

Mr & Mrs C Neil-Smith

Heaton House Residential Care Home

Inspection report

20-22 Reigate Road
Worthing
West Sussex
BN11 5NF

Tel: 01903700251
Website: www.heaton-house.net

Date of inspection visit:
05 March 2019

Date of publication:
28 November 2019

Ratings

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

Summary of findings

Overall summary

About the service: Heaton House is a residential care home accommodating up to 14 people in one adapted building over two floors and was providing personal care to 13 people aged 65 and over at the time of the inspection, some of whom had dementia.

People's experience of using this service:

People benefitted from living in a well organised, forward thinking home where their needs were always put first. The culture of the home was open, and people felt confident to express their views and opinions. The management team championed people's rights and worked collaboratively with staff and external partners to constantly improve the service and develop links with the local community.

The registered manager promoted intergenerational work which had a dramatic and positive effect on people's wellbeing. Some people also visited the nursery school to watch the children perform school plays which staff, people and children enjoyed enormously. People were enthusiastic about the regular weekly visits from children at a local nursery school and it was apparent how this interaction enriched peoples and the children's lives.

We observed people became animated and sparkled during musical activities at the service. There was an extensive activity timetable and the registered manager was always keen to add new items to it, including people's past hobbies and new aspirations. People had planned activities twice a day to keep them as active as possible both mentally and physically.

The registered manager was extremely responsive to new ideas for enhancing people's wellbeing at the home. Staff assisted people to use technology to keep in touch with relatives, this had given relatives the courage to travel as they were sure they could speak face to face via the internet with their relatives. Message apps were also in use to excellent effect, ensuring family groups were included in the news regardless of time zones.

The registered manager, and staff were extraordinarily passionate about providing excellent care for people. This showed in the cheerful moods of people and staff when we visited.

Staff were well trained and supported and people felt safe in their hands. There was enough staff, so that people received care when they needed it. Staff were efficient and well trained, including in dementia care and safeguarding. Messaging apps, phone and emails were used to alert staff to new training and shift changes which supported the effective running of the service. Staff were clear about their roles and were happy and proud to work at the home. The registered manager led by example and fostered a culture of constant learning, keeping themselves and the team up to date with new ideas in dementia care.

People had their choices respected. People were supported to eat and drink at mealtimes by staff who took

time to assist them. Staff accompanied people to healthcare appointments outside of the home and the home had good relationships with local GPs and dental surgeries.

Staff worked in partnership with health professionals and therapists to maximise people's wellbeing and wherever possible, improve their health. People enjoyed a wide range of nutritionally balanced meals and specialist diets and preferences were catered for.

The provider had designed the home with people living with dementia in mind, it was bright with dementia friendly signs and decoration. The home was clean and tidy so that people could move around safely. Rooms were effectively themed, décor used contrasting colours to ensure people could see furniture and floor changes clearly, but also inspired conversation around the room's main topic, for example the seaside.

People were extremely relaxed and happy around the staff. Staff spoke kindly to people and took time with them in their interactions. Staff spoke to people by their preferred name and took time to talk to them and ensure people were always included and comfortable. Staff spoke to people in ways they understood and calmed distressed people by talking about their lives and history. People living with dementia could not always say what they liked, but staff were able to recognise signs around what people wanted based on their knowledge of the person.

Rating at last inspection: The last rating for this service was Good (published 10 May 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up : We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was very responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

Heaton House Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the second registered manager was on holiday.

Notice of inspection

This inspection was unannounced.

We visited the location on 5 March 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We reviewed information we held about Heaton House including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We looked at reviews by the general public on external websites. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, two relatives, one of the registered managers, chef, and two members of care staff. We spent time observing people in their interactions with staff and one another and we reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had attended safeguarding training and knew what to do if they had concerns around people's care in the home. Staff understood their responsibilities around reporting concerns. The registered manager was the safeguarding and DoLs champion and had completed the local authority level 2 enquiry training and shared her learning with the staff. People and their relatives told us they felt safe in the home. One person told us, "I've no worries, I'm safe."
- Staff had access to whistleblowing information and felt confident they could report incidents if necessary.

Assessing risk, safety monitoring and management

- Risks were minimised by the use of good planning. Risk assessments were carried out by the registered manager and were recorded in people's care plans. Staff used these in daily planning. For example, a person who had been on end of life care and at risk of dehydration was monitored for their fluid intake. After two weeks of monitoring and encouragement, their health had improved so much that end of life medicines were stopped and they were out of bed and back joining in with activities in the lounge.
- People were encouraged to take positive risks by supportive staff this helped people to remain as independent as possible. Staff accompanied people that needed help to leave the home so that they could get out into the local community. Where people's mobility had deteriorated, staff took appropriate action to review risk. In one example, staff helped a person to obtain an electric wheelchair so they could continue to mobilise independently. In another case the service had purchased chair raisers to enable people to get out of the lounge chairs without the use of stand aids, promoting independence.
- The home was well maintained. The registered manager ensured all maintenance checks were carried out as required.
- Plans for major incidents were kept up to date. Personal evacuation plans were in place for people in the event of a fire. Staff carried out fire checks regularly, these included full evacuation drills.

Staffing and recruitment

- Safe recruitment practices were followed. Before staff began working at the home, the registered manager completed all relevant background checks. Initial interviews were carried out over the phone so the registered manager could assess potential staff's ability to chat confidently and be understood. Prospective new staff spent supervised time with people at the home to assess their suitability.
- There were sufficient staff at the home. One person told us, "The staff are all around, they help me when I need them." We saw staff helping people in the lounge and the staff took time with people. Staffing levels were monitored and planned around need so that at busier times and when people required more input,

more staff were available. A staff member told us, "There's plenty of staff, we get time to sit with the residents."

Using medicines safely

- People's medicines were managed safely. Staff that gave medicines to people had training in medicine administration. Medicine Administration Record (MAR) charts were accurate and kept up to date.
- Medicines were stored correctly and safely in accordance with best practice. MHRA (Medicines and Healthcare Products regulatory Authority) patient safety alerts were received and when necessary acted upon.
- Staff carried out medication audits regularly, ensuring that out of date and unused medicines were removed and that the medicines stored were all currently named for people and in use. Keeping medicine stocks to the minimum reduced the risk of giving incorrect medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean. A dedicated cleaner cleaned the home daily and when they could not be there, other staff completed the cleaning. Staff were trained in, and understood, infection control. Infection control policies were in place. A person said, "I have a lovely room, that's always clean."
- Waste was disposed of correctly. Posters with information about hazardous substances and waste, and disposal were on display in the staff room.
- Staff used the dedicated laundry room to wash bedding and clothes for people at the home. Laundry was sorted and cleaned appropriately and the room was kept clean.
- The registered manager carried out regular checks and audits around infection control.

Learning lessons when things go wrong

- Lessons were learned if things went wrong in the home. The registered manager audited accidents and looked at ways the staff could make changes to prevent them happening again. For example, after almost falling on the stairs, people now used the lift in the home to reduce risk of falls and a person at risk of falls from their bed, had bed rails installed, and other systems put in place to prevent injury.
- The registered manager investigated errors and organised retraining for staff that needed it. When a person was given the incorrect dose of medicine by staff, it was spotted, and procedures strengthened to ensure it did not happen again. Staff involved in administering medicines were retrained after any errors were noted.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their choices respected. People's needs were assessed by the registered manager before admission, or within 48 hours in the case of an emergency admission, and a care plan was written accordingly. Care staff included people and their relatives in the writing of the care plan and in choices around items they wished to have in their rooms.
- People were invited to visit the home with friends and relatives at any time before deciding to live at the home.
- The registered manager talked to people about their lives and used this information in personalising attractive frames on the doors of their rooms. These memory boxes both reassured people and enabled staff to find out about them.

Staff support: induction, training, skills and experience

- Each member of staff had a full induction including all relevant training in safeguarding and care. Staff were well supported by the registered manager. Staff meetings, appraisals, and one to one meetings were held regularly. A member of staff told us, "We're always encouraged to ask questions and we can speak to the manager about anything, her door is always open. She always listens and finds solutions."
- Staff attended regular training in line with the home's aims and objectives to deliver a service of the highest quality. Staff received any relevant training needed to meet the needs of people using the service, this included dysphagia management, oral health, recognising and managing urinary tract infections, skin integrity. They were also trained in dementia care and most staff had trained to NVQ level 2 or 3 in Health and Social Care. A staff member told us, "We make new staff welcome and give them a proper induction. The training is good." One person said, "I know the staff do training, they've told me."
- Staff had the opportunity for continuous extra learning, and had been trained in complimentary therapies and activities, some staff were trained to Level 5 adult residential management. The registered manager had displayed numerous posters in the staff areas to support care, such as information about skin health, wound healing, the common cold, and how to listen to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink by patient caring staff. We saw staff assist people at lunchtime, where people enjoyed a relaxed meal. Where people needed prompting to swallow or chew food the staff were kind and polite while supporting them. The chef cooked homemade meals for the people and could change the menu if people preferred other food. At the time of the inspection the chef told us, "There are no

special diets at the moment, but we could cater for any if we needed to." We saw evidence that people's health improved after their nutritional needs were met at the home. People's food was prepared and served in a way to encourage people to eat independently where possible.

- People enjoyed themed meals and events at the home, hosted by staff from various cultural backgrounds. On the day we visited people were enjoying pancakes for Shrove Tuesday. On occasion people enjoyed traditional fish and chips wrapped in paper. People enjoyed a variety of takeaway meals, such as pizza or curry and staff supported one person to accompany them to buy the curry from the local takeaway.
- Staff offered people a choice of hot and cold drinks during the day and the chef prepared fresh fruit, cakes and a variety of other snacks for people. Staff had access to the kitchen at all times and people could request food and drink both day and night.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to external healthcare providers. Staff accompanied people to appointments. One person at the home was having a fitting for new teeth on the day we visited and was happily chatting to the staff about the trip.
- Staff arranged appointments at the local GP when necessary. A person told us, "They get the Doctor, if I need it."
- Staff ensured that care plans included people's health needs and any recommendations from healthcare professionals. When necessary staff could contact the Speech and Language Therapy team, Falls Prevention Team, Physiotherapists or the District Nurse as well as other specialist healthcare providers. A person admitted to the home with reduced mobility and multiple health needs, regained their mobility after having physiotherapy sessions. In another case staff worked with diabetic and district nurses to bring a person's diabetes under control. Staff ensured the mental health needs of people were being met, a person who arrived at the house quite distressed felt safer and less stressed at the home.

Adapting service, design, decoration to meet people's needs

- The home was bright and tidy. Good lighting is important for older people and people living with dementia, which can affect vision. Some people had brought their own furniture and other personal items into the home to personalise their rooms.
- Rooms were clearly marked with dementia friendly signs using words and pictures, some of these signs and light switches were illuminated, and this enabled people to be more independent around the premises.
- People could clearly see where things were, carpets were plain and furniture was in clear contrasting colours. Shared spaces were themed for ease of recognition and to spark interest in the people, for example there was a room themed around the beach, and in the hall, was a full wall sized photo poster of a sunlit forest path. There were rummage boxes for people explore along with wall mounted objects to encouraging touching and prompt interest and discussion.
- We saw photographs of people enjoying the garden in the warmer weather. The well maintained garden had a lawn and patio area and was accessed via a door from the lounge. The registered manager had hosted garden parties for charity.
- Outside doors to the home were alarmed to ensure staff were aware if people went into the garden, particularly at night or in cold weather.
- People were kept comfortable in the home in extremes of temperature as the provider had air conditioning units installed after a spell of hot weather.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consulted people about their care. People said, "They listen to me, I can't fault them." And a staff member said "The care we provide relaxes people, they come to us and confide in us, it's about trust both ways.
- There were three people who were subject to DoLS at the time of the inspection. One person had a specific condition agreed. Staff worked with the family to fulfil this condition and met with them at least three times a week.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Staff were caring and support was unhurried. Staff responded to people promptly when people asked for help. One person said, "They treat me well, always with respect." Another told us, "They are all so kind." We saw numerous examples of emails and letters from relatives and friends expressing thanks for the good care their love ones had received at Heaton House.
- The registered manager told us that caring was at the heart of staffing decisions. They said, "anything can be taught except caring" and staff were employed based on their caring natures.
- People's communication needs were met by staff with specialised dementia communication training, given by the registered manager. Staff supported people by ensuring their hearing aids were working, including arranging for the aids to be serviced.

Supporting people to express their views and be involved in making decisions about their care

- People could make decisions about their care. People and their relatives were actively involved in both the initial care planning and in subsequent reviews wherever possible. A relative told us, "We're involved with her care plan, we review it here every six months."
- Staff offered people choices. For example, they could choose to have breakfast in their room or in the dining room. We saw people being asked what they would like to drink or eat. People could choose when to get up and go to bed and staff respected those choices.
- People and relatives were involved with decisions within the home. People had regular meetings with the registered manager to discuss plans in the home. A person told us, "We had a meeting quite recently, we spoke about food and what we want to do."
- Staff supported people at the home when they chose not to go to hospital. As an example, staff liaised with the GP and a person's family to ensure continuation of good care when they were taken ill, the person remained at Heaton House until they recovered.
- People were encouraged to remain independent financially, when a person required support with their money, staff were able to help keep money available to the person when needed, while keeping large amounts of money safe for them.
- People were supported to keep in touch with relatives. Relatives could visit the home at any time. A relative told us, "We can just show up when we want and were always offered a tea or coffee and a bit of cake. We often have lunch here, it's a home from home."
- People enjoyed cakes, chocolates and flowers, brought in for them, as a treat, by a member of staff.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. Staff called people by their preferred name and were polite. Staff had dignity champion training to ensure they understood and acted in ways to promote people's privacy and dignity.
- People were included in the day to day activity of the home even if they were not in the communal areas. Staff ensured people who were in their rooms during the day were included when staff offered people tea and coffee. Staff engaged with all people at the home and checked on people frequently, to ensure they were comfortable.
- People's privacy was respected. People could lock the doors to their rooms and staff knocked before entering.
- Staff supported people to regain their independence and to improve their family relationships. In one example, this enabled a mother and daughter to rekindle a relationship that had broken down.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's moods were boosted tremendously by visits from a local choir. The registered manager learned that a person at the home used to be a member of a local choir, so they invited the choir in regularly to perform and include them in the singing. Everyone enjoyed the visits and the choir member felt involved with something they loved.
- People were extremely cheered by weekly visits from children from a local nursery school who joined people at the home to take part in activities together. People were reminded of the visits by a photograph collage on the lounge wall. People's moods lifted and they became far more alert and engaged when the children arrived. Both people and children looked forward to the visits. One person told us "I love it when the children come in, it makes my day." A member of staff said, "[people] come alive" another told us, "the euphoria lasts all day". The children referred to the people in the home as 'the nannies'. People had visited the local garden centre with the children to buy plants and seeds for the garden. The children were going to return to the home later in the week to plant the seeds with people's help.
- People's wellbeing was improved and feelings of isolation were reduced. People visited the school to see the children perform school plays and hear the school choir. Parents of the children, and the children themselves, said the visits had an extremely positive effect on everyone. With the children enjoying learning about the "olden days" from the people at the home. For example, on one occasion different styles of telephone were brought in to the home and the children and people 'played' together; people reminisced about the old phones they used to use and told the children about them, while the children had fun making pretend telephone calls. Parents who had relatives living with dementia said that it was beneficial for their children to interact with the people at the home. The children and people at the home had also learned Makaton signing together, Makaton is a type of sign language usually used by children that has been shown to be beneficial to people with dementia. On another occasion the children talked about old fashioned toys with the people in the home, and people talked about what holidays were like when they were young.
- This intergenerational partnership working was a huge success, with one child bringing a photomontage of the day in to the home. The connections with local people resulted in parents regularly visiting the home with their children to say hello to residents. Also, some of the children continued to visit as they got older. The home also had visits from the local Beavers, Scouts and Guiding groups.
- People were kept active and involved in the local community and were supported by staff to visit the local shops and cafes. A relative said "They have encouraged them to use their frame which has really helped their mobility."

- People were encouraged to take visits out with family and friends. People could use a beach hut owned by the home, to enhance trips out to the beach with relatives or staff.
- The registered manager brought their dog in to visit the people in the home, as an extra activity and we were told that people enjoyed interacting with the animal.
- For people who enjoyed reading there were large print books available covering a variety of interests.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were dealt with extremely sensitively and practically. In response to a person with dementia who had removed pictures and posters from the walls, the registered manager had installed activity boards on the walls around the home which gave the person things to occupy their hands. These boards varied, some had locks and keys, some had switches, and some various shapes and textures. People used the boards to keep their hands active to relieve tension and restlessness. There was an old-style telephone in the hall. This was not an active line but enabled people to dial and reminisce about their lives.
- People were kept engaged and active. Staff have used innovative ways of keeping people entertained and stimulated and have introduced virtual reality goggles for people to enjoy. Each day included a selection of dementia appropriate activities that people could join in with. One person told us, "We're always doing something here, you don't get bored." Staff noticed what people responded best to and used this to the benefit of people in the home. While the visiting entertainer was singing, staff noticed that a person living with advanced dementia, who had appeared to be asleep, started tapping their feet to certain songs, so staff requested the singer carried on with those songs.
- People took active roles in the home and staff encouraged them. Some people liked to sort the laundry or set the tables for meal times. During our visit a person asked staff for something to do and staff were happy to find appropriate activities for them to do which enabled them to feel useful and part of the team. People and staff were encouraged to take part in the activities of the home by the registered manager, for example helping in themed cultural events and meals.
- Care given was always person centred. Staff worked regularly with people, knew them well and could adjust care based on their preferences. A staff member said "We're with the residents every day, we get to know each individual, what they like, what they don't like. We know their favourite things" A relative told us "[Person] is completely in control of what they do, the staff listen to them and support them to do what they want."
- Care records were kept up to date. An electronic care monitoring system allowed staff to record care as it happened via tablet devices. Staff were less likely to miss recording of evidence as they were prompted to fill in the plans by the device and had access to patient care records at the point of care. The care system could send prompts to other staff.
- People in the home had made some of the collages and paintings on the walls. A staff member had painted a mural on one wall of the television lounge. The art in the television lounge had been created by people at the home. The theme of the room was seaside and a collage of old seaside postcards, coupled with the sea themed activity board, in the lounge prompted people to talk about childhood holidays. People used visual and tactile prompts around the home to remember and talk about events in their pasts.
- A person was able to stay at home with their family as Heaton House supported the person for respite care allowing the family some respite from dementia care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood people's different communication needs and could use different techniques, when appropriate. We saw posters explaining the Accessible Information Standard (AIS), on display.
- People could keep in touch with relatives using technology, supported by staff. One relative had felt able to go on holiday for the first time in years knowing that they could see and speak to their relative in real time using the technology. This relative told us, "We are going to contact her on Skype whilst we are away, as the manager gives her the iPad to talk to us"
- People were encouraged to talk and keep mentally active. Staff took time to talk to people. A full wall sized mural featuring a pathway into a wood had proved a popular talking point for people who went into the hall. Staff used it as a talking point to spark conversation with people, while sitting on the seats opposite the picture.

End of life care and support

- Staff supported the entire family around end of life care of a person. Care plans were not restricted to the care of the person, but included information about the family and relatives and the registered manager told us they supported the entire family and the other people living at the home when people died. Relatives could stay overnight at the home to be with people at the end of their lives. This inclusive approach to end of life support gave people and families peace. A relative told us "I feel part of the place". Relatives could share meals with their loved ones at the home and often continued to do this for several weeks after a person died, a supportive practice the registered manager and staff were proud of.
- One relative told us of a person who had been on end of life care medication but after such good care they were no longer on end of life medication and was active again. We saw this documented in their care plan.
- People and their families were remembered after a person died. During people's stay, the registered manager created detailed books of peoples' lives at the home, including activities and photos, which were given as a keepsake for relatives when people died. Additions to the books were ongoing, the books were kept up to date. The books showed families that life didn't stop when you entered a care home and gave them happy memories to look back on.
- People at the home did not die alone. People without family had staff allocated to be with them during the last stages of their life.

Improving care quality in response to complaints or concerns

- The registered manager dealt promptly with any complaints at the home. Complaints raised since the last inspection had been small ones and had been dealt with as soon as they were mentioned so had not escalated into formal complaints. One person's relative said, "I can't find anything to complain about, but if I did, I know they would act on it."
- People told us they could raise concerns with the registered manager at any time. The home had clear and well publicised complaints policies. People and their relatives could leave suggestions via a box in the TV lounge and the registered manager prompted people and their relatives to review the home on external websites.
- The registered manager was quick to respond to issues. After an accident report audit showed falls likely to be due to their tiredness at bedtime, staff placed chairs along the route from the lounge to a person's room. The person had not fallen since the chairs had been in place and was able to continue to take themselves to bed independently. In another case some furniture was removed from a person's room to make more space for walking around safely.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management team understood and valued the active participation of stakeholders in the development of the service. For example, people's lives had been immensely improved by the links forged with the local school, the children there and the families involved in the intergenerational work. The registered manager was proud to have not only added enjoyment to people's lives but to have had an impact on teachers and parents outside in the community.
- The management team respected and valued the staff. An employee of the month award recognised exceptional care by individual staff and motivated staff members. The respect paid to staff had an extremely positive impact, which was shown in staff morale and the low turnover of care staff. People recognised the impact this had on care. A relative said, "We are very impressed by the low turnover of staff. It's very welcoming to see regular staff who we recognise and who recognise us, and who understand [relative's] needs."
- The provider had recognised the difficulty in recruiting and retaining staff. To overcome these difficulties, they had taken steps to put newly recruited staff from overseas in touch with local landlords as part of supporting overseas staff to feel welcomed and valued. This had reduced staff turnover, which in turn led to people having better outcomes by being cared for by staff they got to know and trust.
- The registered managers had proactively promoted the care industry to college leavers as a viable career. College students undertook work experience at the home, one student went on to become a member of staff at Heaton House. The provider had raised the profile of the home by becoming a partner with the local high school including sponsorship for a new school bus. Letters of thanks from both the students and the college were very positive about the experience and showed how supportive the students felt the management had been during their time at the home. Plans were in place for the management team to attend school careers evening to further promote care work.
- Staff with different ethnic and cultural backgrounds were encouraged to share these as part of the family atmosphere of the home. For Chinese New Year, a Chinese member of staff cooked a meal for people to celebrate. Children from the local nursery also attended on the day to enjoy the meal and add to the party feel for the people at the home.
- A charter of rights for people had been drawn up and embedded and this included the right "to have your cultural, sexual and emotional needs accepted and respected". People with all religious beliefs, were welcomed at the home and religious leaders from local places of worship visited regularly.

- The service participated in the Care Home Open Day in 2018, welcoming people from the local community into the home, ensuring people in residential care remain part of society and showing the wider community the value of care homes.
- A local homeless charity was supported by the provider through the purchasing of local produce.

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

People consistently received a well-managed and personalised service that exceeded their expectations with their needs being at the centre of practices at the home. The management teams passion for providing excellent care and a desire for everyone to be included in the day to day life of the home was clearly evident. A person told us, "The manager comes round and asks us how we are." This passion showed in the happiness of the people and the enthusiasm of the staff at the home.

- Relatives were overwhelmingly positive in their descriptions of how the registered manager had personalised the care of people. Relatives told us, "I think it's amazing and marvellous that such a place exists." and "The manager is excellent, she always contacts us for updates and to discuss the care."
- People remained connected to family even when the families lived far away or were travelling, because the management team had sourced innovative technology including tablet computers and apps. With staff support and encouragement, people were able to use video chat facilities. The registered manager's efforts to ensure people remained connected to friends and family outside the home had a very positive effect on both people at the home and their friends and families. Comments included, "When my special friend came to live at Heaton House I thought I might lose her. Instead I gained a second family." And, "We can now go on holiday and feel relaxed, knowing [person] is safe and looked after." The registered manager used secure group messaging apps to keep families well informed of their relative's progress, and to share photos with people at the home, for example of their relative's holiday destination.
- The management team liaised with family and arranged staff and travel for people to attend family weddings, to assist families and create relaxed days for everyone. Keeping people involved as part of family gatherings and events helped to avoid any isolation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was fulfilled with constant and open communication with the family. The registered manager always informed relatives of any changes to people's health. A relative said, "The manager is excellent, she always contacts us for updates and to discuss the care."
- The registered manager informed the CQC of any incidents within the home that placed people at risk and was happy to ask for advice to ensure best practice within the regulatory framework was always followed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team was visible in the day to day running of the service and had effective oversight of what was going on. They understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service. There was a robust systems of governance which was embedded across the home.
- Through clear systems of delegation and accountability, individual staff knew what was expected of them and how they contributed to delivering high quality support.
- At the time of the inspection the second registered manager was on holiday. The registered manager on duty had an exceptional relationship with the staff. One staff member told us, "She's amazing, she's always up for new things to do [for people]".
- Staff were extremely happy and proud to work at the home. Staff felt part of a team and the registered

manager had embraced technology using a group messaging app to ensure staff could stay in touch to discuss handovers, risk issues, and shift times.

- The management team had recognised a member of staff with potential to progress and was supporting them to continue their learning with a view to them becoming deputy manager at the home.
- Staff could voice concerns and discuss any changes that could improve care, at one to one meetings with the registered managers. Staff had regular supervisions with senior staff where they could demonstrate their competence and skills and also obtain useful feedback.
- We saw clear policies and procedures in place to advise and guide staff, to ensure the continuation of the highest standards within the home. Policy and procedure documentation were up to date, regularly reviewed and relevant to guide staff in how to carry out their roles.
- Staff were engaged, and people's care was improved, by the appointment of a series of 'champions'. Staff were given specific roles such as dignity , activities champion, infection control champion, complaints champion or oral health champion. These roles not only developed the skills of the staff but ensured people's individual care needs were well catered for and personalised. Champions had extra training, including via external companies and the local council, in their specific areas and were able to use this knowledge to enhance care for people.
- The oral health champion ensured residents were enrolled with a dentist. Residents were encouraged to visit the dentist regularly. The registered manager and the oral health champion maintained an audit tool to keep track of when each resident visited the dentist to ensure that appointments are not missed. The registered manager maintains a similar audit tool for optician appointments.

Continuous learning and improving care; Working in partnership with others

- There was an open and transparent culture of continuous learning and development. The management team motivated staff to take part in extra learning that would help in caring for people. Noticeboards in all staff areas promoted extra learning topics, such as treatment of 'flu in the elderly, wound care, continence care, and fire safety. During our visit two staff members left to attend external training. A staff member said, "If there are any new developments in dementia, we're always informed, things are changing all the time."
- The management team were exceptionally passionate about the care of people with dementia and actively promoted numerous activities with outside organisations, such as schools and colleges. Sharing of best practice and outstanding new ideas drastically improved the lives of the people at Heaton House, and people at other homes in the area. Heaton House was an active part of the Encounter Project for intergenerational work and had opened its doors to other local care services to learn with them. The visits of school children to the home was a project the management team were very proud of, as it had such a positive impact on people living at the home. The registered managers were never ceasing in her searches for ways to keep people as mentally stimulated as possible.
- As part of the intergenerational work, the registered manager had arranged education for teachers from the local school about dementia and had organised reciprocal instruction from the teachers about child safeguarding for the Heaton House staff. This sharing of knowledge across organisations gave staff at both organisations the chance to learn and improve their understanding of care for vulnerable people.
- The management team were active members of the Registered Nursing Home association and regularly attended symposiums and discussed good practice with a view to incorporating learning from others, and new ideas, into the service. They were also active attendees at the local GP quarterly meetings. As a direct result of issues raised a dedicated district nurse team had been reinstated to support the home with any nursing interventions.
- There were numerous systems for gathering feedback and when opinions were shared they were listened to and ideas acted upon. For example regular surveys were used to obtain feedback from people and relatives about the service. Of the 11 survey results seen, all were overwhelmingly positive. Comments included, 'I love it here, this is my safe place' and 'I'd just like to say how satisfied I am'.

- People and relatives were actively encouraged to feedback on care via an online independent website, rating the care they received. Heaton House had been rated in the top 20 care homes in the South East of England on this site for February 2019. Comments included "Such a relief to find this small, friendly, caring, clean home. With the emphasis on 'home'. There is a family atmosphere. Welcoming staff have good training and are supportive of each other, the residents and family members." And "The staff are kind and affectionate towards those in their care, treating them with gentleness and (often humorous) encouragement."