

Community Integrated Care Heartly Green

Inspection report

Cutnook Lane
Irlam
Salford
Greater Manchester
M44 6JX

Tel: 01617777000
Website: www.c-i-c.co.uk

Date of inspection visit:
25 October 2016

Date of publication:
21 November 2016

Ratings

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

Summary of findings

Overall summary

The inspection visit took place on the 25 October 2016 and was unannounced which meant the staff and provider did not know we were visiting.

Heartly Green is situated in Irlam and provides an intermediate care unit on the first floor which is registered to Salford Royal hospital and a 30 bedded residential unit on the ground floor of the home. The registered provider supply care staff for both units but the first floor intermediate care unit is managed and nurses and therapists are provided by the NHS.

The service was registered by the Care Quality Commission to the new provider in February 2015 and it has not been inspected since that time.

There was a registered manager in post who joined the inspection visit on the day for feedback as they were on annual leave. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The inspection was facilitated by the experienced deputy manager who had worked at the service for 11 years.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know when an application should be made and how to submit one. The registered manager also ensured that capacity assessments were completed and 'best interest' decisions were made in line with the MCA code of practice. This meant people were safeguarded.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

All people told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns. The staff team were supportive of the registered manager and each other and feedback from visiting professionals on the day were very positive about the service at Heartly Green.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development. The food had recently been changed to offer a ready prepared meals called "Apetito" which had been implemented in August

2016. Feedback about this change was mixed but we saw the kitchen staff immediately responded and acted on any complaints or issues. We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well.

The service told us it was changing its care plan approach to become more person centred and based on the views of the person. We saw people's new care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

We observed that all staff and the deputy manager were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members and there was a lovely warm and caring atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

The service did obtain feedback from people using the service and relatives through meetings but we fed back that it was not recorded what actions the service had taken in response to feedback and the management team said they would address this in future.. The service had an accessible complaints procedure and people told us they knew how to raise a complaint if they needed to. We saw that complaints were responded to and lessons learnt from them. This showed the service listened to the views of people.

Any accidents and incidents were monitored by the management team to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Heartly Green and actions plans and lessons learnt were part of their on-going quality review of the service.

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 ●

Staff were recruited safely to meet the needs of the people living at the service.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough staff on duty to meet the needs of people using the service.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

Is the service effective?

Good ●

This service was effective.

People were supported to have their nutritional needs met and we saw a new meal supplier was still being evaluated with people who used the service implemented.

Staff received regular and effective supervision and training to meet the needs of people who used the service.

The management and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Is the service caring?

Good ●

This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

This service was responsive.

People's new care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the management team approachable and listened to any concerns

Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff all said they could raise any issue with the management team at the home.

People's views were sought regarding the running of the service and changes were made but feedback to people needed to be improved

Heartly Green

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.

The inspection visit took place over one day on 25 October 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector and an expert by experience who was a person who had experience of caring for an older person.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales.

During our inspection we spoke with six people who lived in the home, three relatives, three care staff, two ancillary staff, the chef, the deputy manager and registered manager. We observed care and support in communal areas and spoke with people in private. We looked at care records of four people, to see if their records matched with the care needs they said they had or staff told us about. We also looked at records that related to how the service was managed. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

As part of the inspection process we reviewed information received from the local authority who commissioned the service and spoke with a visiting healthcare professional.

Is the service safe?

Our findings

People we spoke with had an understanding of staying safe. We asked people if they felt safe at the service and they told us, "I feel safe here, I trust the people who are around." We spoke with two relatives who told us, "I think this is a very safe place compared with how things were at home", and "I think my relative is in the right place, a safe place."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "I have done safeguarding training on several occasions and I'd have no hesitation in raising a concern, the most important thing is people here are kept safe." Another staff member said; "I have a number to ring but I have not had the need to do so. I can talk to my senior support worker or go to the office for any advice, any time." Training records showed staff had received safeguarding training which was regularly updated. We saw that information was displayed around the service with contact information and staff we spoke with knew the name and details of the local authority safeguarding service. This showed us staff had received appropriate safeguarding training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and the service responded and learnt from any safeguarding issues raised.

We found the service to be clean and pleasant. We spoke to a member of the housekeeping staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. One of the care staff explained their role as infection control lead. They told us how they had negotiated for new commodes and they ensured cleanliness of equipment such as soft furnishings and chairs by a special cleaning spray. They were very knowledgeable and motivated about promoting good infection control measures.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service. For example, the service asked questions to housekeeping staff such as; "How would you feel if a resident would like to help clean their room or do some dusting?" and "When you mopped floors how would you ensure the safety of residents?". This showed the service sought to recruit staff of any level who would consider the needs of people using the service.

We looked at four staff files and saw that before commencing employment, the provider carried out checks

in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and minimise the risk of unsuitable people working with vulnerable groups, including children. The deputy manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. This meant the service had robust processes in place to employ suitable staff.

On the day of our inspection there was a deputy manager, one senior carer, an administrator, two housekeepers, two kitchen staff, a maintenance staff and four other care staff on duty for 29 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Staff members we spoke with told us there were generally enough staff. They said, "Sometimes people who need two workers may have to wait a little while", and "I don't feel we are short of staff." People we spoke with told us, "The night staff answer the call bell quickly", and "The call bell is answered quickly including at night."

Staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training chart provided by the deputy manager. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines.

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered. Staff asked people if they wanted any pain relief medication and also informed them what their tablets were when giving them to people to take. One person told us, "I take medicine for rheumatoid arthritis that is administered by staff twice a day. If I have asked for pain relief in between the staff have always responded. I was never neglected."

We discussed the ordering, receipt and storage of medicines with the senior carer who was responsible for administering medicines on the day of our visit and for general ordering and medicines management. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. We saw that alongside a medication administration record (MAR) that people also had clear protocols in place for as and when required medicines. We saw a chart for each person which showed the name, picture, dosage, how often and times of each individual medicine prescribed. The deputy manager also told us they had recently had an audit from the pharmacy that had been positive and that they ensured people received regular reviews from their GP regarding their medicines.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. There was a maintenance man on duty on the day of the inspection and he explained his checks on safety equipment, such as fire extinguishers, and showed us the records for checking these. He also explained the process for reporting any faults to him which would then be assessed and addressed accordingly.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The four care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening

tool. One staff member told us; "We monitor people closely, we have one person who we have concerns about their food and fluid intake so we have had the dietician out to see them and we are recording their intake on our comfort charts." We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Is the service effective?

Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. People told us; "The girls are all brilliant, there isn't any member of staff I don't like," and "The staff are all competent". Some relatives we spoke with told us, "We all think the staff are very caring" and "The staff are all very good here."

The deputy manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, safeguarding, mental capacity, equality and diversity and fire safety. We saw the manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One staff member told us; "I have been to Manchester for a first aid course, then I have had training for moving and handling, MAPA (an approach to managing conflict and Deprivation of Liberty Safeguards (DoLS) which I attended here in house." Another staff member told us, "I feel up to date with training, I have done my NVQ Level 2 and I am now doing NVQ Level 3. I have done dementia training at Hope hospital and I have done mental health training here on site, I am due to have an update on stoma care soon too."

We saw that a formal induction programme was undertaken by the provider. One staff member who commenced in February 2016 told us, "You are well supported here." One person told us that new staff were introduced to everyone at the service which was good practice.

All staff we spoke with said they had regular supervisions with the registered manager or deputy and records we viewed demonstrated that supervision meetings were meaningful discussions with development areas for staff and positive feedback. Staff members we spoke with said they felt able to raise any issues or concerns to the registered manager. One staff member said; "The manager is very good, very caring."

We looked at supervision and appraisal records for all staff members. We saw supervision was planned to occur regularly and that records for 2016 were currently up-to-date. We saw from records that staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and safeguarding.

We also saw records of other regular staff meetings and staff told us about the most recent meeting in September 2016. We saw from the minutes that new appointments were discussed as well as training, health and safety, feedback from quality checks, issues relating to people and safeguarding. All staff who attended signed the sheet and other staff signed to show they read the minutes, this showed that everyone knew what had been discussed. We did feedback that a couple of items such as an update in relation to the Six Steps (palliative care) update was repeated in March and September's minutes.

We observed the lunchtime meal in the dining room. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be

enjoying it. We observed looking round people's rooms that no-one who needed assistance with mealtimes was left unaided. We heard people comment on the food, one person said, "The soup is nice, I like it peppery", whilst another person said, "I don't like this soup it's too peppery!".

Staff told us about how they monitored people's nutritional needs. We spoke with the chef who told us they were informed about anyone with diabetes, who required a fortified diet (one with a high calorie intake for people at risk of malnutrition), or who needed a softened diet. They told us they had all the equipment and supplies they needed. They told us initially the new Apetito system was 'a nightmare'. Apetito is a system of frozen food which is nutritionally balanced for older people which is then re-heated and served according to instructions. We observed the chef asking people how they had enjoyed their meal following lunchtime and taking on board people's feedback. They told us, "Some of it has been hit and miss, so we have gone back to cooking our own potatoes for example as people said the Apetito ones were too dry." We saw everyone had a care plan for monitoring their food and nutritional intake and charts for monitoring people's food and fluid intake were well completed for every person at the service.

People told us; "The food is alright. On the set menu if you don't like something they will give you an alternative", and "The food is good and there is plenty. I have a hot dinner on an evening and soup and sandwiches at lunchtime. I haven't requested anything special, but I am sure they would provide it."

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 to 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the deputy manager, who told us that there were DoLS in place and in the process of being applied for. Consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We found the provider was following the requirements in the DoLS.

At the time of the inspection, fourteen people at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The deputy manager talked us through a new pilot capacity assessment that the service was trialling. This assessment ensured a decision specific functional capacity test, that independent advocates were sought and best interests decisions were made and recorded appropriately.

We saw that every person had updated care plan documentation following an assessment of the person's capacity or if they were subject to a DoLS to detail how the care was to be managed in a least restrictive way. Consent to care and treatment records were signed by people where they were able; if they were unable to sign a relative or representative had signed for them.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The deputy manager explained that the service was looked after by a GP practice from Salford Royal hospital that provided a specific service for care homes. This meant that as well as GP's, other key staff such as a dementia nurse, speech and language therapists and an out of hours nursing

service was based at the practice. One person said; "We have a doctor comes from Salford Royal, they are coming to see me this week as I have a bit of a pain and the district nurses are always in and out of here." People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We spoke with a visiting community nurse who said the following about the service; "The staff are really lovely here and people are always clean and well cared for." We saw people had been supported to make decisions about health checks and treatment options.

Is the service caring?

Our findings

We asked people if they were happy with their care at the service. One person told us, "The staff are caring, it's comfortable and relaxed here."

One relative told us, "I'm here every day and they keep me up to date. I think this is a really lovely care home." Another visitor told us, "We all think the staff are caring. Our relative is free to choose his routine, then to get up and go to bed."

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. One person told us; "I am treated with respect by staff. They don't get too personal and we don't with them. I have tried other places but they are not as bright and pleasant, and the staff not as nice, polite and respectful." Another person told us, "The girls are helpful, they do things in a nice way not condescending. For example, this morning I wanted a cardigan from my room, while I was in the lounge. It was brought to me straight away."

We saw all staff interacted with people over the course of the visit. This included the administrator, chef and housekeepers. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people. We observed one person with communication difficulties and mobility issues being supported and encouraged to keep their remaining mobility function. They responded positively to banter and encouragement from staff and when we asked them if they liked it at Heartly Green, they gave a big thumbs up and smiled.

We spoke with a visiting community nurse who said the following about the service; "It's a lovely care home here, the staff are really lovely."

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. We arrived at the service early in the morning and observed a calm quiet atmosphere with lots of people still in bed and enabled to rise when they wanted to. One person told us, "You can get up when you want to." Another person told us, "I can please myself when I get up and when I go to bed and I like I have a male support staff who helps me into the bath."

Staff told us they encouraged people to be as independent as possible. We saw that people were supported to go out into the community and carry out tasks such as dressing and washing with staff support if needed. We saw that some staff gave their personal time to support people at the home. One staff member regularly took people out to church, or to the pub or to play dominoes. We witnessed this staff member asking one person if they needed some new reading glasses and stated they would get them some on a shopping trip the following day. The person was delighted with this suggestion.

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. All visitors we spoke with told us they could visit when they liked and were made to feel welcome at the home.

We saw people signed where they were able, to show their consent and involvement in their plan of care. If not a family member who had lasting power of attorney for care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a 'best interest' meeting was undertaken. This showed that people were involved in the planning and delivery of their care. Some relatives we spoke with stated they were awaiting feedback after participating in care plan reviews. One relative said, "I have seen the care plan and was involved in my relative's habits, likes and dislikes. Though I am still waiting for feedback but probably because we are still getting to know the new system." We discussed this with the deputy manager who stated as part of a new care planning approach they were involving people more. We reiterated that a couple of relatives felt they had not been fed back to about the new care plans and also one relative said they had spoken to management about their relative's worsening dementia and felt they had not had feedback and the registered manager agreed to look into this.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment. People were also weighed on a weekly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. One person told us; "I am seeing someone this week about my swollen hand, they always get help if I need it." We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded.

People's wishes were recorded in relation to end of life care and the service was working towards implementing the local Six Steps initiative around providing good end of life care in care homes.

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service. We witnessed the daily shift handover. The shift handover documentation covered the following areas: appointments, details of accidents and incidents, any person causing concern requiring observation' any changes to medication or care regimes and any other relevant information. There was a quick and easy key for people on the handover sheet for people who may have specific dietary needs, or allergies. Staff told us; "We have a good 5-10 minutes, we all know people well here." Another staff member said, "Daily communication is useful for giving an overall picture and highlights certain issues." This meant that staff were kept up-to-date with the changing needs of people who lived at the service.

Risk assessments were in place where required. For example, where people were at risk of falls and these were reviewed and updated regularly.

The premises were spacious, well-furnished and pleasantly furnished. There was sufficient available space to allow people to spend time on their own if they wished or to join in activities that often took place in other areas of the home.

People told us about activities and said; "I like to go out in the front and back garden and potter", and "We play bingo in the living room, and most of the time I can get taken outside when I want to." Other people told us about entertainers who performed at the service and other regular sessions such as bingo and dominoes that people enjoyed. One person told us, "The activity lady is on holiday this week, we have been out for a meal and we go out at Christmas."

People told us they would complain to staff or the registered manager if they needed to. One person said; "I can't think of anything to complain about but I would go to the office if I had a complaint." Another person said, "I can talk to the manager, I know her by sight but I can't remember her name but she is alright." Relatives we spoke with told us, "I would contact the office if I had any queries or concerns."

Records we looked at confirmed the service had a clear complaints policy and information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There had been no complaints recorded within the last 12 months. The deputy manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished. We saw that the learning from complaints was shared with staff through supervisions or staff meetings.

We saw records of meetings had taken place for people living at Heartly Green and their relatives. One person told us; "Yes I go to them and we all talk about things." We saw from the most recent meeting on July 2016 that people attended and they discussed activities, décor and one person asked about name badges and another relative asked about whether people needed DBS checks to support people on outings. We

asked the management team whether these issues about name badges and DBS checks had been resolved and fed back to people and they stated they hadn't. The management said they would look into this issue of feedback so people knew they had been listened and responded to in meetings.

People's care and support needs had been assessed before they moved into the service. We looked at the care records of four people at Heartly Green and saw each person had an assessment prior to moving to the service which highlighted their needs.

The deputy manager explained the service was moving to a new person centred care plan approach and we viewed three files in the new format and one file still awaiting to be re-written.

Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with. New care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. Each record we viewed showed that people had agreed to their plan of care. We saw that there were personalised risk assessments in place and that these and the care plans were reviewed regularly with the person where possible, or their representative. There was good evidence of communication with families or healthcare professionals and there was detailed information about people's lives prior to moving into Heartly Green that helped staff build relationships with people. It is important information and necessary for when a person can no longer tell staff themselves about their preferences and enables staff to ensure the care and support is delivered in the way the person wants it to be. One staff member told us; "These are loads better as they tell us what people like and also what family tells us. I found out one person likes speedway through this. We have been taking him there regularly since."

The care planning process included the completion of risk assessments which included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people and keep people safe. The provider used recognised risk assessment tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments, which helped identify the level of risk and appropriate preventative measures. People had specific pressure relieving equipment related to their need, such as pressure mattresses and pressure cushions and we saw these were in place. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. There were body maps in place to record any bruising or injuries sustained by the person.

We saw for one person that they had a falls risk assessment tool that showed they were at moderate risk. The person then had two falls recently and sustained injuries. The home had with the person and their family, moved their room so it was closer to the lounge for observation but their care plan did not reflect this change had taken place. The management told us they would update this and that they were still working with staff to support the introduction of the new person centred plans.

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager.

The management team were clearly able to display the values of the service which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The staff team appeared well directed and confident in their interactions. One staff member said of the registered manager, "She is a good manager and leader." People told us that the registered manager was a regular presence at the service and they could discuss anything with them. This meant the manager was accessible and listened to the views of people and staff at the service. One staff member told us, "The deputy manager is a good strong lady" and another said, "The manager is there if I need anything, she is very caring."

We asked people about the atmosphere at the service, everyone said it was a happy place to be. One person said; "Everyone here is polite and generous." Another person told us; "It's very relaxed here, everybody knows what they are doing." One staff member told us; "I love it here," and another said; "I have worked here since 2008, it's very good working here, it's very good home to work for – hard work, yes, but that's ok."

Staff told us they had regular meetings and records we saw showed that staff and the management team met together regularly.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. We saw that policies were reviewed and records were held securely and in line with data protection requirements. The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and Heartly Green had complied with this regulation this year.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The deputy manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example, a kitchen audit had highlighted that reduced sugar cordial should be made available for people with diabetes.

We fed back that meetings for people and their relatives should have some mechanism for providing responses to issues raised so that people knew they had been listened to. The management replied that

they could incorporate feedback on their Project Sunshine board which was on display in the reception area.