

# Heaton Lodge Limited

# Heaton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on the 25 and 27 July 2017.

We had previously inspected the service in February 2016 when we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was 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. This resulted in us making four requirement actions.

During this inspection we checked if the required improvements had been made. We found the provider was still in breach of those regulations.

We also found a further four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These related to the proper and safe management of medicines, lack of staff supervision, the provider had failed to provide information requested by CQC and had not displayed in their website a copy of the most recent rating by CQC.

You can see what action we told the provider to take at the back of the full report. We are currently considering our options in relation to enforcement in response to some of the breaches of regulations identified. We will update the section at the back of the inspection report once any enforcement work has concluded.

We also made one recommendation; that the service improves documentation of reviews of care and peoples involvement in those reviews.

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 23 people living at the service.

Systems of recruitment were not sufficiently robust and did not ensure all required pre-employment checks had been made.

We found that 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. Appropriate window restrictors prevent the windows in care home from being opened too widely and prevent people falling from the windows.

The last electrical installation report, which gives information about the suitability of the electrical systems, had recommended a reinspection after two years. This had not been followed up. Equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. Some people had been smoking in their bedrooms and steps taken to protect people from the risk of harm were not sufficient. There was a lack of checks in relation to fire safety and water temperatures.

There was a lack of systems to monitor and improve the quality of the service. We found checks and audits that were carried out by staff within the home were incomplete and not sufficiently robust to ensure best practice was followed and compliance with regulations.

Medicines were not managed safely. Staff were not provided with sufficient information about medicines that were to be given 'when required'. Records indicated that medicines storage temperatures were not being taken to ensure medicines remained effective and no action had been taken to rectify the problem. Records of stocks of medicines were not accurate.

Staff had received the training and induction they needed but had not received the supervision they required to support them to carry out their roles effectively.

In October 2016 CQC 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. The provider did not return the information we requested which is a legal requirement.

It is also a legal requirement that provider display a copy of their last performance assessment at the premises from which the regulated activity is provided and on their website. A copy of last inspection report and rating was displayed in reception area but the rating was not displayed on the provider's website.

People's support needs were assessed before they moved into Heaton Lodge. Risk assessments and care plans contained information about people's support needs, preferences and routines. Care records we looked at had been reviewed and reflected people's needs. People told us they had been involved in planning and reviewing the care provided. Not all areas of care records we reviewed showed detail of the reviews or that people who used the services had been involved in reviewing them. We recommend the service improves documentation of reviews of care and people's involvement in those reviews.

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 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 service did not have a registered manager. The last manager had left the service in May 2017. The provider was working at the service whilst a new manager was being recruited. The provider was also using the service of a quality consultant.

Staff we spoke with were aware of safeguarding procedures and how to protect vulnerable people. Staff were confident the care manager of the service or the provider would deal with any issues they raised.

People told us they liked living at Heaton Lodge. Everyone told us they enjoyed the food on offer at the service. There were sufficient staff to meet people's needs.

The home was clean. There was an ongoing programme of improvements taking place. Areas of the home

had been redecorated, with new furnishings and flooring fitted.

Accidents and incidents were appropriately recorded. Systems were in place to help prevent the spread of infection. All communal areas were found to be clean and tidy with no malodours.

We saw records that showed people had given their consent to the support they received. The provider 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.

People who used the service told us that staff were caring and showed them respect. We found there was a relaxed and caring approach by staff and staff treated people with respect. Staff knew people well. We saw staff react sensitively and calmly to people whose behaviour sometimes challenged the service.

The service promoted people's independence and encouraged people to access activities in the wider community. People were supported with their health needs.

Staff were positive about working for the service and the way it was being managed and the improvements that had been made since the provider took over day to day managing of the service.

We saw there was a system for gathering people's views about the service. There was a system in place to record complaints and the service's responses to them.

The overall rating for this service is 'Inadequate' and the service will be placed in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff.

Medicines were not managed effectively.

Some parts of the home required work to make sure people were kept safe from harm. There was a lack of appropriate restrictors on some of the windows which was also identified at our last inspection.

Some people had been smoking in their rooms which could place other people living and working in the home at risk. Firefighting equipment and detection had been maintained but the fire safety checks carried out by the service were in complete.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received training but had not received all the supervision they required to ensure they were able to carry out their roles effectively.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service

People told us they liked the food, it was home cooked and they were always offered choices.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were caring and showed them respect.

Staff knew people well and we saw staff were relaxed and calm in their approach.

People independence was supported and promoted.

### Is the service responsive?

The service was not always responsive.□

Care records guided staff on the care people needed and reflected their support needs and personal preferences. Improvements needed to be made in how reviews of care records were recorded and how people's involvement in those reviews were documented.

There were sufficient activities available for people if they wished to join in. People were encouraged to maintain their links with family and friends.

There was a suitable complaints procedure for people to voice their concerns. People were confident any concerns they had would be dealt with quickly.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

The systems in place to assess, monitor and improve the quality and safety of the service provided were not sufficiently robust.

We asked the provider to complete a Provider Information Return. They did not return the information we requested which is a legal requirement.

A copy of last inspection report and rating was displayed in reception area but the rating was not displayed on the provider's website.

The service did not have a registered manager. The provider was working at the service whilst a new manager was being recruited. Staff were positive about working for the service and the changes since the provider had been managing the service.

**Inadequate** ●

# 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 was an unannounced comprehensive inspection which took place on the 25 and 27 July 2017. The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of services for people with mental ill health.

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. The provider did not return the information we requested. We have addressed this in the well-led section of this report.

Prior to the inspection 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 used this information to help us plan the inspection. 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 eight people who used the service, the provider, the care manager, two team leaders, two support workers and a quality consultant currently working with the provider.

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

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Heaton Lodge. They said, "I feel safer here than if I was living in my own in a flat", "I would not have felt safe at night on my own ..... there are staff here on nights they look after me" and "I feel safe because there are staff here at night."

At our last inspection in February 2016 we found the recruitment systems were not sufficiently robust to ensure people were protected from unsuitable staff. The required pre-employment checks were not all being completed. This was a breach of Regulation 19 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. A requirement notice was made.

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

We looked at four staff personnel files. All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. They also contained interview notes and at least two written references

We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. Three of the staff personnel files we looked at contained a full employment history including a written explanation for gaps in employment. However in one staff member's employment history we saw a gap in employment that covered a number of years. The personnel file did not contain a written explanation for this gap as is required. The care manager was aware of the reason for the employment gap and confirmed this with the staff member whilst we were on inspection. One personnel file did not contain any evidence of identification documents which should include a photograph. Both these staff had been employed since our last inspection. These checks help to ensure people were protected from the risk of unsuitable staff.

We found this was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

At our last inspection we found that the premises were not always maintained securely to protect people from harm. We found that 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. This was a breach of Regulation 15 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. A requirement notice was made.

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



During our tour of the building at this inspection we found 3 windows with restrictors that did not meet HSE standards as they did not have tamper proof restrictors on. One window had no restrictor and one where an appropriate restrictor was in place but had been unlocked allowing the window to be opened wider than it should be able to under the guidance. One of the windows which did not have a tamper proof restrictor on also had a low window sill making it accessible to people.

The provider confirmed to us that no one currently using the service was deemed to be at risk from falling through open windows. We sat with the provider and showed them the HSE guidance on window restrictors, which provides advice on controlling risks from windows. This was to ensure they knew what the guidance stated. As a result we requested an immediate audit of all windows to identify if restrictors were in place and whether they met HSE guidance. We then advised the provider that until all window restrictors met HSE guidance they should complete risk assessments for each of the none compliant windows until appropriate action had taken place.

When we returned on the second day we received confirmation both had been completed. Following our inspection we received confirmation from the provider that windows restrictors were in place on all windows and the restrictors met HSE guidance.

We found this was a breach of Regulation 15 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. All parts of the premises used by the service provider were not secure.

During our inspection of the service in February 2016, we found that people were not protected against the risk associated from unsafe or unsuitable premises. This was because all the required maintenance checks had not been carried out and some people who used the service were smoking in their bedrooms posing a risk of fire. This was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. A requirement notice was made.

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

Records showed that all portable electrical appliances had been tested (PAT). Equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. These included gas safety, emergency lighting and fire alarm detection and fighting equipment. We noted the last electrical installation check had been completed in 2013 and had indicated that the system required inspecting again in two years. There was no record of any subsequent inspection. The provider said this had been an over sight and that they would arrange for a test immediately. Following our inspection they confirmed that this had been arranged.

Records showed that up to date individual personal emergency evacuation plans (PEEPs) had been completed for each person living at the home along with a quick guide into their individual needs. This information helps to assure the safety of people and assist the emergency services in the event of an emergency arising, such as fire.

The provider had a contingency plan, which provided information and relevant contact details for agencies should there be a loss of mains, supplies or failures within the building, in order to ensure the continuity of service to people.

We found there were no records of water temperature checks for any of the home's hot water supply. Water temperature checks are important because of the risk to people who use the service being scalded.

Following our inspection we received confirmation from the provider that water temperature checks are now in place and that water temperatures were within safe limits.

On first day of this inspection we looked around the home. Most communal areas were uncluttered. However we looked in the basement where the laundry is situated and also a room used for storage of food which also contained freezers. We found a room in between these two areas where there were a lot of combustible items stored, for example boxes, old bedding and clothes, household items such as picture frames. This room was not locked. The provider informed us that people who used the service did not access the basement unaccompanied by staff. We discussed the risk of fire with the provider and they said they would immediately arrange for the items to be removed. Later that day we were shown that all items had been removed.

The last fire risk assessment was dated 9 September 2015 and detailed actions that needed to be taken. There was no update or written evidence that these actions have been addressed, nor that the fire risk assessment had been kept under review. The provider told us that when they realised this in June 2017 a new fire risk assessment had recently been completed by an external company. The report had not been produced at the time of this inspection.

During our tour of the building we smelt cigarette smoke outside one person's bedroom. One person who used the service told us they sometimes smoked in their bedroom even though they knew they should not and said they "get told off" by staff. The provider confirmed that some people who used the service had continued to try to smoke in their bedrooms. We saw individual risk assessments for nine people where there was deemed a smoking related risk... These risk assessments gave information about how the service was trying to prevent people from smoking but gave very little information about remedial action that had been taken to reduce the risk of fire either for the person and others who lived at the home if people continued to smoke. We noted that there were records of five incidents between September 2016 and May 2017 which related to people who used the service smoking in the home. Three had resulted in damage to property and two where staff could smell smoke. There was no evidence that the individual smoking risk assessments had been updated following these incidents.

We reviewed fire safety records, including fire safety check records covering the last twelve months. Records available were incomplete, limited and did not show regular checks or testing. Fire alarm tests did not detail weekly testing. Firefighting equipment had been tested by an external company but visual checks of extinguishers by the service had only been recorded for 29 June 2017, none were recorded prior to this date. Emergency lighting was serviced by an external company but the only evidence of the service checking it was in June 2017. There was no further evidence of checks being done before this, which should be completed on a monthly basis. Regular checks of equipment required in the event of an emergency are needed to ensure it is functioning and suitable for use.

We found this was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the premises or equipment used by the service provider were safe to use or used in safe way.

Following our inspection we contacted Greater Manchester Fire Service (GMFS) to raise our concerns and share our findings. They inspected the service the week after our inspection and are in the process of writing their report.

Training records we saw showed that of the 28 staff who worked at the service 22 staff had recently completed health and safety awareness training. Three staff had recently been trained as fire wardens and a

further 19 staff had recently completed fire safety training. The provider told us that the rest of the staff would have completed fire safety training in the 6 weeks following our training would help to ensure staff were aware the action to take in the event of an emergency.

The provider told us that two weeks before our inspection they had employed a maintenance person who will have day to day responsibility for monitoring the premises. During our inspection they were undergoing their induction.

We looked to see if people received their medicines safely. People told us they received their medicines as prescribed.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and the action to take if someone refused to take their medicines. We found that staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely. We found that medicines were stored securely and only suitably qualified people had access to them.

We looked at six administration records (MAR's) during the inspection. We observed that each person had a MAR chart in place; most included a photograph of the person. One did not have a photograph but we were told this was because the person did not want a photograph to be used.

Most of the MAR records we reviewed were completed to indicate the person had received their medicines. One MAR had not been signed on a particular day to indicate that the person had received their medicines. The care manager showed us records that confirmed this had been identified by staff who had checked the MAR at the start of the next shift change. Appropriate action had been taken and the staff member concerned had informed the care manager that the person had received their medicine.

We found that protocols were not always in place to guide staff on administration of 'as required' (PRN) medicines, such as paracetamol. Those that were in place did not always have specific instructions 'protocols' on how staff would know when to administer and what dosage. We were told this was because the person whose medicines they were would ask for them.

We discussed this information not being on the PRN medicines information with the care manager. They told us they would make sure a protocol was put in place that stated this. This would ensure staff were clear on when and where to administer the medicine. On the second day of our inspection we saw that this information had been put in place.

We found that two stocks of medicine we reviewed were not accurate. We asked the care manager to investigate this. On the second day of our inspection they showed us records that indicated the person had received their medicine as prescribed and 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 this had not been identified during medicines audits.

We checked medicines which required refrigeration and found temperatures were not taken daily to ensure that medicines were being stored correctly. Fridge temperatures checks for June were incomplete and for July there was only one documented check on the 17 July. An audit completed on 19 July had identified this, but no evidence could be provided that this had resulted in any action being taken.

The medicines room temperature checks for June and July were not fully completed and we saw that on three occasions when they had been completed the temperature was higher than guidance recommends.

This meant medicines were being not monitored in accordance with national guidance. Storing medicines at the wrong temperature can alter their effectiveness. Because of the lack of temperature checks and recordings we could not be sure medicines were being stored within safe limits and were safe for use.

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

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records we looked at and staff we spoke with confirmed they had received training in safeguarding. Staff were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with told us they were confident they would be listened to and that the care manager or the provider would deal with any issues they raised.

We found people's care records contained risk assessments. We saw these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included trips and falls, nutrition, mobility and medicines.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff told us that PPE was always available and always worn when undertaking personal care tasks. We saw that staff wore appropriate PPE when carrying out personal care tasks. Records showed that staff had received training in infection prevention and hand washing techniques.

We looked at the systems in place for laundry. The sink used by staff for washing their hands whilst in the laundry was found not to be clean. The provider said this would be added to the cleaning schedule. The service had a system for keeping dirty and clean items separate and used red alginate bags to safely wash soiled items. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The records included a description of the incident and any injury, action taken by staff or managers.

# Is the service effective?

## Our findings

People we spoke with told us the service provided them with the care and support they needed.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

Records we looked at showed that when staff started to work at the service they received an induction. This included shadowing experienced staff and being given information about the service, health and safety and important policies and procedures. The provider told us that as part of their induction new staff would now undertake all mandatory training.

The provider told us they had recently reviewed the training staff had completed. They told us records they had found at the service were not complete. The service had recently engaged the service of a quality consultant who was assisting in the development and implementation of a new on line training system. All staff were now in the process of completing all mandatory training even if they had previously completed it. Staff we spoke with and records we looked at showed that training had been improved in the last two months. We saw that most staff had received training in food hygiene, moving and handling, first aid, Control of Substances Hazardous to Health (COSHH) and challenging behaviour. We saw that staff also had received training that was specific to supporting people who may use the service. This included specific diabetes, epilepsy, alcohol misuse, depression and anxiety.

Staff we spoke with were very positive about the training opportunities at Heaton Lodge. One staff member said, "There's a lot of training. It's brilliant."

Staff we spoke with told us they felt supported and were able to discuss any issues they had with the care manager. We looked at records for staff supervisions for the last 12 months. 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 needs and identifies training and continual development needs. At the time of this inspection there were 28 staff working at the service. The provider was only able to provide us with copies of 5 individual supervision sessions. We found records for two supervision sessions for staff in their personnel files. Therefore records were only available for 7 staff and each had only received one supervision in that last 12 months. The provider's policy says that all staff should receive at least two supervisions per year.

This meant there was a 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.

We saw that since May 2017 there had been two staff meetings and one was planned for the week following our inspection. We were told by the quality consultant that they and a manager from another home the provider owns were going to discuss supervision with staff at the next team meeting and that regular supervision would be undertaken by them following this.

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 found the service was working within the principles of the MCA. At the time of our inspection there was one authorisation for DoLS in place. These authorisations ensure that people are looked after in a way that protects their rights and does not inappropriately restrict their freedom.

People's care records we reviewed contained evidence that the service had identified whether each person could consent to their care. They contained information about each individual's capacity to make decisions. All the people who used the service we spoke with told us they had been involved in decisions about their care and had consented to the care and support that was being provided. We saw that policies and procedures were in place to guide staff on the MCA and DoLS procedures. Staff we spoke with confirmed they had received training in MCA and DoLS and understood their responsibilities.

The provider told us that a programme of building improvement and redecoration was underway which would be completed by October 2017. This had included replacing old beds, bed linen and mattresses. Furniture in the lounge had also been replaced. They told us that painting and repair and renewal of some windows was planned for the middle of August 2017. We saw that some areas of the home were still in need of updating but that several communal areas of the home had been re decorated and new flooring had been fitted in some corridors. We saw that the lounge had been plastered and was awaiting decoration.

The service did not have a cook at the time of our inspection but two staff, who had experience in catering, were acting as cooks whilst a new cook was being recruited. Records showed that checks were carried out by the kitchen staff to ensure food was stored and prepared at the correct temperatures. We found the kitchen was clean. The service had received a 4 star rating from the national food hygiene rating scheme in June 2017 which meant they followed safe food storage and preparation practices.

People we spoke with were very positive about the food that was available. People told us, "There are two menus so there's a choice. I usually go the kitchen and make my own sandwich at lunch time. Main meal is in the evening", "Food is ok generally, it's nice", "The food is very nice, we have a choice" and "On Saturday we have brunch; eggs, mushrooms, bacon, sausage etc. between 11.30 and 12.30."

Staff we spoke with were positive about the food that was being provided. One told us, "The menus have been changed and are nice. There are healthier options including vegetables and it's all seasonal."

During our inspection we observed a lunch time meal. Food was served directly from the kitchen area via a 'hatch'. This meant that people could see the food on offer and pick what they wanted. We heard staff offering people choices of what food they would like and asking if people wanted extra food.

The adjoining dining area had a self-service drinks area. People were coming and going making themselves drinks. Lunch time was relaxed and people chose when they wanted to eat. We saw the first person coming into the dining room for their lunch around 12 pm with last person seeking lunch at 2.15 pm. There was a choice of baked potato with various fillings, soup and a roll or homemade pizza and salad.

There was a relaxed easy-going atmosphere over the lunch time period, with people eating their meals in either the dining room or conservatory.

Some people who use the service, on occasion, showed behaviours that 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. 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. One person who used the service said, "Some people can get out of control but the staff can keep control which makes me feel safe."

During our inspection we saw that one person became distressed and started to try to harm themselves. We saw staff react calmly and distract the person in a respectful and caring way. Another member of staff then asked the person to go with them into another room to chat about how they were feeling.

Records we looked at showed that people had access to a range of health care professionals including GP, community psychiatric nurses, psychiatrist, dentist and diabetic specialist nurse, People who used the service told us they got the support they needed One person said, "The [specialist] nurse visits me regularly to check on me." Another person said staff accompanied them to the dentist. This helped to ensure people's healthcare needs were met.



## Is the service caring?

### Our findings

People who used the service told us that staff were caring and showed them respect. People said, "I rarely sit in the lounge I prefer to stay in my own room and staff respect my privacy", "I can tell staff if I'm not happy", "I pick the ones I get on with", "Staff are alright, it is heart-breaking when staff go; current ones are ok" and "They're [staff] accessible and I can talk to them." One person said, "Generally the staff are ok, nice staff, they look after you; always looking what they can do for you."

We spent time observing the care provided in communal areas of the home. We found there was a relaxed and caring approach by staff and staff were polite and treated people with respect. From the conversations that took place it was obvious that the staff knew the people well.

Staff spoke with pride in the support they provided. One staff member told us, "I like to see them [people who used the service] happy. It's about making their lives a bit easier."

The care manager told us that maintaining and promoting people's independence was a very important part of the service Heaton Lodge provided. People's independence was promoted by staff; we were told that people went out on their own and used public transport. This was confirmed by the people we spoke with. People told us, "Staff let me get on with it; not always following me around and I can go out on my own" and "I can go out when I want; I go to the pub." One person told us they regularly used public transport to go into Stockport town centre. Another person told us they were going to visit a friend in hospital. They told us some people had been supported to move from the home into their own homes. One person told us, "There is nothing wrong with Heaton Lodge but I would like to have a place of my own."

We were told that visitors were welcomed to the home and that staff encouraged people to keep in touch with friends and relatives. One person told us that they regularly visited their family at the family home, another person told us they spoke with their family members every day on the telephone.

People were supported to access advocacy services and we saw that information on how to access independent advocacy services was available to people within the home.

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



## Is the service responsive?

### Our findings

People we spoke with told us the service was responsive to meeting their needs. One person told us they liked living at Heaton lodge because, "... (you) get meals done for you, bed made sometimes and your washing done."

The care manager told us that before people moved into Heaton Lodge their needs were assessed. Records available of the actual pre admission assessment were limited. We were told that this pre assessment was being updated and would now be more in-depth. We saw the information gathered during the pre-admission assessment was put into a 'lifestyle history' document. This was detailed and person centred. It included information about the person's medical history, significant lifestyle events, family and social history, hobbies and interests, likes dislikes and support needs. Records we saw included what time people like to go to bed, what food they liked and disliked, activities they might like, including the support they would need to do them and what was important to them regarding religion and culture. This meant the service could ensure people were suitably placed and that staff knew about people's needs before they started to use the service.

We found the life style history document was used to develop care plans and risk assessments to guide staff on how to support people. We looked at three people's care records. They contained information to guide staff on what people's support needs were and what was important to and for the person. Care plans we saw included mobility, personal care, challenging behaviour, sleep, social activities, mental health, slips, trips and falls and nutrition. People who used the service told us they had been involved in developing their care records. We saw that daily logs were kept in the care records of events and support that had been provided to the person.

We were told by the care manager that care records were reviewed regularly. All the people who used the service we spoke with told us they were involved in reviewing their care plans and risk assessments. Not all areas of care records we saw showed the detail of the reviews undertaken or that people who used the services had been involved in reviewing them. Records we looked at reflected the needs of the people whose record's they were. One person said that they were involved when the care plan had recently been updated after they had been to see a consultant and the person told us they had signed it.

We recommend the service improves documentation of reviews of care and peoples involvement in those reviews.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. Staff we spoke with told us they read peoples care records and the daily logs. They said they were also kept up to date at the staff handovers that happened at every shift change. Records we looked at showed that records were kept of the handovers and daily logs were kept for each person. We saw these included appointments people had planned for that day and important events that had happened during each shift.

We looked at the staffing arrangements in place to support people who lived at the service. People who used the service told us there were enough staff to meet their support needs. They said, "They have been short staffed lately but have been recruiting so I feel now that there is enough staff" and "There are enough staff now there wasn't previously." One person told us, "There are too many staff" another said "Staff sometimes pre-occupied and busy."

During our inspection we observed people received the support they needed in a timely manner. We saw that staff provided support to people in an unhurried and calm way. Staff we spoke with told us they were able to meet people's support needs with the staffing levels they had. The provider told us that cover for staff sickness and annual leave was usually provided from within the permanent staff team or from a bank of staff that used to work for the service but who now only covered when needed. This helped to ensure staff knew people well and provided continuity of care for people who used the service

We looked to see what activities that were offered to people that lived at Heaton Lodge. People we spoke with told us that they were happy with the activities on offer.

The provider told us they did not have an activity coordinator but that two staff had started to organise activities and events. During our inspection we spoke with one of these members of staff. They told us that as there were not many activities happening within the home, they had spoken with people who used the service about the activities they would like to do. They were setting up a four weekly chart with activities for the morning, afternoon and evening. They said this would need to be flexible so that people had choice of when things happened. They showed us games that they had collected for the people to take part in. There were also plans to plant some herbs, play garden skittles and hold art and craft sessions which would include making birthday cards and table decorations. There were also plans to introduce bingo and quizzes and a pamper night.

People who used the service told us they liked to go out and be part of their local community or to meet up with friends and relatives. We were told that staff accompany people to the local restaurant that is directly opposite the service. Another local pub also has a karaoke night on a Friday which people who use the service are going to try.

One person told us that they used to go out every Wednesday for a curry and that they would like this to start again. We were told that this may be something that is started again and that recently people had a take away kebab night which had been very popular. There were plans to have film nights with pop-corn and fizzy drinks.

We looked to see how the service dealt with complaints. The care manager told us the service had not received any formal 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. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints. This included a section to record any action taken.

One person who used the service told us, "I am very happy with the staff, most of them are decent; have no complaints."

## Is the service well-led?

### Our findings

People told us they liked living at Heaton lodge. They were satisfied with the way it was run and organised. We asked one person if there was anything they did not like about living at Heaton lodge and they said, "Nothing."

During our last inspection in February 2016 we found there was a lack of robust systems in place to monitor the quality of service people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement notice was made.

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

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 requested the last twelve months quality assurance and governance records. There was little evidence of any checks or audits completed. We were shown one internal medicines audit from 19 July 2017. Issues had been found regarding temperature checks of room and fridge but there was no evidence this had been addressed as issues had continued following this. This audit had not identified the incorrect balance of two stocks of medicines being recorded. Some records were available for care records reviews but these were not complete. There were also incomplete health and safety and maintenance checks and no audits of these checks had been undertaken. An audit of staff personnel files had been started but had not been completed at the time of our inspection. There were no other records of quality checks or audits.

We found this was a breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to assess, monitor and improve the quality and safety of the service provided.

We were shown a detailed planned system of quality assurance and audit that was being introduced by the quality consultant who was working with the provider. We were told this was planned to start in the month following our inspection.

It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service did not have a registered manager.

The registered manager had left the service in May 2017. The provider told us they were in the process of

recruiting a new manager. Whilst recruitment was underway and to help make the required improvements to the service the provider was working at the service three days each week. They were also using the services of a quality consultant who was advising them on improvements that needed to be made and how those improvements could be made. A manager from another service the provider owns was also offering support and working at the service each week.

Staff were positive about the provider and the changes that were being made. One staff member said, "I like [providers name] She is very fair", "You can ask her for something and it happens", "She has been incredible, she has made such positive changes. It's been positive in every sense of the word", "We are like a family" Others said, "The changes are very good. They are positive. The future is looking better, there is more structure", "There have been fantastic changes but sometimes you don't know who to go to" and "It's a nicer place to work now."

Another staff member said, "I love working here."

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

In October 2016 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. The provider did not return the information we requested. This had been sent by CQC to the registered manager and nominated individual. Both have since left the service. The provider showed us an email they had on record confirming the registered manager had received the request. The provider stated that they had received assurances that the completed PIR had been sent back to CQC.

We found this was a breach regulation 17 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide a written report on how the regulations were being complied with and plans they had for improving the standard of service provided.

It is a requirement that provider display a copy of their last performance assessment at the premises from which the regulated activity is provided and on their website. A copy of last inspection report and rating was displayed in reception area. Prior to our inspection we reviewed the website for the service. This did not contain any information about the last ratings award. We discussed this on inspection and the provider confirmed that it was not present on their website. They told us this had been an oversight and that they did not realise the website was still in operation. They informed us they would immediately ask their internet provider to remove the website.

We found this was a breach regulation 20a (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not displayed in their website a copy of the most recent rating by CQC.

We saw there was a service user guide and statement of purpose which had recently been updated. These documents gave people who used the service and professionals the details of the services and facilities provided at this care home. This should help to ensure people knew what to expect from the service.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. Records showed that a resident meeting had been held in June 2017. Minutes showed that people had been asked if they had any concerns about the service. One person we spoke with told us there were residents meetings which they said were ok; "You can say what I feel and

think."

We saw that in one of the corridors there was a locked 'post' box where people who used the service could post any concerns or ideas for improving the service. This could be done confidentially without the person identifying who they were. We saw that these were reviewed by the care manager and action taken if needed.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding's and DoLS authorisations. 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.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to provide a written report on how the regulations were being complied with and plans they had for improving the standard of service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The provider had not displayed in their website a copy of the most recent rating by CQC
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not had all the supervisions necessary to enable them to carry out their duties effectively.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the premises or equipment used by the service provider were safe to use or used in safe way

**The enforcement action we took:**

Notice of decision to impose conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  All parts of the premises used by the service provider were not secure

**The enforcement action we took:**

Notice of decision to impose conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to assess, monitor and improve the quality and safety of the service provided

**The enforcement action we took:**

Notice of decision to impose conditions