

Heaton Lodge Limited

Heaton Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was an unannounced and took place on the 26 March and 3 April 2018.

Heaton Lodge 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.

We last carried out a comprehensive inspection of this service on 25 and 27 July 2017. At that inspection we found four repeat breaches and four new breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The repeat breaches were because systems of recruitment were not sufficiently robust, premises were not always maintained securely, people were not protected against the risk associated from unsafe or unsuitable premises and systems of governance were not sufficiently robust. The four new breaches were because medicines were not managed safely, lack of staff supervision, the provider had failed to provide information requested by CQC and had not displayed on their website a copy of the most recent rating by CQC. The service was given an overall rating of inadequate and was placed in special measures.

Following the last inspection, we imposed conditions on the provider's registration that required them to complete an improvement action plan to show how they would improve the key questions; safe, effective, responsive and well led to at least good. We also made one recommendation; that the service improves documentation of reviews of care and peoples involvement in those reviews.

During this inspection we looked to see if the required improvements had been made. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the safe management of medicines. However we found that significant improvements had been made in all other areas. Due to our findings at this inspection the service has been taken out of Special Measures'

Heaton Lodge is a large detached property in its own grounds. It provides care and accommodation for up to 23 people, between the ages of 18 and 65 years, with mental ill health. The service may also accommodate up to four persons over 65 years. At the time of our inspection there were 21 people living at the service.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The manager of the service had applied to be registered with CQC just prior to our inspection. People who used the service spoke very highly of the manager and the way the service was run. Everyone was very positive about the changes since our last inspection.

Medicines were not always managed safely. Staff were not provided with sufficient information about medicines that were to be given 'when required'. Records of stocks of medicines were not always accurate. You can see what we asked the provider to do at the back of this report.

Appropriate window restrictors were now fitted and equipment was maintained and serviced appropriately. Health and safety checks, including fire safety were completed. There was a system in place to ensure the building was maintained appropriately. Improvements had been made to the furnishings and décor of the building.

Recruitment procedures were in place which ensured staff had been safely recruited. There were sufficient numbers of staff to meet people's needs. Staff received the training, support and supervision they needed to carry out their roles effectively.

The provider had displayed the CQC rating in the home.

Risks to people who lived at the service were well managed. Accidents and incidents were appropriately recorded. There were systems in place to protect people from abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Laundry facilities had been improved and people were protected from the risk of infection.

People had access to a range of health care professionals. People at risk of poor nutrition and hydration had their needs regularly assessed and monitored.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The registered manager was meeting their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people's rights were considered and protected.

Care records contained risk assessments and care plans that were person centred, detailed and written using respectful terms. They were reviewed regularly.

The manager and staff all knew people very well. We saw staff interactions that were, caring, helpful and polite.

Since our last inspection the provider had employed an activity coordinator. We found them to be enthusiastic and committed to enabling people to remain part of the wider community. There were a range of activities and social events in the home and in the community on offer to reduce people's social isolation. People told us they enjoyed the activities.

There was a system in place to record complaints and the service's responses to them.

Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look at developing good practise. Staff we spoke with liked working for the service and told us they felt supported in their work.

There was a good system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided.

The service had notified CQC of any accidents, DoLS authorisations, serious incidents, and safeguarding allegations as they are required to do.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines management had been improved but was still not managed effectively.

People told us they felt safe because they were supported by staff they knew and trusted.

Health and safety checks, including fire safety were completed. There was a system in place to ensure the building was maintained appropriately.

Is the service effective?

Good 

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Staff received the induction, training and supervision they needed to be able to provide safe and effective care.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People told us staff were caring, helpful and supportive.

The manager and staff knew people well.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good 

The service was responsive.

Care records contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

Activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

There was a complaints procedure for people to voice their concerns.

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager in place. The current manager was in the process of applying to register with CQC.

The manager knew people well and was committed to continue with improvements to the service. Staff spoke positively about the changes that had been made to the service since our last inspection.

Systems were in place to assess and monitor the quality of the service provided

Requires Improvement 

Heaton Lodge

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 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.

This inspection took place on 26 March and 3 April 2018 and was unannounced on the first day. It was undertaken by an adult social care inspector, an inspection manager, a specialist health and safety advisor 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. This person had experience of this type of service.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. We reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Healthwatch Stockport for their views on the service. They raised no concerns.

During our inspection we spoke with five people who used the service, the provider, the manager, four support workers, the maintenance person, the cook and the activity coordinator.

We carried out observations in communal areas of the service. We looked at three care records, a range of documents relating to how the service was managed including medication records, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At the last comprehensive inspection of the service on 25 & 26 July 2017 the overall rating for this key question was inadequate. Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we looked to see if the required improvements had been made. We found that significant improvements had been made, but one breach had not been met.

At the last comprehensive inspection of the service in July 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not ensure the proper and safe management of medicines. A requirement action was made.

During this inspection we looked to see if the required improvements had been made. We found some improvements had been made but the breach in regulation had not been met.

We looked to see if there were safe systems in place for managing people's medicines. People we spoke with told us they received their medicines as prescribed and we saw that medicines were stored securely. We found medicines management policies and procedures were in place. The training records we looked at showed that staff had been trained in the safe administration of medicines; this was confirmed by those staff we spoke with. Staff also had their competency to administer medicines regularly checked.

We looked at five people's Medicines Administration Record (MAR). We found that all MAR's contained a photograph to help ensure correct identification of the person. All MAR's we reviewed were fully completed to confirm that people had received their medicines as prescribed. Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. There were no controlled drugs in use at the time of our inspection but we saw that if needed controlled drugs would be stored separately in a locked medicines cabinet.

People who used the service told us their medicines were reviewed regularly by their doctors. One person told us staff always went with them for these appointments.

The medicine storage room contained a lockable fridge. The temperature of both the medicines fridge and the medicine room had been recorded daily and were within the acceptable ranges. However we noted that on the day of our inspection there was a build-up of ice on the inside of fridge, we moved the thermometer to the shelf below this and found that it registered 20C which is the lowest temperature that is safe for storage of medicines. The daily recordings staff had taken did not identify a temperature below 40C. This meant the correct fridge temperatures were potentially not being taken. Storing medicines at the wrong temperature can alter their effectiveness. We discussed this with the provider who said they would immediately order a new fridge that records average temperatures.

We found that two stocks of medicine we reviewed were not accurate. The manager showed us records that indicated the person had received their medicine as prescribed. We saw that the error had been on the paper work when the new stocks had arrived and the 'carried forward' total of tablets had been recorded incorrectly. We noted that medicines audits were due to take place on the day of our inspection.

At our last inspection we found that protocols were not always in place to guide staff on administration of 'as required' (PRN) medicines, such as paracetamol. All PRN medicines should have information to inform staff of what medicine to give, what to give it for and how often it can be given. This ensures the safe and correct use of 'as required' medicines. During this inspection we again found that protocols were not in place for all those who used PRN medicines.

This was a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not ensure the proper and safe management of medicines.

We discussed this information not being in place with the manager. They told us the information had been in place and said they could not understand why it had been removed or who had moved it. They showed us an audit from the medicines team at the clinical commissioning group that evidenced they had previously been in place. On the second day of our inspection we saw that the new fridge was in place, PRN protocols were in place for each PRN medicine and a more detailed audit had been put in place for stock checks.

At the two comprehensive inspections of the service in February 2016 and July 2017 we found that the home was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because all parts of the premises used by the service provider were not secure as not all windows were fitted with appropriate restrictors. This did not follow the Health and Safety Executive (HSE) published guidance on the use of window restrictors in care homes. The appropriate window restrictors prevent the windows in care home from being opened too widely and prevent people falling from the windows. A condition was put on the provider's registration that they ensured appropriate window restrictors were fitted and obtained a report from a specialist in health and safety to confirm this had happened.

During this inspection we looked to see if the required improvements had been made. We found the breach in regulation had been met.

All the windows we saw had suitable window restrictors in place. Records we looked at showed that an external health and safety report had been obtained confirming compliance with the HSE guidance. Since our last inspection all window restrictors were now checked regularly by the maintenance person to ensure they were being used properly and were in satisfactory condition.

At the two comprehensive inspections of the service in February 2016 and July 2017 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the premises or equipment used by the service provider were safe to use or used in safe way. A condition was put on the provider's registration requiring the provider to complete an improvement action plan.

During this inspection we looked to see if the required improvements had been made. We found the breach in regulation had been met.

We reviewed certificates and maintenance records for safety checks performed on the home. We found

external providers had completed the required checks and maintenance for gas, electricity, water quality and fire safety systems. Records showed that all portable electrical appliances had been tested (PAT).

We could see that there were arrangements in place for regular checking, identifying and rectifying premises issues promptly. We saw that water temperatures in all the bedrooms and the communal bathrooms were checked regularly. We saw that four hand basins in communal areas were recorded as being above suitable levels. We discussed this with the provider. Following our inspection they confirmed that they had arranged for the thermostatic valves to be replaced. Staff we spoke with said any repairs that were needed were now dealt with promptly. One said, "Jobs are getting done. You put it in the [maintenance] book, and it gets done."

We found that regular fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers. Regular checks of equipment required in the event of an emergency are needed to ensure it is functioning and suitable for use. Records we saw showed that staff received training in fire evacuation and fire safety. We found that Personal Emergency Evacuation Plans (PEEPS) had been completed for each person who used the service. PEEPs described the support people would need in the event of having to evacuate the building.

At our last inspection in July 2017 we found there had been five incidents where people smoking on the premise had caused small fires. During this inspection we found that risk assessments relating to people smoking in the home had been updated. The manager told us that staff had worked with fire prevention officers to highlight to people who lived at Heaton lodge the dangers of smoking. An advisor from smoking cessation had also attended a residents meeting and that since this a number of residents had stopped smoking cigarettes.

The service had a contingency plan which guided staff on the action to take in the event of a serious incident that could stop the service, such as severe weather, power failure, fire or flood.

At the previous two comprehensive inspections of the service in February 2016 and July 2017 we found that the home was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found the recruitment systems were not sufficiently robust to ensure people were protected from unsuitable staff. A requirement action was issued.

During this inspection we looked to see if the required improvements had been made. We found the breach in regulation had been met.

We looked at three staff recruitment files. We found these demonstrated that there were procedures in place to ensure staff were safely recruited. The records confirmed the required checks were completed and no member of staff commenced work until they had received appropriate references and they had information from the Disclosure and Barring Service (DBS) confirming the individual was safe to practice supporting vulnerable people. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know and understand what was expected of them in their role.

During this inspection we looked at the care records for three people who used the service, who had

different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included nutrition, smoking, medication, mobility and mental and physiological well-being. We also saw that risk assessments were in place for the environment. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Training records identified staff had received training in safeguarding people from abuse. All the staff we spoke with were confident that if they raised any concerns with managers of the service they would be dealt with correctly. Records we looked at showed that safeguarding concerns had been dealt with appropriately by the manager and alerts had been raised with the appropriate local authorities. We saw that following a recent incident the manager had asked for a review for the person concerned.

We looked at the staffing arrangements in place to support the people who were living at the home. Staff rotas we examined showed that staffing levels were provided at consistent levels and that cover for sickness and annual leave was provided by staff from the service. This helped to ensure continuity of care. During our inspection we observed that people received the support they needed promptly and staff spent time talking with people.

Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident, any injury and action taken by staff or managers. We found that a log of all accidents and incidents was kept by the manager so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences. We saw that where the manager needed more information about any incidents a detailed incident investigation report was completed.

During our tour of the building we found all communal areas to be clutter free and clean. We saw that the service had an infection control policy and procedure. These gave staff guidance on preventing, detecting and controlling the spread of infection. We saw that staff wore appropriate personal protective equipment (PPE) when carrying out personal care tasks.

We looked at the systems in place for the management of the laundry and found improvements had been made to the laundry area. A new washing machine and dryer had been purchased, the area was tidy and well organised and new hand washing facilities had been installed. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items. The procedures in place ensured people's clothes were cleaned and people were protected from the risk of infection.

Is the service effective?

Our findings

At the last comprehensive inspection of the service in July 2017 we found that the home was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not had all the supervisions necessary to enable them to carry out their duties effectively. The overall rating for this key question was requires improvement. Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively. We found staff employed in the service had received training to help ensure they were able to safely care for and support people. Records we reviewed showed that staff training had improved since our last inspection and staff were now offered a wide range of training including infection control, fire safety, moving and handling and first aid. We saw that staff also attended course related to specific health conditions. These included; diabetes, epilepsy, panic attacks, alcohol misuse, self-harm and challenging behaviour. Staff we spoke with had good knowledge and understanding of the health conditions people who used the service had. Staff said of the training, "I love it" and "It's had a massive impact [on staff], it's really good."

The manager told us that new staff who did not have a qualification in health and social care received an induction to the service which was in line with the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included training, an introduction to the service and information about the individual staff member's role and responsibility.

Records we looked at and staff we spoke with confirmed staff now received an annual appraisal of their performance, regular one to one and group supervisions and attended regular staff meetings. Supervision is important as it provides the opportunity for staff to review their performance, set priorities and objectives in line with the service's objectives and identifies training and continual development needs. Staff told us they felt supported. One staff member said, "I feel supported. I get lots of training and supervisions. [The manager] will give you time [to discuss issues]."

We saw that staff had received training in how to support people who at times may exhibit behaviours that may challenge the service. One care record we saw showed that distraction techniques were identified for staff. This is a way of diverting someone who is angry or distressed so that the situation can be diffused before staff then help the person solve whatever is upsetting them. The care record detailed that this was important as it would prevent the person from needing additional medicines to calm them. We also saw that staff completed charts that recorded what had happened prior to an incident, what had happened during it and what had happened afterwards. This would help staff and managers review the support they provided and look for ways of helping to prevent re occurrence. During our inspection we saw staff provide support to

a person who used the service who had become angry and upset. Staff responded reassuringly, calmly and with kindness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked to see if the provider was working within the principles of the MCA. We found people had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. Where needed applications for DoLS had been submitted to the relevant local authority. At the time of our inspection there was one person subject to a DoLS.

We found people had signed their care records to indicate they had been involved in deciding how care and support should be provided and that they gave their consent. Everyone we spoke with said staff asked for their consent or agreement before providing care.

Since our last inspection repairs to the exterior of the building had been completed and improvements had been made to the furnishings and décor of the building. The provider told us that further improvements were planned, these included redecoration the bedrooms and refurbishment of the toilets and bathrooms.

We asked how the home used technology to improve the care provided. We were told by the manager that WIFI was available and technology was used to help people communicate with their friends and relatives.

We looked at the systems in place to ensure people's nutritional needs were met. Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition. We saw these were reviewed monthly and kept up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition.

We looked to see if people were provided with a choice of suitable and nutritious food. People told us they liked the food on offer but could always have an alternative if they wanted. They told us that staff respected their choices. One person told us, "The food and portion sizes are good." We observed a lunch time meal being served. We saw one person didn't want the planned meals, staff asked the person what they wanted and immediately prepared it.

We found the kitchen was clean. Checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. Heaton Lodge had been awarded a four star rating for food hygiene from the food standards agency in June 2017. This meant they followed safe food storage and preparation practices. We saw that flooring in the kitchen area was old and had ingrained stains in it. We discussed this with the manager; they said replacement of the flooring was part of the planned on-going building improvements.

People who lived at the home had access to healthcare services and received on going healthcare support. Care records contained evidence of visits from and appointments with their General Practitioner (GP),

community psychiatric nurses, psychiatrist, dentist and diabetic specialist nurse. Care records contained a "hospital transfer" form. This provided important information about the person, including health conditions, medicines, like and dislikes and support needs. The manager told us this would go with them if they needed to go to hospital. This helped to ensure continuity of care.

Is the service caring?

Our findings

Everyone we spoke with told us staff at Heaton Lodge were caring. People who used the service told us, "Staff treat me with dignity and respect." Others said of staff members, "[staff name] is very caring and helpful" and "[staff name] is really supportive and listens to my issues and concerns. [Staff member] acts on them in a positive way."

During the inspection we spent time observing the care provided by staff. We observed staff spending time with people and talking to them. We saw that staff were friendly in the interactions with people who used the service and were caring, helpful and polite

The manager and all staff we spoke with had a good knowledge of the people who lived at the home. Staff we spoke with said the manager of the service knew everyone who lived at the home very well. They told us, "She knows every resident inside out, they trust her", "She has a good rapport with the residents."

Everyone was very happy with the changes that had been made since our last inspection and said the people were now receiving a better service. Staff said, "People have things to look forward to, it's nice to be part of it", "It's a warmer atmosphere now", "I feel part of a team and the staff are all great to get along with. They are helpful, caring and kind to all the residents" and "I can see it's a happier place."

People who used the service told us staff helped maintain and promote their independence and choices. Staff told us people need encouragement and time to be able to develop their independence. Staff we spoke with said, "It's rewarding to see them [people who use the service] push themselves. It's about encouraging without mithering."

The activity coordinator was in the process of supporting everyone who lived at Heaton Lodge to apply for a bus pass. They told us this was so that people could access the general community and also so that they could afford to travel independent of staff.

People told us that staff respected their privacy and treated them with respect. During our inspection it was observed staff knocked before entering rooms and asked peoples permission to enter.

Care records identified whether people who used the service had a specific religion or faith and also whether they would require support to practise this.

During our inspection there were no visitors to the home but people who used the service told us that visitors were always made to feel welcome.

We saw that leaflets were available to people who used the service to inform them about a local advocacy service should they need someone independent to advise them.

The provider had an Equality & Diversity policy. This detailed how staff and residents human rights would be

protected. Care records we looked at also showed that as part of the care planning process consideration was given to supporting people's sexual orientation, cultural and spiritual needs.

Policies and procedures we looked at showed the service placed importance on protecting people's confidential information. We found that care records were stored securely.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to meeting their needs.

At our last inspection we made a recommendation that the provider improved documentation of reviews of care and peoples involvement in those reviews. At this inspection we found improvements had been made.

The manager told us that before someone started to live at the home an assessment of their needs and preferences was completed. The assessment process ensured people were suitably placed, staff knew about people's needs and goals and staff could meet people's needs. Records we looked at showed that once people started to live at the home care plans and risk assessments were developed to guide staff on the support and care people needed.

We looked at three people's care records. We found they contained risk assessments and care plans that were detailed and written using respectful terms. They gave information about things that were important to and for the person including mental health and psychological needs, nutrition, personal care, communication, mobility and activities and lifestyle choices.

Records we looked at had been regularly reviewed by managers of the service and updated when changes in people's needs had occurred. People had signed to say they had been involved in developing the care records and when they were reviewed.

We saw that care records also contained a document; "About me." This contained very person centred information that told staff what was important to and for the person. This included life history, employment, hobbies and interests, holidays they had been on, friends and family and religion or beliefs. These documents also identified things that might upset people and how staff should provide support that would reassure the person and help them deal with the situation.

People told us they received the support and care they needed. We saw there were detailed daily records of the care and support staff had provided.

We looked to see what activities were available for people who used the service. We found that activities were provided within the home and people were also supported to access community based activities.

Since our last inspection the provider had employed an activities coordinator. Everyone we spoke with was positive about the activities coordinator and the new activities provided. One person who used the service said, "[activity coordinator] is good. She encourages other residents to take part in things." Another person said, "Staff are good, they do encourage me [to take part in activities]."

We found the activity coordinator to be enthusiast and committed to encouraging people who lived at Heaton Lodge to remain part of the wider community. We saw that there were activities on offer at the home but also using community based facilities. Records showed that regular activities on offer included, working

at a charity shop and a pool team named the "Heaton Hustlers". Regular knit and natter sessions were held, recently people had knitted baby clothes for a local hospitals premature baby unit. People visited a local community centre each week where various activities were on offer, including; arts and crafts and bingo. The activity coordinator told us that people were developing links in the community through this. Staff at one café they now attended welcomed one person who used the service with; "here's my regular." There was also a take away tea night. People could choose what takeaway food they wanted delivering from local shops. On the second day of our inspection it was someone's birthday. Everyone was planning to go out for a curry in the evening to celebrate with them.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. There had been three complaints since our last inspection. We found there was a system for recording complaints. We saw this included a record of responses made and any action taken. The letters also told people who they could contact if they weren't happy with how the complaint had been dealt with. One person we spoke with said, "I have no issues or concerns about anything [At Heaton Lodge]."

Care records we looked at showed that people were given the opportunity to discuss their end of life wishes. We saw that some people had identified their wishes including making a will and naming their choice of undertaker.

We saw that the provider made information and policies available in a variety of accessible formats if people needed them. These included information in plain language, large print and easy read. A poster showing what activities were on offer was also displayed in pictorial form in the dining room.

Is the service well-led?

Our findings

At the previous two comprehensive inspections of the service in February 2016 and July 2017 we found that the home was in breach of Regulation 17, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality assurance systems were not always effective and systems in place to gather people's feedback about the service were not sufficiently robust. A condition was put on the provider's registration. The overall rating for this key question at the last inspection was inadequate.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good.

During this inspection we found significant improvements had been made.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We found there were very good systems of weekly, monthly and annual quality assurance check and audits. These included care plans, infection control, maintenance, kitchen and health and safety. Each bedroom and communal area was also checked regularly for cleanliness and condition. We saw all the audits were detailed and where issues or concerns were found the manager and provider had written what action they had taken to address them.

We discussed with the manager that the medication audits in place had not identified the issues we found during our inspection, the manager said they were due to complete an audit on the first day of our inspection and would have picked up the issues during that audit. On the second day of inspection they told us they had organised staff to do more frequent stock checks and had added additional checks of PRN records to their own audits.

At the last comprehensive inspection of the service in July 2017 we found that the home was in breach of regulation 20a (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not displayed on their website a copy of the most recent rating by CQC. A fixed penalty notice was issued to the provider.

During this inspection the provider no longer had a website, but the provider had displayed the CQC rating and report from the last inspection in the home.

At the last comprehensive inspection of the service in July 2017 we found that the home was in breach of regulation 17 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to send CQC a completed 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 what improvements they plan to make.

Before this inspection we requested the provider return a PIR. The information we requested was returned.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The rating for well-led cannot be above requires improvement if there is not a registered manager in place. The service did not have a registered manager in place; the manager was in the process of applying to register with CQC.

People who used the service spoke very highly of the manager and the way the service was run. One person who used the service said, "I know [the registered manager] and would feel able to talk to her about anything."

Staff were very positive about how the manager was running the home and spoke about her fondly and in very respectful terms. Staff said of the manager; "She's amazing, she's fab", "[name] is so approachable", "She has been marvellous", "You get lots of encouragement [from the manager]. She has faith in me." Staff also said, "She [manager] teaches me a lot. I am proud of her. She tells us how to do things" and "She has good insight, we have all known her for years."

Staff told us they liked working at Heaton Lodge and were very happy with the changes that had happened since our last inspection. They told us, "I love it; things are now in place, the [manager and provider] keep on top of it", "We get a lot of positives, team morale is very good", "There is more communication, a better feel in the company. It's like a project that's coming together. Everyone knows what they should be doing." Others said, "Its loads better, people [staff] can see things are getting better" and "We have a clear view of what each and every person's job is and how they are managing. We see results, residents are happier."

Records we looked at showed that since our last inspection there were now a number of different meetings to inform staff and address any concerns or issues they had. The manager and the provider met monthly to address any concerns and discuss the running of the home. There were monthly support staff meetings and also additional monthly meeting for senior staff.

We saw that the service had a range of policies and procedures in place. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act 2005, safeguarding adults and whistleblowing. These provide information and guidance to staff about the provider expectations and good practise.

We looked to see if people had the opportunity to comment on the service they received. We found that regular residents meeting were held. Records we saw of the last meeting showed that to address people's concerns about smoking outdoors the provider planned to install a smoking shelter in the garden. People were also given information about voting in the local elections.

We saw that a survey had been sent to all people who used the service in November 2017. We saw that 11 people had returned the survey and were positive about the home and the care and support they received. There was also a regular newsletter produced for people who used the service which gave information about planned developments, events and areas of interest to people.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of any DoLS authorisations, accidents, serious incidents, and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

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 The provider did not ensure the proper and safe management of medicines.