

Scotia Health Care Limited

Scotia Heights

Inspection report

Scotia Road
Stoke On Trent
Staffordshire
ST6 4HA

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Scotia Heights is a residential care home providing personal care and nursing care to 49 people at the time of the inspection. The service supports older people and younger adults who may have a mental health condition and physical disability.

Scotia Heights can support up to 60 people in six units across two floors. Each unit has its own communal dining and living areas with a kitchenette. A passenger lift gives people and staff access to all floors within the home.

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

Despite concerns being raised prior to our inspection, people were supported by sufficient staff to help them stay safe and meet their needs. Following an increased use of agency staff, more permanent staff had been recruited and were waiting to start working at the home, which will improve the consistency of care. Recruitment practices were safe and appropriate checks were completed on potential new staff to make sure they were suitable to work with people living in the home.

Overall, safe infection prevention and control procedures were followed and the registered manager addressed issues with staff's use of personal protective equipment (PPE) following our inspection. People and staff had access to COVID-19 testing and vaccination. All visitors were tested in line with government guidance.

Safeguarding systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Care plans reflected how care should be provided to people to minimise any risks to them; they were regularly reviewed to adapt the level of support needed in response to people's often rapidly changing needs.

People were supported to take their medicines safely and when they needed them. New systems were in place which had been effective in helping to reduce the frequency of medicine errors which had been occurring.

The leadership, management and oversight of the home had improved since our previous inspection. The provider had a governance framework in place which was effectively identifying and addressing issues. There was a focus on continuous learning and improvement to improve standards at the home.

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

Rating at last inspection

The last rating for this service was good overall, with well-led rated as requires improvement (published 15 December 2020).

Why we inspected

We had received concerns in relation to a high volume of medicine errors and concerns about staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led list sections of this full report.

The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scotia Heights on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Scotia Heights

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was completed by two inspectors, a medicines inspector and an inspection manager.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. However, we gave short notice from outside the home due to the risks associated with Covid-19. We needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place before we entered the home.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority, safeguarding teams and other professionals who work with the service. 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.

During the inspection

We spoke with four people who used the service. We spoke with 17 members of staff including care and nursing staff, housekeeping staff, team leaders, the regional operations manager, registered manager and deputy manager.

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

After the inspection

After our inspection visit relatives were encouraged by the registered manager to contact us to give their feedback about the home and this feedback was used as part of our inspection.

We requested information from the registered manager so we could validate evidence found and look at staff training data and quality assurance records.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe way and were protected from avoidable harm and abuse. Staff had received training in and understood how to help protect people from abuse.
- The registered manager was aware of their safeguarding responsibilities. Incidents were brought to the attention of the local authority and us through reporting and managers took advice from the local authority. The provider ensured safeguarding concerns were subject to investigation and action was taken to keep people safe, including disciplinary action against staff where required.

Assessing risk, safety monitoring and management

- People were supported by staff to stay safe. Staff had clear guidance to follow and understood what they needed to do to ensure people's safety.
- Risks to people's safety and wellbeing had been identified and assessed and plans were in place to minimise these risks. Records confirmed people had risk assessments for pressure care, mobility and the support they needed when they became anxious.
- The use of lawful restraint practice was clearly planned for and staff were trained in its use. This helped to ensure risks were managed to help keep people safe from avoidable harm.
- The provider ensured equipment and utilities were serviced and checked at the required intervals. These included checks to the fire prevention systems and emergency evacuation plans for people. This helped people to stay safe within their environment.

Staffing and recruitment

- Prior to our inspection we had received some concerns about the staffing levels at the home. On the day of our inspection, there were sufficient staff to support people to stay safe and meet their needs. The registered manager had identified the minimum number of staff the home could safely operate with and contingency planning was in place should numbers drop below the minimum. Staffing levels were checked throughout the day by the duty nurse and managers and staff were allocated to other units to work if needed.
- Although none were working on the day of our inspection visit, agency staff continued to be used to safely staff the home. Staff told us working alongside agency staff was tiring because of a lack of consistency. However, managers continued to use the same agency staff where possible to try to overcome this.
- People who required individual support had this in place. Staff confirmed the rotas took into account staff competency to ensure there was a good skills mix, including staff trained in restraint, on each shift.

- The provider was actively recruiting and had staff at various stages of the recruitment process waiting to start work. The registered manager told us they had made the decision to keep one unit closed until the staffing had stabilised throughout the home.
- The provider followed safe recruitment practices to ensure staff were suitable to work with people at the home. Staff recruitment records were up to date and the required employment and identity checks had been completed prior to new staff starting work at the home. Registration details for nursing staff were checked with the Nursing and Midwifery Council to ensure these were valid and current.

Using medicines safely

- People's medicines were managed safely. Medicine audits and recently introduced stock counts identified any shortfalls in handling medicines and appropriate action was taken in a timely way. Nurses told us these had greatly reduced the number of recent medicine errors.
- Staff administered people's medicines to them in a caring way and at the right times.
- People's medicines were stored securely and kept at the right temperatures.
- Some people had medicine given to them only when they needed it, such as pain relief. The guidelines for staff on the administration of these types of medicines were kept updated and were person-centred.

Preventing and controlling infection

- We were somewhat assured the provider was using personal protective equipment (PPE) effectively and safely. Not all staff followed good infection control practice (IPC) because they wore inappropriate jewellery and were not bare below the elbows. We also saw four care staff in the home's smoking area who did not follow the provider's or national government guidance for the correct use of PPE. Because of these instances, we were not fully assured of staff's commitment to IPC practices to keep people safe from the risk of infection. Following our inspection, the registered manager took action to address our findings with staff and mitigate any further risks associated with staff practice.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date. Infection control policies were in place and have been updated to reflect the current COVID-19 pandemic. Enhanced cleaning, including touch point cleaning was in place.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager ensured incidents were reported and investigated in a timely manner. Accident and incident monitoring was in place and records showed people's relatives or representatives were kept informed of incidents affecting their family members. We saw the learning from incidents was identified and was 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. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our previous inspection a new registered manager had been recruited and was in post at the home. This is the fourth registered manager in three years. They have kept us up to date on events which have affected the home, such as the impact of reduced staffing at the home and of a kitchen floor being replaced which impacted on meal service. For all of these events the registered manager had made clear the contingency plans which were in place to help mitigate any risks.
- Prior to this inspection we had concerns about the high number of medicine errors which had occurred at the home. The registered manager had reported each error to us and the local authority and ensured they were investigated. New processes had been introduced including spot checks, mandatory medicine counts after each administration, refresher training for staff and check lists. These new systems had helped to substantially reduce medicine errors.
- Contingency planning was in place to cover eventualities such as short notice staff shortages, infection outbreaks or a COVID-19 outbreak at the home. This would help to reduce the risks associated with these events. The deputy manager told us, "We hope these don't happen but we have to plan for the eventuality should it happen. We are then all clear on what we need to do."
- Improvements in the use of the provider's quality assurance systems meant they were effectively identifying issues within the service. Action plans showed the areas which needed improvement, with timescales and who was responsible for progressing and completing the actions. This is a positive step in showing they were able to identify and take action to mitigate risk within the home.
- The provider had implemented effective strategies to keep people safe during the COVID-19 pandemic. Risk assessments were completed appropriately and there was clear guidance for staff to follow for safe working practices. The registered manager ensured regular audits and reviews kept these strategies and practices in line with national guidance.

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

- We saw positive interactions between staff and people. Staff were knowledgeable about the people they supported and demonstrated they took a person-centred approach to providing care. However, staff and some relatives acknowledged the use of agency staff had impacted on some people's wellbeing due to a reduction in social activities. It was hoped with the new staff starting this will lessen the impact.

- People told us they had been supported by staff to make telephone and video calls to their family during the current COVID-19 pandemic. Relatives praised the staff at Scotia Heights. One relative told us staff had, "Gone over and above the call of duty." When restrictions to visiting lifted, the service has been proactive at ensuring relatives were welcomed back into the service, following government guidance.
- Staff were mostly positive and told us that due to the COVID-19 pandemic and recent staffing issues they were "tired" and felt morale was low. Some staff also told us they had felt stressed due to the high turnover of managers at the home.
- Staff told us they felt the registered manager was supportive, approachable and they saw them often on the units. In general, they told us they found the management team did what they said they would do. This contributed to an open culture within the home.

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 systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager was aware of their duty of candour responsibilities including the need to admit when things may go wrong, to attempt to put things right and to offer apologies.
- Investigations into accidents and incidents were thorough and showed lessons were being learned to help improve the quality of care being provided.

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

- People, their relatives and staff were invited to share their experiences of the home and suggestions as to how the care and support provided could be further improved. Action plans were created to help ensure feedback was captured and used to improve practice.
- Staff told us they were confident their opinions were valued and they would be supported by managers should they ever need to raise concerns.

Working in partnership with others

- Due to previous safeguarding and medicine concerns the local authority was monitoring the home through a series of regular visits and improvement planning. Managers at Scotia Heights were working with external professionals to ensure identified improvements continued to be made.
- We saw evidence of staff liaising with health and social care professionals to keep people safe and meet their care needs. Referrals were made as necessary to external health and social care professionals and staff also worked closely with the provider's own Clinical Support Team.