants spoken with were not completely up to date with these details, but all had a general idea about the person's background.

Only two of the people we spoke with knew about their care plans. One stated "I was involved in my care plan and it is updated regularly." We looked at care plans and saw some people had signed in agreement with them. There

was an indication that some people may choose not to engage with the care planning/recording process. One nurse spoken with told us of people who regularly accessed their care plans and that their involvement was generally encouraged. However the service could be more consistent in motivating people towards this involvement.

The care plans we looked at were clear and easy to understand. They were mostly responsive to individual needs. However, some were lacking in specific detail to direct and guide a proactive approach to care delivery and support. Care records in The Mews were up to date, with monthly evaluations of care plans evident. In The House although night care plans were evaluated regularly, we found most care plans had not been evaluated since April 2015 or June 2015. We noted an audit of care plans was currently being carried out therefore we were assured these matters would be rectified. Records were kept of changes in people's conditions and the delivery of care, including any nursing interventions. Regular handover meetings were held to discuss monitor and review people's individual's needs and preferences.

We found people had mixed views about the programme of activities/engagement at Heightside House. We were made aware of the range of individual and small group activities on site and in the community. However, the majority of people spoken with in The House told us there was a lack of activities and expressed boredom in their daily lives. One person said, "There is nothing to look forward to, just the same thing every day seven days a week." During the inspection we did not observe any organised opportunities for social activities and engagement in The House. Health care assistants spoken with indicated there were few activities arranged, although people could usually access the cookery and arts and craft sessions in the activities centre. Details within the PIR and discussion with the registered manager, told us opportunities for education, music therapy and more meaningful activities were planned for improvement within the next 12 months.

# Is the service well-led?

## Our findings

None of the people spoken with recalled giving feedback on their experience of the service as part of a satisfaction survey. They were not aware of any improvements as a result of the organisation's quality assurance systems. However we found a service user survey had been carried out in April/May 2015 and the responses were in the process of being collated. A staff survey was ongoing. We noted there were no structured arrangements to actively seek the views of other stakeholders, such as visiting professionals and commissioners on their views and experience of the service.

We found a representative of the registered provider had visited Heightside House on a regular basis. The registered manager told us he felt supported by the providers and received ongoing one to one supervision. However, there were no governance audits or reports available from senior management within the organisation. We were told of proposed improvements at the service including the activity centre and the progression towards a programme of rehabilitation. However there were no time-scaled action plans to inform and direct these proposed changes. We were told there was no set budget for improvements at the service. There were no strategic plans in place to demonstrate a programme of ongoing refurbishment. There was no business/development plan available to demonstrate an analysis and evaluation of the service.

The registered manager had used various ways to monitor the quality of the service. This included audits of the various systems, processes and the environment. These audits and checks aimed to ensure different aspects of the service were meeting the required standards. However this inspection showed further improvements were needed, as our findings had resulted in breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff recruitment practices did not ensure the proper checks were carried out before they worked at the service. The management of medicines was lacking in ensuring people were safely and effectively supported. Concerns and complaints were not always recognised, investigated and dealt with. Premises and equipment were not always suitable and safe for the intended purpose.

We also found improvements were needed with supporting people with their nutritional needs and promoting people's rights to privacy.

This meant the provider did not have suitable systems or processes in place, to ensure the service is operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who had been registered with the Care Quality Commission since December 2013. The registered manager expressed a clear commitment to develop the service and described the action taken to make improvements. A revised management structure had recently been introduced with included a deputy manager and designated lead nurses for each of units. Staff spoken with were aware of the revised structure.

There was clear information included within the PIR that the service was introducing new monitoring and auditing systems to improve quality assurance processes. We discussed this progression of governance systems at the service with the registered manager and found the initial auditing process had commenced. We noted plans were in place to improve care planning and the provision of meaningful activities.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They considered the service was well organised and managed. Staff indicated teamwork at the service was good. One told us "I really enjoy working here." Staff meetings were being held on a regular basis. There were clear lines of accountability and responsibility. If the registered manager or deputy was not present, there was always a senior member of staff on duty with lead responsibilities. Staff described the registered manager as supportive and approachable. They were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

The service's vision and philosophy of care was reflected within publicity material, policies and procedures and the statement of purpose. New employees were made aware of the aims and objectives of the service during their induction training. However, staff indicated they had not recently had opportunity to consider the service's vision and values.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>The registered person had not operated an effective recruitment procedure to ensure all information specified in Schedule 3 of the Regulations was available in respect of all staff employed in the home. (Regulation 19 (2) (3) (a))</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>People were not protected from the risks of improper and unsafe management of medicines, because safe procedures had not been followed. (Regulation 12(2)(g))</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment  <b>The registered person had not ensured the premises and equipment were suitable, secure and safe for the intended purpose. (Regulation 15 (1) (b) (c) (d))</b>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>People were not protected from the risks of unsafe care and welfare, because preventable and avoidable risks of harm had not been effectively assessed and managed. Regulation 12(2)(a))</b>

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

**The provider did not have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. (Regulation 16 (1) (2))**

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider did not have suitable systems or processes in place, to ensure the service is operated effectively to ensure compliance with the regulations.(Regulation 17 (1) (a) (b))**