Care Quality Commission

Scotia Health Care Limited

Scotia Heights

Inspection report

Scotia Road
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Ratings

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

Overall summary

We inspected this service on 20 August 2015. This was an unannounced inspection.

The service was registered to provide accommodation and nursing care for up to 60 people. At the time of our inspection 47 people were using the service. People who used the service had physical and/or mental health needs. The majority of people who used the service were under the age of 65.

The service had 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 and associated Regulations about how the service is run.

Our last inspection took place in September 2014. During that inspection a number of Regulatory breaches were identified. We told the provider that improvements were required to ensure people received care that was; safe, effective and well-led. At this inspection we found that those required improvements had been made.

Summary of findings

At this inspection, we found that improvements were required to ensure that people who used a tracheostomy to help them breathe, were protected from the risks associated with them. Improvements were also required to ensure records relating to medicines were accurate and up to date.

With the exception of tracheostomy care, risks to people's safety and wellbeing were assessed and planned for and the staff understood how to keep people safe. There were sufficient numbers of staff to meet people's needs and staff received training that provided them with the knowledge and skills to meet people's needs effectively.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access suitable amounts of food and drink of their choice and their health and wellbeing needs were monitored. Advice from health and social care professionals was sought and followed when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. Information was given to people in a manner that enabled them to make choices about their care and the staff respected the choices people made.

People and their relatives were involved in the planning of their care and care was delivered in accordance with people's care preferences. People were enabled to participate in leisure and social based activities that met their individual preferences.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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. Improvements were required to ensure people who used tracheostomies to breathe were protected from the risks associated with them. Improvements were also required to ensure records relating to medicines were accurate and up to date.

With the exception of tracheostomy care, risks to people were assessed, managed and reviewed and staff understood how to keep people safe. Sufficient numbers of staff were available to keep people safe and staff knew how to protect people from abuse.

Requires Improvement

Is the service effective?

The service was effective. Staff used the training they completed to meet people's needs and promote people's health and wellbeing. People were supported to maintain a healthy diet.

People consented to their care and support, and staff knew how to support people to make decisions in their best interests if this was required.

Good

Is the service caring?

The service was caring. People were treated with kindness, compassion and respect and their right to make choices about their care was supported and promoted.

People were encouraged to be independent and people's privacy was respected.

Good

Is the service responsive?

The service was responsive. People were involved in the assessment and review of their care to ensure that care met their preferences and needs.

People knew how to complain about their care and systems were in place to respond to any complaints.

Good

Is the service well-led?

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care and people who used the service were involved in changes to the home.

Good

Scotia Heights

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 was planned to check whether the provider was 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.

This inspection took place on 20 August 2015 and was unannounced. Our inspection team consisted of five inspectors and a specialist advisor whose specialism was tracheostomy care.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with 14 people who used the service, five relatives, four nurses, 10 members of care staff, a clinical nurse manager and the registered manager. We also spoke with two visiting health and social care professionals. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at 10 people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that the provider could not always demonstrate that the risks of harm to people's health and wellbeing were consistently managed to promote people's safety. This meant the provider was in breach of Regulation 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the required improvements had been made. However, some new safety concerns were identified that meant further improvements were required.

Some people who used the service had a tracheostomy to help them to breathe. A tracheostomy tube, is an artificial airway that is used to help people to breathe. We found that people's routine daily tracheostomy care needs were met. However, improvements were needed to ensure people were consistently protected from the risks associated with tracheostomies, particularly in the event of an emergency situation, such as, a blocked tracheostomy tube.

Staff were unaware of the most up to date national safety guidance that was in place to ensure people received safe and consistent tracheostomy care. For example, the National Tracheostomy Safety project 2014 (NTSP) recommended staff who care for people with tracheostomies must be competent in recognising and managing common airway complications such as a blocked tube. We found that staff did not have the knowledge or skills required to keep people safe in the event of an emergency situation resulting from a blocked tube. Staff gave us inconsistent responses as to how they would deal with a blocked tube and no emergency information was readily available to guide staff on how to manage such emergencies. We also saw that emergency equipment was not transported with people as recommended by the NTSP.

We shared our concerns about tracheostomy care with the registered manager, who immediately devised an action plan outlining how the required improvements would be made. We will check that these improvements have been made during our next inspection of Scotia Heights.

People and their relatives told us medicines were administered as prescribed. One relative said, "[Person who used the service] needs cream on their legs, I know the staff put it on regularly as their legs are the best they have ever been". We saw that systems were in place that ensured medicines were ordered, stored and administered to protect people from the risks associated with them. However, some improvements were required to ensure the recording of medicines stock and medicines administration were completed accurately. For example, the records relating to the person who required regular application of cream on their legs did not always reflect that they had their cream administered as often as prescribed.

With the exception of tracheostomy care, people told us and we saw that risks to people's safety and wellbeing were assessed, managed and reviewed to promote their safety. A relative told us that specialist equipment was used to manage their relation's risk of falling from their bed. Staff told us and this person's care records showed why this equipment was needed to help manage this risk. Another person was at risk of choking as they sometimes held food and drink in their mouth. We saw the staff were aware of and managed this risk. For example, when a staff member was assisting this person to drink, they noticed the person was not always swallowing their drink. We observed the staff member say, "Can you swallow your tea for me?".

People who used and visited the service told us that staff were always available to provide care and support. One person said, "I press my buzzer if I need the staff, they come as soon as I press it". Another person said, "The staff keep popping into to us all time to check [person who uses the service] is alright". We saw there were sufficient numbers of staff to meet people's needs. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the registered manager regularly reviewed staffing levels to ensure they were based on the needs of people.

People told us they had confidence that staff were suitable to work with them. One person said, "I feel safe, the staff are all nice". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

We saw that people were protected from the risk of abuse, because staff told us how they would recognise and report

Requires Improvement

Is the service safe?

abuse. We saw that when required, agreed procedures were followed that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. Information about how to recognise and report abuse was on display in communal areas for people, visitors and the staff to follow if needed.

Good

Is the service effective?

Our findings

People told us that they could access sufficient amounts of food and drink that met their individual preferences. One person said, "The meals are really good. There is a good choice and good variety. Whatever you want, you can have". Another person said, "I had Weetabix for breakfast today, it's my favourite".

People told us and we saw that their risk of malnutrition and dehydration were assessed, managed and reviewed. One person said, "The staff monitor my drinks and are always encouraging me to drink". We saw that nutritional supplements were given as prescribed and people's weight was monitored as required. We saw that specialist diets were catered for. For example, people who had difficulties swallowing food received food that was pureed or mashed which enabled them to eat safely.

We saw that the staff supported people to eat and drink in accordance with their planned care. For example, staff asked us to move away from the area where one person was eating in at lunch time. Staff told us and the person's care records confirmed that this person benefited from no distractions during meal times, so they could concentrate on eating and drinking safely.

People told us and we saw that staff sought people's consent before they provided care and support. For example, we observed a staff member ask a person, "Can I put your apron on?". The staff member waited for the person to consent to this, before they assisted the person to put on their apron.

Some people who used the service were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests, when they lack sufficient capacity to be able to do this for themselves. Staff told us about the basic principles of the Act and we saw that mental capacity assessments were completed when required.

People told us and we saw that restrictions were only placed on people when the correct legal requirements had been followed. One person who had a DoLS authorisation in place told us it was to ensure they accessed the community safely. They said, "The staff have to stay with me when I go out, they tell me it's for my own good" and, "The staff take me out a lot. When they take me out, they always bring me back". This person's relative told us, "[Person who uses the service has a DoLS in their notes, the staff explained it to them and me". This showed that staff followed the correct legal guidance to ensure restrictions were only placed on people to promote their safety and wellbeing.

People and their relatives told us and we saw that people were supported to access a variety of health and social care professionals if required. One relative said, "Doctors come here to see [person who used the service] or the staff take them to the doctors when needed". We saw that people's health and wellbeing needs were closely monitored and action was taken when changes in people's health or wellbeing were identified. For example, people's weight was monitored and any significant changes in weight were reported to healthcare professionals so that action could be taken to keep the person well. Staff told us and we saw that a specialist assessment and monitoring tool was used to identify symptoms of distress in people with severe communication problems. This helped staff to identify when people who could not verbally communicate their needs were showing signs of being unwell.

Staff told us they had received training which included an induction that provided them with the skills they needed to meet people's needs. One staff member said, "I had an eight day induction that covered all the training I needed. I've also moved around the different units and shadowed the staff so I have a good understanding of how people's care is provided". Staff also told us that their training had enabled them to provide more effective care. One staff member said, "Someone came to talk to us about Huntington's disease. It was the most valuable training I've had because it taught me that people with Huntington's have problems processing information because there is a time delay. Now I know I have to think about how I ask people questions and make sure I give them time to answer". Another staff member said, "We had some person centred training. I learnt that everyone is an individual and care should be planned around each person. I thought it was good, you can see we are person centred when you read the care plans and see the care we provide".

We saw that training included; safeguarding adults, moving and handling people, the Mental Capacity Act 2005 and

Good

Is the service effective?

infection control. We saw that the training provided had been effective and staff had the skills they needed to provide care and support. For example, we saw staff assisting people to move safely using specialist equipment.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. One person said, “The staff are kind and friendly”. A relative said, “[Person who used the service] is content here. They laugh around the staff, so I know they are happy with them. They live like a queen”. We observed caring interactions between people and staff. For example, we saw one staff member immediately react to a person who coughed by saying, “Are you okay, do you want a tissue?”. Another staff member was observed to ask a person, “Are you comfortable?”. The person replied by saying they were not and the staff member promptly assisted the person to change their position.

Staff knew people’s likes, dislikes and life histories which enabled them to have meaningful conversations with people. We saw that this had positive effects on people. For example, we saw staff chat with one person about cars. This person later confirmed their interest in cars by showing us their car collection. This person spoke positively about the conversations they had with the staff. They said, “The staff are great, they keep me company”.

People were enabled to make choices about their care. One person told us, “The staff use a menu with pictures to help me choose food”. Another person told us how they had chosen the colour of their bedroom. They said, “I chose the colour of my walls”. We saw multiple examples where staff had respected people’s right to make decisions about their care and respected the decisions people made. For example, the minutes of a relatives meeting recorded that a relative had raised a concern that they had seen some people walking around the home with no footwear on. We saw that the registered manager had explained to relatives that people had the right to walk around the home with no shoes or slippers on if they had the capacity to make this decision for themselves.

We saw that people were supported to access advocates to help them express their views, opinion or concerns. Information about advocacy services were on display in communal areas and we saw that people were enabled to access advocates if needed.

People and their relatives told us they were consistently treated with dignity. One relative said, “[Person who used the service] is always kept clean and tidy. The staff do ever such a good job with that”. We saw staff assisting people to keep people clean and tidy during mealtimes. For example, with people’s permission, staff helped people to wipe their hands and faces during and after eating and drinking. We saw that people’s right to independence was promoted. People were enabled to be as independent as they could be. For example, adapted cutlery and cups were used to enable people to eat and drink to their full potential.

People told us and we saw that privacy was promoted. One person told us, “I have my meals alone in my room, it’s my choice”. We saw that people could move around the home to access private areas when they wished to do so.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in the planning of care. One person told us that it was their preference to have a small alcoholic drink on a regular basis. The person told us they had discussed this with the staff and we saw that this care preference was recorded in their care plan. They also confirmed they were able to enjoy an alcoholic drink when they wished to do so. A relative told us that they had been involved in planning their loved one's care on their behalf as they were unable to communicate their needs. They said, "[Person who used the service] can't communicate, so the staff asked us what they liked to eat and what they enjoyed doing. They use this information all the time as [person who used the service] is always doing things they enjoy".

Care records contained detailed information about people's likes, dislikes and past histories. We saw that staff used this information to ensure people received care that reflected their preferences. For example, one person's records showed they enjoyed jigsaws. We saw the staff supported this person to complete jigsaws during the inspection and the person's relative told us, "We often find the staff sitting with [person who used the service] helping them with their jigsaws". Another person's records showed they liked to know what their medicines were for when they were being administered. We saw the nurse say to this person, "This is your [name of medicine], it's to stop the spasms in your muscles".

People and their relatives told us their care needs were regularly reviewed. A relative told us, "We have review meetings every six months or sooner if needed and [person who used the service] always comes into the meeting. When [person who used the service] became unwell, we had a review meeting straight away to talk about the changes that were needed to their care". Care records showed that people's needs were regularly reviewed and we saw that changes to care were made in response to these reviews.

People told us they were encouraged to participate in leisure and social based activities of their choice. These took place at the service and in the community. One person told us how the staff had enabled them to go to a night club at their request. They said they were planning on doing this again because they enjoyed it so much. Another person told us about the varied activities they had chosen to participate in. They said, "I go to the shops, the park, Llandudno, Blackpool, RAF Cosford and the aquarium", and, "I went to Harry Potter World, I really enjoyed it there". Staff told us that when people had requested to visit Harry Potter World, they planned this to ensure people of all abilities had the chance to attend. This included researching suitable places to stop on route to enable people to receive personal care using specialist equipment such as a hoist.

People and their relatives knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, "I could complain and the staff would listen to me". A relative said, "The manager tells me 'come in my office anytime'". People and their relatives also told us that when they had complained, improvements to care had been made. One person said, "When I've complained, they have put things right". A relative said, "When I've had niggles, I've gone to manager and they have been ironed out". The complaints process was clearly displayed in the reception area of the home and we saw that complaints had been managed in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

At our last inspection, we found that effective systems were not in place to consistently assess, monitor and improve the quality of care. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the required improvements had been made. People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, "I like everything about it here". Another person said, "The staff are very good and they have a good sense of humour". Staff also told us there was a homely atmosphere and they enjoyed working at the home. One staff member said, "I like that I can mostly work on this unit, it means I get to know the residents really well".

People told us and we saw that they were empowered to make decisions about changes to the care. We saw that regular meetings were held with people to enable them to make choices about the home's environment and the food and activities on offer. We saw that staff listened to people's choices and changes to care were made in response to this. For example, the minutes of the last meeting showed that one person had requested to spend time on the ground floor units as they enjoyed spending time in the garden area. We saw that this had been arranged and the person spent the majority of their time on the ground floor at their request. They told us, "I like being here".

People also told us and we saw that their feedback about the care was sought via a satisfaction questionnaire. The questionnaire was also sent to relatives and visiting health and social care professionals. The results of the latest questionnaires were in the process of being reviewed by the registered manager, so that action could be taken to make improvements to people's care experiences.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, infection control and health and safety. Where concerns were identified, action was taken to improve quality. For example, checks on specialist beds and equipment had identified a training gap in this area. We saw that this gap had been addressed and the required training had been delivered. The registered manager and provider also monitored people's health and wellbeing to check that appropriate action was taken by the staff in response to weight loss and skin damage. For example, the registered manager and provider checked people's weights on a monthly basis, identifying changes in weight and checking the action staff had taken to address this.

The registered manager assessed and monitored the staffs' learning and development needs through regular meetings with the staff. Staff told us and we saw that they were asked to evaluate training sessions, so that improvements to training could be made. We also saw that the registered manager checked the staffs understanding of the training by discussing this during meetings and by completing assessments of people's learning.

Staff told us they were supported by the management team. One staff member said, "[The registered manager] is there for us 100%. She always supports us". Another staff member said, "Communication is good here and I can go my unit manager, the home manager or the clinical lead anytime". Staff also told us that the registered manager listened and responded to their ideas for areas of improvement. One staff member told us how team leaders had been given different uniforms at their request, so people could see that they had a different role to the other staff. They said, "The team leaders have all had new uniforms which has made a difference. People know who we are now".

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.