

Randomlight Limited

Heightside House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heightside House Nursing Home is a residential care home providing personal and nursing care to up to 78 people. The service provides support to older people and younger adults with mental health support needs. Accommodation is provided in 4 units; The House, The Mews, Close Care and The Gate House. The House is an adapted building, over 4 floors and incorporates the High Dependency Unit, The Mews is purpose built and consists of one 6 bedded unit, shared bungalows and flats, Close Care is purpose-built and includes a 7 bedded unit and a bungalow and The Gate House is an adapted building and can accommodate up to 3 people. No-one was living in The Gate House at the time of our inspection. There is also a separate activities centre. At the time of the inspection 47 people were living at the service.

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

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.

People's medicines were not always managed safely or in line with national guidance. People told us they felt safe living at the home, and we found that risks to their health, safety and wellbeing were managed well. Staff were recruited safely and knew how to protect people from abuse and avoidable harm. Staffing levels were appropriate to meet people's needs and people told us they did not wait long for support. Staff did not always wear appropriate personal protective equipment (PPE) to protect people from COVID-19 and the risk of cross infection. We have made a recommendation about this. Appropriate action was taken to manage accidents and incidents, and the safety of the home environment was checked regularly.

The audits completed by staff and management did not identify many of the shortfalls in medicines processes and practices that we found during our inspection. Where audits had identified that improvements were needed, action had not always been taken. The registered manager and staff understood their roles and responsibilities. They worked in partnership with community health and social care professionals to ensure people received any specialist support they needed. Management sought people's views about the service and acted upon them. People and staff were happy with the management of the service and felt it had improved under the new registered manager.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service was requires improvement (published 22 July 2021).

For those key questions not inspected, we used the ratings awarded at the last inspection where those key question were reviewed, to calculate the overall rating.

Why we inspected

We carried out an unannounced focused inspection of this service on 21 June 2021. Breaches of legal requirements were found. We issued the provider with Warning Notices and requested they be compliant by 5 August 2021.

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this focused inspection and remains requires improvement.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of people's medicines and the provider's oversight of medicines processes and practices at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heightside House Nursing 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 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

The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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.

During the inspection

We spoke with 9 people who lived at the home and 1 visiting relative to gain their feedback about the support provided. We also spoke with the registered manager, 4 nurses, 3 care staff, the head chef, 2 kitchen staff and the maintenance person. We reviewed a range of records, including 2 staff recruitment files, 5 people's care records, 7 people's medicines records and other medicines-related documentation.

After the inspection

We spoke with 3 people's relatives on the telephone. We reviewed a variety of records related to the management of the service, including policies and audits. We contacted 4 community health and social care professionals who visited the service regularly for their feedback about the support provided.



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. This key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some improvements had been made at this inspection. However, the improvements were not sufficient, and the provider was still in breach of regulation 12.

- People's medicines were not always managed safely or in line with National Institute of Health and Care Excellence (NICE) guidance. Staff did not always ensure that people's medicines were given to them as prescribed, placing them at risk of harm.
- Staff did not always give people their medicines at the correct time, for example, medicines that should be given before food were not always administered in line with the manufacturer's instructions. This meant the efficacy of the medicine may have been affected.
- Records to show topical preparations such as creams were being applied were not always completed, so we could not be sure that people's skin was cared for properly.

We found no evidence that people had been harmed, however, the provider had failed to ensure that staff were managing people's medicines safely. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed appropriate training and been assessed as competent to administer people's medicines safely.

Staffing and recruitment

- The provider recruited staff safely. Appropriate employment and background checks were completed to ensure staff were suitable to support people living at the home.
- Most people were happy with staffing levels at the service. Some people felt staffing levels were low but told us they did not experience any delays in receiving support from staff when they needed it. Relatives were happy with staffing arrangements. One commented, "There are staff around when I visit. I don't have any concerns." The staff we spoke with felt there were enough staff on duty. One commented, "There have been recruitment issues, but we always maintain safe staffing levels." We observed that staffing levels were appropriate to meet people's needs.
- The registered manager told us she had experienced difficulties recruiting and retaining staff, which is

currently common across the health and social care sector. She used agency staff regularly to ensure that appropriate staffing levels were maintained, many of which worked at the service regularly, so were familiar with people's needs. She had recruited a number of permanent staff recently and was continuing to recruit to vacant posts. She and the nominated individual were exploring ways to improve staff recruitment and retention. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider did not ensure that staff were always using PPE effectively and safely or that infection outbreaks could be effectively prevented or managed. On the first day of the inspection we noted a number of staff not wearing a mask or wearing their mask under their chin. We discussed this with the registered manager, who addressed it with staff. On the second day of the inspection this was much better.

We recommend the provider ensures that staff wear appropriate PPE in line with Government guidance.

Visiting in care homes

People were supported to have visits from friends and family in line with Government guidance. Relatives told us they could visit their family member when they wanted to. Many also kept in contact by telephone between visits.

Assessing risk, safety monitoring and management

- The provider had processes in place to manage risks to people's health, safety and wellbeing, safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were reviewed and updated regularly or when people's needs changed.
- The provider had systems to manage accidents and incidents effectively. Staff took appropriate action when accidents or incidents occurred and management reviewed documentation regularly to ensure appropriate action had been taken by staff. The registered manager notified CQC and the local authority about incidents when appropriate.
- Regular checks of the home environment, including equipment, fire safety and water safety were completed to ensure it was safe and complied with the necessary standards.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and when staff supported them. One person told us, "Yes, I feel safe here. The staff are nice, it's okay here."
- The provider had systems to protect people from abuse and avoidable harm. The staff we spoke with understood how to protect people from the risk of abuse and the action to take if they had any concerns.
- The registered manager had taken appropriate action when safeguarding concerns had been raised about the service. Investigations had been completed, with apologies offered and improvements made where needed.

Learning lessons when things go wrong

- The provider ensured there were systems in place to analyse incidents, complaints and concerns. The registered manager investigated any complaints or concerns and made improvements where necessary. Any lessons learned were shared with staff.

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. The rating for this key question has remained requires improvement. 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.

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

At our last inspection, the provider did not have effective processes in place to ensure the quality and safety of the service, specifically in relation to the management of people's medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that some improvements had been made, however, these were not sufficient, and the provider was still in breach of regulation 17.

- Staff and management completed regular audits of medicines; however, many of the shortfalls we found during our inspection relating to medicines processes and practices had not been identified. Where shortfalls had been identified, there was not always information about the actions taken or improvements made.

We found no evidence that people had been harmed, however, the provider had failed to ensure the quality and safety of the service, specifically in relation to the management of people's medicines. This placed people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had changed since our last inspection and the current registered manager had registered with CQC in May 2022 to manage the home. Before our inspection, she had requested an audit from an external pharmacist, to identify any medicines issues which needed improvement. This had taken place the week before our inspection and the improvements needed had been added to the home's improvement plan.
- The nominated individual had arranged for a support manager to attend the home in the coming weeks, to assist the registered manager with a variety of issues including medicines management. She felt this would help her make the improvements necessary to ensure medicines were being managed safely at all times.
- Staff understood their roles and responsibilities, which were made clear during their induction, training, supervision, handovers, staff meetings and in their job descriptions.

- The manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The service had an open culture, where people, relatives and staff were encouraged to share their views. Management and staff treated people as individuals and included people, and their relatives when appropriate, in decisions about their care. Staff provided people with individualised care, which reflected their needs and preferences and focused on supporting them to achieve a good quality of life.
- People and relatives we spoke with were happy with how the service was being managed and felt that the home had improved under the new registered manager. One person told us, "The staff and new manager are approachable." Relatives commented, "We're generally happy with the support [person] gets and [person] is very happy there" and "There's been an improvement in the last 12 months. I've recently spoken with the manager and she was incredibly helpful."
- Staff felt people were well cared for. They felt the service had improved since the last inspection and found the registered manager approachable. One staff member commented, "The new manager is great. Since she started there have been lots of positive changes. The activities are better and there is more going on which helps improve people's mental health. It feels more like people's home, more positive." Another told us, "I've seen massive positive changes under the new manager. There's a very focused, clear sense of direction now and new systems and processes that are being imbedded. There's clearer communication with staff and clear accountability."

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 had a duty of candour policy and management were aware of their responsibilities. The registered manager had responded appropriately to duty of candour incidents.

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

At the last inspection we made a recommendation about ensuring people's views about the meals provided at the home were considered and acted upon. At this inspection we found that the necessary improvements had been made.

The registered manager had recruited a new head chef, new menus had been created in consultation with people and feedback about the changes was very positive.

- The provider had processes to gain feedback from people, and their relatives when appropriate, about the support and facilities provided. Feedback seen from recent satisfaction surveys and meetings showed that management listened and responded to concerns and suggestions.
- Staff meetings took place between the nurses monthly. However, care staff told us staff meetings for them were not regular and they would find regular meetings helpful. We discussed this with the registered manager who provided details of planned regular unit, department and whole home staff meetings which would take place regularly.

Working in partnership with others

- Management and staff worked in partnership with people's relatives, representatives and a variety of

health and social care professionals to ensure people received the support they needed. This included GPs, social workers, community nurses, hospital staff and dietitians. One community professional who visited the service regularly told us staff understood the person's needs and supported them well. They did not have any concerns about the quality of care provided at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that staff were managing people's medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure the quality and safety of the service, specifically in relation to the management of people's medicines.