

GCH (Hertfordshire) Ltd

Heath Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Heath Lodge is registered to provide accommodation and personal care for up to 67 older people some of whom live with dementia. At the time of our inspection 37 people were living at Heath Lodge. This inspection took place on 23 August 2017 and was unannounced. At our last inspection of Heath Lodge on 31 January 2017 we found the service was not meeting the required standards. At this inspection we found although the service continued to not meet the required standards, improvements had been made in some areas.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. A manager was in post who told us they were intending to register.

The service had staff vacancies and as a result was using high level of agency staff. Some staff recruited by the provider were not able to demonstrate to us a good understanding about their roles and responsibilities regarding all the aspects of care they delivered to people using the service. Risks to people's safety and wellbeing were safely managed with appropriate equipment in place to support people's health needs. Staff were aware of how to keep people safe and were aware of when to report a concern. People were supported by staff who had undergone a robust recruitment process to ensure they were suitable to work with vulnerable people. People's medicines were administered as intended by the prescriber.

People were supported by staff who were trained to develop their skills and provide effective care. Staff received regular supervision of their conduct and practice. People's consent was sought and staff worked within the principles of the Mental Capacity Act 2005 when people lacked the capacity to make their own decisions. People were happy with the food and drink provided to them and where people were at risk of weight loss, staff took appropriate actions. People were supported by a range of health professionals who were positive about the care provided to people.

Staff spoke and interacted with people in a kind and friendly manner, and permanent staff clearly demonstrated a caring approach to meeting people's individual needs. However this approach was not consistently followed by agency staff. Permanent staff ensured people's dignity and privacy was maintained at all times and supported people's social needs, however this was not always done by the agency staff working at the home.

People told us they felt staff listened to their needs and responded to these when required, however we observed that agency staff did not consistently respond to people's individual needs or wishes. People felt able to raise a concern or complaint with staff who they felt would take appropriate action to resolve these. People were provided with regular opportunities to meet in order to discuss their concerns regarding the day to day issues in the home. However they were not always kept up to date of significant changes affecting

the home.

People, staff and relatives felt the previous registered manager was not visible or responsive to their concerns, however were positive of the current management arrangements.. Governance systems were in place to monitor the quality of care people received but did not always effectively respond to issues identified. People's views and opinions regarding the quality of care had been sought and acted upon. People's care records were not consistently updated to reflect changes in their care needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and staff were aware of how to keep people safe from avoidable harm, and how to report their concerns.

Risks to the safety and wellbeing of people were identified and assessments were in place that were regularly reviewed to mitigate those risks.

People were supported by sufficient numbers of staff to meet their needs; however the use of agency staff in the home placed additional pressures on existing staff.

Staff recruited including agency staff underwent robust recruitment checks prior to commencing work.

People's medicines were managed safely and people received their medicines as the prescriber intended.

Requires Improvement 

Is the service effective?

The service was effective.

People told us they felt staff were suitably trained and supported to provide the care they required.

Staff told us they felt supported by the home management and had access to relevant training.

Staff obtained people's consent when needed, and were aware how to enable people who lacked capacity to take certain decisions to agree to the care they received.

People's nutritional needs were met, however people living with dementia were not always supported to make informed menu choices.

People were supported by a range of health professionals who were also positive about the care provided in the home.

Good 

Is the service caring?

The service was not consistently caring.

People told us they felt the permanent staff were caring in their approach but gave differing views regarding agency staff.

People's dignity was not always supported by the agency staff, and the environment in the home did not promote people's dignity.

People's records were not always stored securely and could have been accessed by unauthorised visitors.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People felt listened to and staff responded to their changing needs as required.

People's care plans detailed people's preferences, likes and dislikes, however not all staff read these plans.

Permanent staff demonstrated an in depth awareness of people's preferences although this wasn't always demonstrated by agency staff.

There were systems in place for people and relatives to raise their concerns.

Good ●

Is the service well-led?

The service was not consistently well led.

Heath Lodge had undergone a significant period of managerial change that until recently had led to people experiencing poor care and support.

People and staff told us that the previous registered manager was not visible or supportive, however were positive about the current management team.

Systems to monitor and improve the quality and safety were not being used in the home effectively.

People`s care records required reviewing to ensure they were accurate and up to date.

Requires Improvement ●

The views and opinions of people, relatives, staff and health professionals about the quality of the care had been sought.

Heath 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place at Heath Lodge on 23 August 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of using this type of service.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the action plan sent to us by the provider following the previous inspection that told us how they would meet the legal requirements. We reviewed copies of regular monitoring audits we received from the provider, alongside reports from the local authority. We sought additional feedback from social care professionals who supported people living in Heath Lodge.

During the inspection we observed staff supporting people who used the service; we spoke with eight people who used the service and the relatives of four people. We spoke with eight staff members, the newly appointed manager, the regional manager and quality assurance manager along with the provider.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to six people who used the service and other documents central to people's health and well-being and associated management records.

Is the service safe?

Our findings

People told us they felt safe living at Heath Lodge. One person said, "I'm okay here thanks ." A second person said, "Yes, I feel safe enough, and I think the staff are lovely." Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home easily accessible to staff and visitors alike. Permanently employed staff members were able to confidently describe to us how they would report any concerns both within the organisation and externally to the local authority safeguarding team. However, two agency staff members spoken with did not demonstrate sufficient awareness and understanding of either identifying or reporting safeguarding concerns.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and when people were being supported to transfer by means of mechanical hoists. One person told us, "The staff are helping me to gain confidence in walking with my frame." Where staff had identified risks relating to other areas of a person's safety or wellbeing such as pressure ulcers, weight loss or challenging behaviour we saw that appropriate assessments were in place that were regularly reviewed.

Where equipment was required to support people safely, such as pressure relieving equipment or mobility aids, these were in place. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate settings. Staff told us that people were assisted to reposition at appropriate intervals to maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition in addition to regular application of creams to keep people `s skin healthy. People were provided with call bells which were within their reach when in their bedrooms, and where people were unable to use a call bell to summon assistance then staff ensured they conducted frequent checks to ensure they were safe.

Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received the care and support they needed. However, on one unit in the home there was just one permanently employed care staff member on duty with three agency staff, one of whom had not worked at the home previously. A staff member from a sister service was sent to the home to provide additional help and support. One staff member told us, "No-one seems to know what they are doing, it is not very organised." The permanent staff member was very knowledgeable about what needed to be done to meet people's needs and to keep people safe. However, they were too anxious to take a break as they were the only permanent staff member on duty. Although this created additional pressure on the staff member, overall we found people were not placed at risk of harm through unsafe care.

Staff told us before they started working at the service they went through a thorough recruitment process where their employment history was explored, references were obtained from their previous employers and criminal records checks were carried out to ensure they were suitable for the roles they had to perform.

Where agency staff were used, we saw that for each one working in the home the administrator had ensured they had seen their 'Pro forma' which was a document detailing the training they had undertaken, relevant experience and that a criminal records check had been carried out.

People received their medicines safely. Safe working practices were followed while staff administered medicines and records we checked were completed consistently. We observed staff administering medicines to people in a calm and safe manner. Staff took time and sat with people whilst they helped them taking their medicines. Where people required their medicine to be administered at a specific time we found this was completed as intended by the prescriber.

Medicines were stored appropriately in a well organised temperature controlled room. Medicine records were signed after staff gave people their medicines. There were PRN protocols in place to ensure staff had guidance in how and when to give people medicines prescribed on as and when required basis.

Staff told us that historically a significant number of people's morning medicines were administered at 7am. The management team conducted a review with GPs and the pharmacy who then amended the prescribing regime accordingly. This meant where people only required medication once a day this had been changed to later in the day, as opposed to placing additional pressure on the morning medication round. People who were prescribed medicines to manage symptoms relating to mood or challenging behaviour were regularly reviewed by the GP to ensure only minimal amount was used when necessary.

A person who used the service said that fire alarm tests happened every Monday. A regular agency staff member told us there had been a fire evacuation practice where they supported independently mobile people to leave the building and a permanent staff member told us there had been a lot more drills and testing in relation to fire lately. The provider had undertaken appropriate fire assessments within the homes and actions arising from these had been addressed.

Is the service effective?

Our findings

People told us that they felt staff were well trained and skilled sufficiently to provide them with the care and support they needed. One person said, "I think they are all very competent." One relative said, "They certainly seem to know what they are doing, when I watch them they seem to be skilled, and I find when I ask them about things they have a good knowledge."

Staff told us they had received training to support them to be able to care for people safely. Areas of training provided to staff included a nationally recognised induction including topics like moving and handling, safeguarding and mental capacity as well as additional specific training modules such as end of life care and continence awareness. Staff told us they received regular support and supervision from their line manager and said the support they received had improved considerably since the departure of the registered manager. They were now confident to approach the home management team for support as needed. However staff did raise concerns regarding the support from the provider.

We observed numerous examples where staff explained what was happening and obtained people's consent before they provided day to day care and support. For example, we heard people being asked if they wished to wear clothing protectors at lunchtime so that they did not stain their clothes. We also saw staff asking people if they were ready to take their medicines and observed one person in the morning informing staff they were not ready to get up at that time because they wished to have breakfast in their room. The staff member checked that the person was feeling well and did not require any immediate support and then returned later to assist them getting up and ready for the day.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff were knowledgeable about the principles of the MCA and they followed best interest processes to help ensure that the way people received care and support was in their best interest.

We noted that best interest decisions had been undertaken relating to various aspects of care and support where people had been assessed as lacking mental capacity. For example, one person consistently refused assistance with their personal hygiene needs however; this had a negative impact on their skin condition as they were at risk of developing pressure ulcers. A best interest process had been followed to support staff to overrule the person's decision when they declined support with their personal hygiene as this was considered to be in their best interests.

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). Staff told us about people who lacked capacity to take certain decisions and had restrictions applied to their freedom in order to keep them safe. We found that for people who had DoLS authorisation in place these ensured that the least restrictive methods were used

when people were deprived of their liberty.

People told us that they were provided with a choice of food and they could choose where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms or the communal lounge area. One person told us, "The food is 'ordinary', that is all I can say." A second person told us, "The food is alright, I'm rather fussy about food as well, so I would say if it wasn't."

Dining tables were laid and a choice of condiments and drinks were available. Pictorial menus of the meal choices were on the tables to help people make choices about the food they liked. However, the options on the menu on the dementia unit did not correspond with the food provided on the day of the inspection. The menu for lunch showed pizza, sandwiches and cake whereas the actual food provided was sausage rolls and salad. When we pointed this out staff told us the wrong menu must have been displayed but indicated no awareness of the confusion this may cause to people. This did not support the needs of people who lived with dementia to make an informed choice about their meal.

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. Where people had not finished their meal, staff were seen to gently encourage them to do so, and further portions were available should people still be hungry.

People who were at risk of weight loss were monitored regularly, their nutritional assessments were kept under review, and the support of the dietician was sought. Dietary guidance from the dietician's assessment were followed, and the provider ensured that weight loss was reported across the home so they could monitor and respond to any significant changes.

People's health needs were supported in a timely way with referrals swiftly made to health and social care professionals when necessary. People and their relatives told us they were able to ask staff to make a referral to professionals such as the GP, chiropodist, or district nurse. Health professionals we spoke with were positive about working with staff at Heath Lodge. One visiting professional told us, "It's been a long road, but it is much better managed now. Before I would spend four or five hours a day here, but now it is back to normal and the staff will only call me when they need our support. The staff are now knowledgeable about people and follow our instructions and the home is a lot calmer. I think now it's good."

Is the service caring?

Our findings

People and their relatives told us they felt the permanent staff were caring. One person told us, "Gold star to the carers. I don't think it's good here, it's very good." One relative told us, "The staff are friendly, and have a really nice way about them, [Person] loves them. They use first names all the time, and have great attitude towards their work. The old regime tended to run the home as a hospital, but the current manager has made some nice changes and the staff have now made it a far better atmosphere." However, people gave mixed views about the approach of agency staff used in the home. One person told us, "One carer told me to speed up, and asked if I could go quicker, which I didn't like, but they got to know me now and we get on okay."

People told us that they had been involved in developing their care plans and that staff listened to their wishes and provided care to them in a manner that they preferred. One person told us, "They [staff] don't rush me out of bed in the morning; I can stay in bed all day if I want." A second person told us, "I find the staff very accommodating and most go that extra mile to get things just the way I like them."

Our observations on the day however did not confirm what people told us. We saw that permanent care staff and particularly the activity co-ordinator were calm and gentle in their approach, and treated people with warmth and affection. It was clear to us from our observations that, people were at ease in the presence of permanent staff and a rapport had been developed between them. However, agency staff on duty provided physical care for people when required but this lacked warmth and interaction and was clearly task led. For example we observed one agency staff member transferring a person to an armchair. This person was visibly anxious, however the agency staff member did not provide assurance or talk to them to allay their concerns. Once they had sat them down and ensured they were comfortable, they then moved immediately to assist a second person.

Some agency staff on duty did not have sufficient communication skills to meet the needs of people using the service in a caring way. One person was seen to be finding it difficult to communicate with one agency staff member, and became visibly more frustrated and agitated as they tried to explain what they wanted. Staff, people and relatives told us that it was difficult at times instructing agency staff, and that on occasions miscommunication occurred. We observed one person in the communal lounge had been calling for assistance to use the toilet for a period in excess of 10 minutes. The activity co-ordinator asked an agency staff member to provide the requested support. However we saw the agency staff member approach and address someone sat adjacent to the person that had expressed the need and took them to the bathroom instead. This left the previous person confused and still indicating that they needed assistance. We watched for a further 10 minutes, the person did not receive the support they had asked for so we alerted staff to the person's discomfort.

We spoke with the provider at the end of the inspection about the communication barriers in the home. They told us that when a new agency staff member worked at Heath Lodge they would assess their language skills and if they were unable to effectively communicate with people they would not be used.

Throughout the inspection we saw that staff promoted people's dignity and privacy through the support

they gave them. Staff ensured they knocked on people's doors and then waited before entering. People were provided with clothing protectors if they wanted at lunch and those people who had spilled their food at lunch were quickly attended to and assisted to change their clothes discreetly.

Care plans demonstrated that people and their relatives were asked to think about their wishes in relation to end of life care. This was documented to note if they had any specific wishes or if they had declined to talk about this matter when they moved into the home. Where people had declined to have these important discussions, we saw that over a period of time, staff gently encouraged and supported people to begin to make their arrangements to help ensure a dignified end of life and one that supported people's choices.

However the environment in the home did not support the dignity needs of people as the home was not warm, homely and welcoming. There was a residual aroma throughout the top floor despite continuous attempts from domestic staff to clean communal areas and carpets. This did not promote people's dignity who were living in the home. The upstairs lounge had an institutional feel with a row of chairs behind others alongside bland flooring and stark lighting that did not promote a homely feel. Corridors were 'tired' and in need of refurbishment. Bathrooms were cold and not pleasant places to be, in need of repair and with equipment stored in them. One toilet facility we viewed contained a full trolley of soiled laundry and an old toilet that had been disconnected was being stored there. A program of renovation was however due to commence in Heath Lodge including the kitchenette areas and an overall redecoration program was planned. Other homes local to the area operated by the provider have been extensively renovated as part of an overall upgrade program, however Heath Lodge had not at that time benefitted from the same approach.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was generally closed when staff were not using it however; there were some instances during the course of the day when we found the door was left open. This meant that confidential information could have been accessed by unauthorised visitors.

Is the service responsive?

Our findings

People told us they felt involved in making decisions about their care and that staff responded to them when needed.

Care plans contained information about people's medical conditions, personal care needs, medicines, risks to their well-being, MCA and also records when other health or social care professionals visited, alongside care reviews. We saw that people's relatives were invited to attend six monthly care review meetings where appropriate and these were documented to indicate people's views and updated to reflect any corresponding changes.

We saw that people's care plans had been developed with them and their relative where appropriate and detailed clearly people's preferences, choices and wishes. People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, "[Person] likes to be given time and does not like to be rushed when delivering personal care. This can make [Person] more anxious if rushed." Another example we saw was, "[Person] has marked cognitive impairment as well as short term memory loss. Ensure when communicating with [Person] that things are concise and short as possible without sounding curt or angry." We did note that the risk assessments in the home were in relation to their physical or behavioural care needs, but did not support people to maximise independence. For example, one person we spoke with wanted to be able to make their own sandwich. There were small kitchenettes available in the communal areas of the home however when we asked a staff member why this person could not try to make a sandwich we were told that it would not be safe for them to do so. There was a lack of understanding of the positive effect it could have for the person to do something positive and independent for themselves.

However, staff told us that they did not read the care plans. Permanent staff we spoke with were knowledgeable about people's needs, however agency staff did not demonstrate the same level of insight. We observed the morning handover, and then spoke to two agency staff who were going off the night shift about two people's restlessness and agitation. Both were unaware of this, or even who the people were. Both told us they had worked at Heath Lodge for a considerable length of time. Each care plan contained a one page profile for each person that outlined people's basic needs. This could have benefitted staff to see quickly if a person's needs had changed and assist agency staff members to understand people's basic needs. However, these profiles did not include many areas of important information about people such as their preferences regarding the gender of care staff attending to their intimate care or their repositioning regime if they were susceptible to developing pressure ulcers.

People were supported by staff to join in activities within the home, but also staff respected people's wishes to remain in their rooms. Staff were aware that people may become socially isolated so when people stayed in their rooms, they regularly popped in to see people were okay.

A dedicated activity team ensured a variety of activities were taking place throughout the home during the course of the inspection. For example, we observed a memory game in the morning with staff supporting a

person to try listening to music using headphones. We saw the activity staff member spending time with individuals talking with them about various things including making a chocolate cake and reminiscing about their relatives. One person proudly showed us some craftwork that they had recently done. They told us beaming with pride, "It's lovely isn't it, we made two together with the staff, nice girls. We did have a laugh together." Another person was seen to have pictures of Elvis on their frame, when we asked them about this they told us, "I love Elvis, come and look at my room." At which point they took us to their room where staff had helped them decorate with various Elvis photos and frames. Where group activities took place, people were able to join in or choose not to. One person told us, "There is enough to do but I am a watcher, not a doer."

In addition to activities in house, people were supported to go out and about on day trips and local visits and walks in the grounds. Staff told us about how people were encouraged to use the gardens in nice weather to socialise, and about recent outings to places such as the local pub. Overall, we found that people's individual interests and needs were met and staff tried to empower people to socialise through inclusive activity and thoughtful discussions.

People were able to attend small meetings to discuss matters about the home that were important to them. The activity co-coordinator told us that they had found one to one meetings worked better. They said, "We don't hold large residents meetings because we find it's better to work with residents on a 1 to 1 basis, I think the residents like that as well." This however was not the view of management, who provided us with a set of minutes from July 2017 where residents attended a meeting from both of the units. We noted that discussions were held around outings, key working arrangements and raising any concerns where people raised concern around staff availability and approach. Notably however we found that people and relatives had not been informed of the recent departure of the registered manager, and many were unaware they had left the organisation. Overall there was clearly a difference of opinion within the service about how to seek people's views that had developed in the absence of consistent management. This may then mean that those views do not get reported appropriately and is an area that requires improvement.

People and relatives told us they felt able to raise a concern or complaint to the staff and management team. Since the change of registration, no complaints had been raised, however we saw the regional manager was conducting investigations into historical complaints that had not been responded to prior to the departure of the previous registered manager.. All complaints that were logged were reported to the provider so the outcome could be monitored and also any potential themes could be identified and responded to.

Is the service well-led?

Our findings

Heath Lodge is part of Gold Care Homes (Hertfordshire) which was previously registered as Gold Care Homes (Heath Lodge). The change of registration was due to a reorganisation of the company and made no significant changes to the directorship or governance of the company other than in name. Gold Care Homes has made several changes to the operating structure within their organisation and Heath Lodge over the past 18 months.

The service did not have a registered manager in post at the time of the inspection. The provider had recruited a new manager, who at the time of the inspection had yet to register with the Care Quality Commission. In the preceding 18 months the service had been managed by six different managers which had contributed to a lack of oversight and effective sustained management. Staff had lost confidence in the management team and did not feel supported by the provider. One staff member at this inspection told us, "I'm leaving in 10 days, I've told them in the office that there is no support from the company, the deputy manager and the permanent staff are really good though, the staff know what they should be doing and things have improved over the last six months. Staff are now far more effective at the home due to the improvements we've put in, but there is no support from head office management so I'm leaving."

The inconsistency with regards to the management support in Heath Lodge was discussed with the provider and they were aware of the need to address both the recruitment and retention of a registered manager and also improve the support given to their homes by the senior management teams in Gold Care.

Since the last inspection however, a new nominated individual was registered with CQC in August 2017, and we saw that a new system of quality assurance and care planning was being embedded within the home, along with continued development of a strategy of care to be adopted as an organisational approach. A new regional manager along with a quality manager had been working closely with the home, and we saw that they were identifying and addressing areas that required improvement.

Staff were positive about the deputy manager along with the regional and quality managers. One staff member said, "It is a lot better now, I feel listened to and supported especially by the regional manager and the quality manager." This staff member went on to say, "The regional manager is brilliant, they have helped us lots and wants to change many things." A second staff member said, "Things feel like they are now turning a corner and I think as long as the new manager works with the regional manager then Heath Lodge will be born again under their guidance."

The quality manager told us that they took turns with the regional manager to drop into Heath Lodge each morning to check that everything was running smoothly with the staff and the people who used the service. However, neither people or relatives were aware of the changes in the management team and were of the opinion that should they need to raise concerns within the home they would speak with staff, the administrator or the deputy manager. People, relatives and staff were not aware of the changes with the provider's registration and key organisational changes had not been sufficiently discussed with people or staff to demonstrate a level of transparency across the service.

The quality assurance manager had completed an overall audit of the home in June 2017. They had identified in this audit that areas of improvement were required in respect of staffing, cleanliness, training, MCA, Power of Attorney (POA), nutrition and management. However the regional manager three weeks after this quality audit completed and submitted a copy of the service improvement plan that indicated that the issues identified through the quality audit were completed. We clearly found at this inspection that the quality audit completed was an accurate reflection of the standards within the home, however had not been effectively reviewed and actions were not completed. We spoke with the provider and management team about the need to ensure senior management are effectively reviewing, sharing and agreeing on actions as a team, to avoid a repeat of previous miscommunication. This was an area that continued to require improvement.

People's daily records did not reflect the care and support provided to them. For example, a note of the office wall stated that the phone should be taken to a person each evening so that they could contact their relatives. The daily record showed that this had happened just once in the past month. A staff member told us that the person had capacity and was able to say when they wanted the phone and that this had happened more often than records indicated. Reviews of people's care were not always meaningful and did not always indicate that all aspects of people's support had been considered. Reviews noted that no changes were needed consistently but did not give any rationale; these seemed to be a 'tick box' exercise. For example, one person who was supported to walk with their frame and was increasing in confidence had raised their wish to have staff support more regularly. This change in mobility and assistance was not reflected in their care plan to inform staff appropriately. One person's care plan stated that the person required their medicine at specific times however staff said this was not accurate and was at that time being reviewed by the GP. However the corresponding MAR record gave conflicting information that was not the same as the care plan which may lead to the person being at risk of not receiving their medicines as prescribed. One person's medicine was in the trolley without any MAR record to accompany this. When we looked further we found that this medicine had been stopped in March 2017 and had not been administered, however the medicine had not been returned to the pharmacy and was still kept in the trolley.

Records were not clear in relation to concerns and complaints raised by people who used the service or their relatives. The administrator told us that there had not been any concerns received since changes had been made in the provider's registration. However there were some residual concerns being investigated at this time that had not been effectively managed by the previous registered manager. We discussed with the management team that we had not found any system in place to capture concerns raised verbally with staff by either people who used the service or their relatives. The management team agreed and undertook to develop a system as part of their improving quality assurance processes.

People's views had been sought in relation to the quality of care they received and the management of Heath Lodge. A survey completed in July 2017 demonstrated that a large proportion of people felt the service was safe and were happy with the care provided. 79 percent of people felt the service was safe and 86 percent of people felt the service was caring. However only 48 percent felt the service was well led. We saw from responses given that examples of poor leadership in the home were comments such as, "My relative has been in the home for four and a half years and in that time there has been numerous managers and staff, no one seems to stay." A second comment noted, "The [previous] manager is not aware of the day to day running of the home, they just sit in their office." Of the 27 responses received for this survey 16 comments related to the poor conduct and management of the home. This did however prompt the provider to take disciplinary action against the previous registered manager.

Heath Lodge used a significant number of agency staff, of the 924 hours per week they were required to

deliver 360 of these hours were provided by agency staff. The provider acknowledged the management of this temporary team required improvement. After the inspection the provider informed us they had met with the agency to block book staff to provide consistency. The provider decided to provide agency staff with a Gold Care uniforms, ensuring they attend regular staff meetings and train alongside permanent staff. They also told us agency staff will receive the same management support through supervisions as permanent colleagues. A recruitment plan was in place and the management team were committed to recruiting to the vacant positions within the home.

Statutory notifications that were required to be submitted to the Care Quality Commission of significant events had been completed without delay.