

Four Seasons (Bamford) Limited

Heywood Court Care Home

Inspection report

Green Lane
Heywood
Rochdale
Lancashire
OL10 1NQ

Date of inspection visit:
05 October 2016
06 October 2016

Date of publication:
11 November 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 5 and 6 October 2016. The service was last inspected on 29 June 2016 when we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in us serving a warning notice and making three requirement actions.

The warning notices stated that the provider and registered manager must be compliant with these regulations by 13 August 2016. The registered manager sent us regular action plans in regards to the requirement actions.

We undertook a comprehensive inspection on the 5 and 6 October 2016 to re-rate the service and to check that they had met the legal requirements of the warning notice.

Heywood Court Care Home is a purpose built detached home close to the centre of Heywood. Accommodation is provided over three floors. The home is registered to provide accommodation and personal care for up to 45 people. On the day of our inspection 41 people were living at the home.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that they had met the warning notices and all requirement actions had been complied with and improvements had been made.

Issues that were raised at the inspection of 29 June 2016 by the health and safety officer (local authority) had been addressed. The registered manager showed us a letter from the health and safety officer to confirm that adequate improvements had been made in relation to the safety of moving and handling equipment. We found there was more detailed information available to staff members in relation to the use of slings and hoists.

Improvements had been made in relation to risk assessments. Those people identified as being at risk in regards to their health and well-being had all the necessary risk assessments in place. Information from these had been transferred into care plans to guide and support staff.

At our focussed inspection of 29 June 2016 we found risks in relation to fire safety. During this inspection we found improvements had been made. We found all fire exits were clear of items and were safe for people to use in an emergency. All the people who used the service had a personal emergency evacuation plan in place which was person centred and identified the required amount of support based on health conditions.

We checked the management of medicines within the service. We have made a recommendation that the service considers current best practice and reviews the way creams are administered and who is signing for them.

All the staff members we spoke with told us they had received an induction when they commenced employment with the service. Records confirmed what we had been told.

Prior to our inspection of 29 June 2016 we had received concerns that DoLS that were in place for people who used the service were not being followed by staff members. We did not find any concerns when we checked these on the 29 June 2016. We checked these again during this inspection and found DoLS in place were detailed and contained relevant information. Staff had been trained in this area and the registered manager had notified us in a timely manner when an application had been made and/or authorised.

Records we looked at showed capacity assessments had been undertaken with those people who the service deemed lacked capacity. Best interest meetings had also been undertaken for those people who lacked capacity to consent.

People who used the service and relatives told us the food within the service was good. We saw people were given choices of what they wanted to eat either verbally or by showing people the two choices. Tables were nicely laid and there was a relaxed atmosphere.

The service had recently been awarded the Four Seasons Dementia Care Framework Accreditation. This was in recognition of the work the service had undertaken to meet the four components of this framework.

Prior to our inspection of 29 June 2016 we had received concerns that people who used the service were being wakened and dressed very early in a morning. At our inspection of 29 June 2016 we found a significant number of people were up and dressed at 05:50am. This was addressed by the regional manager, registered manager and deputy manager and no concerns were identified during this inspection.

We observed interactions from care staff that were kind and sensitive. We spoke with the registered manager to inform them of the kindness and empathetic nature that two particular staff members showed throughout our inspection.

We observed the atmosphere in the service was both relaxed and happy. We observed a number of occasions when staff members were singing and dancing with people in the main reception area.

The religious needs and wishes of people who used the service were not always sufficiently assessed or addressed. We have made a recommendation that the service considers current best practice in relation to meeting the spiritual and religious needs of people who use the service.

We asked people who used the service and staff members what the culture of the service was like. We received a number of positive comments and all the staff we spoke with told us they would be happy for one of their family members to use the service.

The registered manager ensured that surveys were completed by people who used the service, relatives and staff members. We saw the results of surveys were analysed and action taken to address any issues or concerns.

Other methods used by the registered manager to gain feedback were resident and relative meetings and

staff meetings. All of which were documented and showed any action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

This domain was previously rated as inadequate. Limiters in place prevent this domain being rated above requires improvement at this time.

All staff members we spoke with confirmed they had received training in safeguarding and knew their responsibilities in relation to this.

The service had considered the health and welfare of service users with the implementation of risk assessments. These were in place to keep people safe and not restrict them.

We saw systems were in place to ensure that staff members were recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff who worked in the service appeared to know people well including their likes and dislikes.

Training records we looked at showed that staff had received training in many areas such as safeguarding, health and safety, moving and handling, medicines and infection control.

Those people within the service, who required one, had a DoLS in place. Staff confirmed they had received training in this subject and knew their responsibilities in relation to this.

Is the service caring?

Good ●

The service was caring.

We observed interactions from staff members that were kind and caring. We spoke to the registered manager during our inspection to compliment two staff members who displayed a very caring manner towards people.

Confidential and personal information was stored securely and only those people who needed it had access to it.

End of life care plans were in place for people who used the service. These were person centred and should ensure people's needs and wishes are met at the end of their life.

Is the service responsive?

Good ●

The service was responsive.

The service employed an activities co-ordinator. We observed activities were being undertaken on the day of our inspection and saw a wide range of activities on offer throughout the week.

Care plans within the service had improved and contained detailed information about people and the level of support staff needed to offer to people to meet their needs.

The service had a complaints policy in place. None of the people we spoke with or their relatives had needed to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff members we spoke with told us the registered manager and deputy manager were approachable.

We saw robust quality assurance systems were in place for the registered manager to monitor and improve the service.

Policies and procedures were in place, which were accessible to staff members, to guide and support them in their roles.

Heywood Court Care Home

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

The inspection took place on the 5 and 6 October 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The local authority told us they had been in regular contact with the service and did not have any issues associated with the quality of care being provided currently. Healthwatch informed us of a concern raised with them anonymously stating people were at risk due to the service not putting adequate measures in place. No further explanation or information was given to Healthwatch in relation to this. As the information was vague and gave no specific examples of their concerns we were unable to pursue this during the inspection.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service and three visitors; some people who used the service were unable to speak to us due to their capacity and understanding. We also spoke with three staff members, deputy manager, registered manager and regional manager. We looked at the care records for five people who used the service.

We looked at the care records for five people who used the service and the personnel files for five staff members. We also looked at a range of records relating to how the service was managed. These included

training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

As a result of our focussed inspection of 29 June 2016 this domain was rated inadequate. During this inspection we found significant improvements had been made. However, limiters in place prevent this domain being rated good as the Commission requires a period of sustainability when a domain has previously been rated as inadequate.

People who used the service told us they felt safe. One person told us, "I feel very safe here, no trouble." Relatives told us they felt their loved ones were safe. One relative told us, "She is safe and yes I can go away and feel comfortable." Another relative told us, "I think he is safe. They look after him." Staff members told us, "I would report any poor practice. I would not think twice", "I am aware of the whistle blowing policy. If I had to I would use the policy and report abuse", "I am aware of the whistle blowing policy. I would use the whistle blowing policy if I saw any poor practice. We are here for the residents" and "I would be prepared to use the whistle blowing policy and report poor practice. If it was the manager I would report it higher." All the staff we spoke with confirmed they had received training in safeguarding and knew their responsibilities.

Within the entrance to the service was a safeguarding notice board. This contained the safeguarding adult's policy, management of feedback policy, safeguarding matters and the local authority safeguarding policy. Telephone numbers were also made available for staff and visitors to use should they have any safeguarding concerns.

The service had a safeguarding adult's policy, this gave staff clear examples of the types of abuse and signs that they needed to observe for and report on. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We saw the service had a whistleblowing policy in place which gave staff clear steps to follow should they need to whistle blow (report poor practice). The provider also had a whistleblowing telephone line which staff members could use confidentially to raise any concerns.

At our focussed inspection of 29 June 2016 we found that identified risks to people who used the service had not been mitigated. For example one person who had been identified as at risk of choking did not have the necessary nutritional assessments carried out to reduce the risk.

During this inspection we examined five care files and found improvements had been made. We saw that risk assessments had been completed for health related issues such as choking, smoking, falls, moving and handling. The risk assessments were completed to keep people safe and not restrict what they wanted to do. Information contained in risk assessments had been transferred to individual care plans so that staff members knew how to manage the risks.

We saw risk assessments had been completed for the environment such as slips, trips and falls, working at height, bed rails and display screen equipment. This showed the service had considered the health and safety of people using the service.

Prior to our focussed inspection on 29 June 2016 we had received concerns that people who used the service were placed at risk in relation to moving and handling; in particular the use of slings. A health and safety officer from the local authority was in attendance with us on the 29 June 2016, to check the safety of moving and handling equipment. They concluded that the systems and processes in place were not always safe and made their own recommendations to the service.

During this inspection the registered manager informed us that the health and safety officer had been back into the service to check they had actioned the risks identified. The registered manager showed us the letter they had received from the health and safety officer after their inspection which showed they were satisfied with the improvements the service had made and no further action was being taken by them.

We found there was more detailed information in care plans for staff in relation to the types of slings to be used for individuals, the correct and safe use of slings and hoists, pictures of the different types of sling so staff could identify them and the policy and procedure had been updated to reflect these changes. This should ensure people who used the service were safe during moving and handling procedures and were individually assessed for correct slings.

We saw equipment was available to support people who had limited or no mobility. Mechanical hoists, wheelchairs and walking aids were available to help people with their mobility. Mechanical hoists were inspected on a regular basis by an external company and deemed appropriate and safe for use.

At our focussed inspection of 29 June 2016 we found risks in relation to fire safety. Fire exits were being used to store numerous combustible items which placed people at significant risk in a fire situation. We also found a number of door guards (specially designed equipment to keep doors open that automatically close when the fire alarm sounds) were buzzing to indicate batteries were running low.

During this inspection we found all fire exits were clear and no items were being stored in these areas. The fire risk assessment which had been completed on the 20 July 2016 identified areas which needed to be addressed such as training all staff members in the use of equipment. We spoke with the registered manager who confirmed that all identified actions had been completed. Records we looked at confirmed this. We saw weekly inspections were undertaken of means of escape, emergency lighting, fire alarm, fire exits and a visual check of firefighting equipment. Fire control panels and fire doors were also checked on a weekly basis. The training matrix showed that fire safety training was mandatory and staff had completed this.

At our inspection of 17 December 2015 we made a recommendation that the service considered contacting the local fire authority for advice on personal emergency evacuation plans (PEEPs); ensuring these were more person centred and identified mobility issues on an individual basis. We checked these during this inspection and found that PEEP's that were in place were very detailed and showed the assistance and equipment needed to ensure that people were evacuated as safely as possible. For example evacuation chair and two staff members were required for one person and if the person would be able to comprehend any information given to them during an emergency situation. These also showed any possible hazards that may be in the room such as oxygen cylinders or if the person smoked. This showed the service had considered our recommendation and had acted on this.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. Hot water outlet temperatures were checked to ensure they did not scald people. Windows had a suitable device fitted to prevent people who used the service from falling out accidentally and radiators did not pose a threat to people's welfare. The service had a contingency plan in place in case

of emergency, including electrical failure and gas failure. Control measures were in place for staff to follow.

We looked at the systems in place to ensure staff were safely recruited. We reviewed five staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The service also had a recruitment policy in place to guide the manager on safe recruitment processes.

The registered manager told us staffing levels during the day consisted of between seven and eight (including senior care staff) and between four and five at night time. Also on duty were a laundry person, two domestic assistants, a maintenance person and an activities co-ordinator. Records we looked at showed that dependency level assessments were completed on a monthly basis in order to determine the staffing levels. Rotas we looked at confirmed what we had been told and demonstrated these staffing levels were consistent.

We reviewed the systems in place to ensure the safe administration of medicines. Only senior care staff that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the registered manager on an annual basis to ensure that staff remained competent to administer medicines. We saw that there were policies and procedures in place to guide staff regarding the safe handling of medicines. These provided staff members with information about the management of medicines and included information such as, the ordering of medicines, storage of medicines, disposal of medicines, covert medicines, controlled drugs, applying creams and ointments and self-medication. Patient information leaflets were available for medicines and the service had a British National Formulary (BNF) to reference for possible side effects or contra-indications. Protocols were in place for those medicines which people were prescribed on an 'as required basis'.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines. There was a safe system for the disposal of unused medicines. Creams that were in use had been dated when opened. This ensured that medicines that required discarding after a period of time, such as 28 days, would be discarded appropriately and within time frames. However we found that creams were being administered by care staff but senior staff were signing to state they had administered them. We spoke with the regional manager, registered manager and deputy manager regarding this. They assured us they would ensure that a system was put in place where only the person administering the creams would sign for them. There were also no body maps in place to show where any creams were to be placed, to ensure they were administered correctly. Again we were told by the regional manager that this would be addressed. We recommend the service considers current best practice guidance in relation to the administration of creams.

Appropriate arrangements were in place in relation to obtaining medicines. We saw that sufficient stocks of medicines were maintained to allow continuity of treatment. When a medicine was received into the home staff recorded the quantity received onto the MAR. Staff also recorded how much medicine had been brought forward from the previous month. This helped ensure that the medicines could be accounted for as the stock of medicines could be checked against the amount recorded as being given; thereby checking that people received their medicines as prescribed.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice

of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

One person who used the service was receiving their medicine covertly. Records we looked at showed that the GP, family member and staff members had discussed this and the decision was documented. We found the care plan in place addressed the need for this to be given covertly and directed staff on how this should be done. This was reviewed on a monthly basis. Capacity assessments and best interest forms were in place for this decision and details were included in the DoLS authorisation.

One person who used the service told us, "The rooms are very nice. They keep the home and my room clean and tidy."

Relatives we spoke with told us they felt the service was clean. Comments we received included, "The home is clean and tidy. There has occasionally been a smell when someone has had an accident but not a stale smell" "His room is very nice. It is clean and tidy. I have never smelt any offensive smells in here" and "My relative has a nice room. They keep it clean and tidy. No obnoxious smells."

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. There was an infection control policy in place which was under review at the time of our inspection to ensure the information contained within it was appropriate and up to date. There was also a control of legionella policy in place. This looked at the legislation, what legionnaire's disease is, how people contract it and included the role of the maintenance and cleaning staff in monitoring and preventing the spread of this.

We observed the service was clean and tidy and there were no offensive smells. There was hand washing facilities around the building for staff to use and prevent the spread of infection. Staff had access to protective clothing such as gloves and aprons and we saw staff using the equipment throughout our inspection. Training records we looked at showed that staff had undertaken training on infection control.

Infection control audits were undertaken by the registered manager on a regular basis. The audits looked at areas including hand hygiene, PPE, handling and disposal of sharps, clinical/treatment rooms, waste disposal, bedrooms, bathrooms, toilets, lounges and dining rooms.

The laundry was sited well away from food preparation areas. There was a system for dirty laundry to come in and clean laundry to go out. There were two dedicated laundry staff. There were two industrial washers with the facility to sluice soiled linen and dryers and two industrial dryers. The service used colour coded bags to safely wash or dispose of contaminated waste. There was a supply of hand wash gel and paper towels for staff to use to prevent the spread of infection in the laundry. There was also hand washing advice for staff to follow good practice. The laundry also contained other equipment such as irons to keep people's clothes presentable.

One relative told us, "I am very happy with the service. The only little problem is mixing her clothes up." Another told us, "They keep clothes nice and fresh."

Is the service effective?

Our findings

Throughout the inspection we observed interactions between staff members and people who used the service. We saw that staff knew people well, including what their likes and dislikes were.

Staff members we spoke with told us they had completed an induction when they commenced employment. The deputy manager told us, "I did a more intense induction to be deputy manager and found it brilliant. It gave me a lot of confidence."

Induction records we looked at showed that staff had a two day induction which consisted of an orientation to the service, issue of uniform and staff handbook, codes of practice, statement of purpose, service user guide, mission statement and registration certificate. There were also discussions around service users, meeting service users, the call bell system and explanation of care plans. Part of the induction also involved being introduced to the staff team, structure, rotas, sickness and absence, annual leave and observing a handover. Health and safety, including fire systems and fire exits were also included. Observations were also undertaken with new staff members to assess their competencies including supporting people with their personal care, supporting people to eat and drink, communicating with service users and offering choices such as clothing and meals. The registered manager was required to sign this off before new staff members were deemed competent. Those people who were new to care were expected to complete the care certificate. This is considered best practice for people new to the care industry.

We asked staff members what training they had completed in the service. The deputy manager told us, "I have done health and safety, moving and handling, infection control, fire safety, food hygiene, food safety, safeguarding, medicines administration and care of people with dementia. I have also done National Vocational Qualification (NVQ) Level three in team management and training at the hospice for end of life care." Another staff member told us, "I have done health and safety, infection control, basic first aid but I want to do the three day first aid course and know they will put me on it. They are on the ball when it comes to training. I have also done safeguarding, fire awareness and moving and handling. The manager keeps us updated on moving and handling."

Records we looked at showed that courses available to staff members included infection control, medicine administration (for senior staff members), first aid, fire safety, challenging behaviour, health and safety (which included manual handling, bathing/showering, maintaining a safe environment), legionella, risk assessments, dementia, nutrition, distress reaction, care documentation, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), catheter care, palliative care, dignity, communication skills and moving and handling. The registered manager showed us the training matrix which showed that almost 100% of staff members had completed online training in many of the above topics. This meant that staff members should have the necessary skills and knowledge to support people who used the service.

Staff members told us they received supervisions and appraisals. Comments we received included, "I have an appraisal every year. You can bring up topics or training if you wish. We get lots of supervision – group supervision mainly to get across areas of knowledge. At individual supervision it is a two way process and

you can bring up your training needs", "We get supervisions every two to three months and appraisals yearly. We get chance to bring up any problems we have and discuss our careers" and "We get supervision and appraisal. You can bring up your own needs at supervision. You can bring up topics on the iPad."

Records we looked at showed that individual supervisions and group supervisions were being completed. One group supervision we looked at discussed topics such as care planning, ensuring choice and individuality, dignity, safeguarding, getting to know the service users well, getting people up and supporting them to go to bed and completing records correctly. Another group supervision had discussed toiletries, attending dignity training and professional conduct. Supervision in these forms did not allow for a two way conversation to be had or a discussion around training needs/wishes to be undertaken. We discussed this with the registered manager who agreed and confirmed that regular supervisions were held which gave staff members these opportunities. Individual supervisions had been undertaken, although not as regular as the group supervisions, these did focus on learning opportunities and performance of staff.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Prior to our inspection of 29 June 2016 we had received concerns that DoLS that were in place for people who used the service were not being followed by staff members. We did not find any concerns when we checked these on the 29 June 2016.

During this inspection we once again checked the knowledge and understanding of staff members in relation to the MCA and DoLS. All the staff we spoke with confirmed they had received training in this area and all of them knew their responsibilities. We checked a number of authorisations in place and did not find any concerns with these. DoLS were detailed and included relevant information.

Prior to our inspection we reviewed our records and saw that DoLS applications, which CQC should be made aware of, had been notified to us in a timely manner.

Records we looked at showed that people had been assessed in relation to their capacity. These assessments had been undertaken by the relevant and appropriate people and had involved the person and their family. We also saw that best interest meetings had been undertaken for those people who lacked capacity to consent. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service. We saw that the service had involved external health professionals in their decision making process and acted in the best interest of the person being assessed. This ensured that people who used the service were not being unlawfully deprived of the liberty.

The care records showed that people had access to external health and social care professionals such as, hospital consultants, GP's, district nurses, specialist nurses, the mental health outreach team, dentists,

opticians and chiropodists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service. One relative we spoke with told us, "They let me know if there are any concerns. She has been better since she has been here and put some weight on which she needed." On the day of our inspection we observed a chiropodist was in the service and attended to numerous people.

We asked one person who used the service what the food was like. They told us, "The food is sometimes good and sometimes not so good but you get plenty of it. There is a choice." One relative we spoke with told us, "The food is very nice. I have sampled it and it was good." Another told us, "The food is fine."

We looked at how people were supported in meeting their nutritional needs. The cook told us that people could have what they wanted for breakfast, this included a choice of cereal, toast and cooked breakfast. The cook told us, "We follow the menu boards but if people want something different they can have it. Lunch is two choices. Main meal and a pudding. Tea time there is a cooked option or salad or sandwiches." They also told us, "What people like is written in their profiles and we have a memory board in the kitchen which tells us of any changes." This meant that people who used the service should get choices of foods they liked.

During our observations around the service we saw that printed menus were on the wall so that people could see what was for lunch and evening meal. We also saw that picture menus were being used for those people who would be unable to read the printed menus. This is good practice particularly for those people who were living with dementia, who may not be able to make a choice from a printed menu. We saw there was a good selection of choices, such as a choice of two hot meals at lunch time with a choice of dessert.

At the lunchtime meal service we 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 found the lunch time meal service was a relaxed occasion. Tables were laid with linen napkins, condiments and music was playing on the radio. We observed there was a warm and friendly atmosphere with chatter and laughter between people who used the service and staff members.

We observed a care staff member asking one person what they wanted for lunch; giving them two choices. The person stated "No" to all options. The carer went away and came back with two plates of food so that the person could choose what they wanted visually. This is good practice and shows an alternative way of giving people choices when they do not understand verbally. Food was well presented and looked appetising. We also observed that drinks were available in communal areas and there were two juice machines in the dining room for people to help themselves to.

During our inspection of 29 June 2016 we found concerns in relation to the monitoring of people's dietary intake and weight. During this inspection we found improvements had been made. All the care records we looked at showed people were being weighed on a monthly basis (or weekly if there was a concern). Food and fluid charts were being completed on a daily basis and were being completed in full. There were odd occasions when the amount of intake was not identified (such as full portion or half portion) but on the whole these were much improved from our last inspection. The registered manager confirmed he would continue to monitor these and discuss them in team meetings and group supervisions.

The service had recently been awarded the Four Seasons Dementia Care Framework Accreditation (an approach developed by Four Seasons Health Care that moves from person centred care to care based on individual experience). The framework has four components; Resident and Family Charters, colleague support and training, tracked audit and accreditation. The deputy manager told us, "I am proud of gaining Dementia Care Framework Accreditation which I played a major part in." Another staff member told us, "In

all fairness I have done the training so many times but the dementia framework was good, it was new and opened my eyes, it was good training. It made me think and some of the training has helped one of the people who live here." This framework should promote dementia awareness, enhance the knowledge and skills of staff members and ensure that care plans are tailored individually to meet the person's needs and wishes.

Within the main area of the service was a notice board which contained photograph's of all the staff members who worked at Heywood Court Care Home. This supported people who used the service as well as family members and visitors to recognise staff members.

We noted signage throughout the service to support people living with dementia to remain independent and enable them to recognise different areas of the service. For example, bathrooms and toilets contained pictorial signs and memory boxes (boxes containing personal item such as photographs or ornaments) were at the side of people's bedroom doors to support them to locate their own rooms independently.

Bedrooms we looked at provided ample space for people to be able to personalise them. In some rooms we noted people had brought their own items of furniture, ornaments and pictures. This showed the service encouraged people to make their rooms as homely and comfortable as possible.

We saw communal areas had been thoughtfully decorated. In one lounge we noted it had been decorated to resemble a library and another lounge had a full wall decorated in wallpaper that resembled a forest.

Is the service caring?

Our findings

One person who used the service told us staff members were caring. They stated, "I think it is great here. If you are down and out they really cheer you up. The staff are very nice. Very caring." Relatives we spoke with felt that staff were caring. Comments we received included, "The care is good and they are very good to her. The staff are obliging from what I have seen. The staff are caring" and "Staff are very kind. It is a cracking place and you cannot ask for better staff. They have a laugh with us. The staff are all homely, warm and caring. I am happy with the care overall."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We observed two staff members in particular who were very caring in their manner with people who used the service. This had a positive impact on people who responded very well to these two particular members of staff. We spoke with the registered manager regarding this to inform them of the kindness and empathetic nature these two staff members showed throughout our inspection.

Prior to our inspection of 29 June 2016 we had received concerns that people who used the service were being wakened and dressed very early in a morning. At our inspection of 29 June 2016 we found a significant number of people were up and dressed at 05:50am. The regional manager and registered manager informed us they would address this concern and after the inspection they sent us regular updates, via an action plan, in relation to unannounced early morning visits that had been undertaken.

During this inspection one relative told us, "They will let him have a lay in if he wants to." We found no concerns; we checked the relevant paperwork in relation to early visits and found there had been some issues shortly after our inspection of 29 June 2016 (which were addressed) but none in more recent times. No further concerns have been raised with us. We also observed that some people were still in bed late morning, at their own request and care plans we looked at had been updated to reflect if a person was an early riser.

One relative we spoke with told us, "I can visit when I like. I come every day. The staff are very welcoming and offer me a cup of tea. I get tea and cake when they come round with the trolley." Another relative told us, "I can visit whenever I want." We observed a large amount of visitors coming and going throughout both days of our inspection.

During our inspection we noted that a number of people remained in their bedrooms, if this was their choice. For these people, there was a risk that they may not get as much support as people who spend all their day in communal areas. The provider had considered this and we saw 'butterfly posters' on bedroom doors; these stated "If you see a butterfly please do not flutter by. Pop your head around the door, come in and say hi." This promoted people's rights to remain in their own rooms if they wish but also served as a gentle reminder to staff members that the person was in their room and may like some company and to check on them.

Prior to our inspection of 29 June 2016, concerns were raised with us that people who used the service were not receiving baths or showers on a regular basis. We found personal care charts showed people were having one bath or shower per week and care plans did not reflect the person's choice of how many they would like. We also saw that some terminology used in the service was not respectful of people, such as 'wandering' or 'wanderer'. During this inspection we found personal care charts were more detailed and had been completed in full to clearly show when people had bathed. We saw care plans had been updated to reflect people's wishes in relation to the amount of baths or showers they would like on a weekly basis. Terminology that was disrespectful had also been removed from care plans and no-one was heard to use the term 'wanderer' or 'wandering'.

The service had identified staff members who were 'dignity champions'. These staff members were responsible for ensuring people who used the service had adequate personal items, such as toiletries and clothing. Likewise if staff members noticed people were short of items they would approach the dignity champions to address this. We noted a dignity meeting had been held in July 2016 with staff members to remind them to respect people's dignity at all times. Topics of discussion from this included supporting people with personal care, ensuring people's dentures were cleaned and allowing people to choose what they wanted to wear each day.

At our previous inspection of 15 December 2015 we found confidential, personal information was not always kept securely. During this inspection we found all confidential and personal information was stored safely and securely and available only to those people who needed access to it. We also observed that staff were conscientious when answering the door to people they did not know; they were careful not to divulge information and ensured they checked the identity of the person prior to allowing them into the service.

We observed the atmosphere in the service was both relaxed and happy. We observed a number of occasions when staff members were singing and dancing with people in the main reception area, we saw people were relaxed and having their nails painted in one of the three lounges downstairs and music was playing in another lounge. We heard one staff member ask a person who used the service "Is it too noisy here for you? Shall we take you somewhere quieter?" We saw the person being supported to go to another lounge where it was quieter. Laughter was regularly heard throughout the service on both days of our inspection. On the day of the inspection we also saw that staff opened the conservatory door for a person who liked to go into the secure garden independently. We observed that this calmed the person and allowed freedom of movement.

The deputy manager told us themselves and another staff member were currently awaiting to attend a training course at the local hospice on end of life care. They commented, "I think all the training we do helps us to be competent to do the job and you can ask for more. An example is the end of life care. I wanted that for better understanding of people's needs. I think it will help us support families better in difficult times and we get taught about looking after people's religious and spiritual needs."

During our inspection of 29 June 2016, records we looked at showed that one person had been discharged from hospital on end of life care. However we found there was no end of life care plan in place for the person. During this inspection we saw improvements had been made. We saw that a sample of an advanced care plan was in place and a palliative and end of life care manual. The manual was a framework for staff to enable them to deliver a safe, dignified and holistic approach when caring for someone at the end of their life. We saw several end of life care plans in place. These contained detailed information, such as where the person wanted to be cared for, if they had a funeral plan in place, if their family had been involved in discussions, pain relief, if they wanted to listen to certain music and any religious wishes they had (such as seeing the priest for last rights). This should ensure that when people are at the end of their life their needs

and wishes are met.

Is the service responsive?

Our findings

We spoke to people who used the service to ask them about activities within the service. One person told us, "They took me to where I used to live yesterday – that was very good." One relative told us, "Staff will help keep her occupied and staff talk to her." The service had an activities co-ordinator in place.

We observed there were activity notice boards throughout the service to show people what activities were on offer each day. We saw on the day of our inspection the activities on offer included nail care, pet therapy and puzzles. We saw a number of people had received a manicure or their nails painted and the deputy manager confirmed that they had received a visit from a greyhound who came in regularly. Puzzles were not completed on the day of our inspection as nobody wanted to join in with this activity.

Other activities on display through the week included floor games, sensory activities, one to one time (such as reading a story to the person), movies, memory games, arts and crafts, reminiscence and dominoes. The activities co-ordinator told us they also offered card making, sewing, library, hoopla, pamper sessions, baking, painting, exercises and entertainers. All activities that had been attended were documented so the service could monitor involvement. External activities included visiting garden centres, parks, café's, Blackpool illuminations, pub lunches, shopping trips or just going out for a coffee.

The activities co-ordinator told us, "I have tried lots of activities. We let them choose what they do or they can just watch if they don't want to join in. We have meetings with the residents to see what they would like to do and what does not work. We sometimes try a new activity and see how it goes. If it works we put it on again. We take details from families about what people like doing and also they have hobbies and interests recorded in care plans."

The deputy manager told us that a new focus group had been developed for activity co-ordinators. This was so that all activity co-ordinators employed by the provider could meet twice a year to support each other, discuss their roles and what had worked in the service they are employed at. They could also phone each other if they wanted support or ideas quickly. The activity co-ordinator at Heywood Court told us, "I can liaise with other activity co-ordinators in the group to get good ideas."

Records we looked at showed that prior to moving into Heywood Court Care Home a pre-admission assessment was undertaken. This provided the manager and staff with the information required to assess if Heywood Court Care Home could meet the needs of people being referred to the service prior to them moving in.

We looked at the care records for four people who used the service. The care records contained detailed information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs. Care plans had not been signed by the person or their representative and there was no evidence that people were involved in reviews. Whilst this did not

particularly show a person-centred approach to providing care the detailed information contained in them evidenced that there had been involvement from the person or their family members at some point.

The service had a spirituality policy and procedure in place. This stated that people's values, beliefs, how they connect with themselves and others (such as god) should be explored on admission to the service. The care plans we looked at showed very limited information in relation to people's spiritual and religious needs/wishes. We discussed this with the deputy manager who showed us some care plans where religion had been mentioned and identified the person was not a religious person. However these did not explore further spirituality needs. The deputy manager explained that forthcoming training at the local hospice will assist them in understanding how to further meet the spiritual and religious needs of people. We asked to look at a person's care records who were a religious person. We found care plans did mention the person's religion but these were not sufficiently robust to explore how staff members could support them to fully meet their religious needs/wishes. We recommend the service considers current best practice in relation to meeting the spiritual and religious needs of people who used the service.

None of the people we spoke with had needed to make a complaint. However, one person told us, "Staff would listen to me if I had any concerns. I can speak to the deputy manager. I trust her." Relatives we spoke with had not needed to complain. One relative told us, "I could go to the deputy manager if I had any concerns."

The service had a complaints, concerns and compliments policy in place. This covered areas such as managing feedback, confidentiality, consent, disclosure of information and the complaints process to be followed. A copy of the complaints procedure was available in the main entrance area of the service and was accessible to visitors. We looked at the complaints file. We saw that complaints had been signed and dated as acknowledgement of receipt and a complaint analysis was in place for each complaint to show the action taken and lessons learned from these.

There was also a Healthwatch poster on display in the entrance. This explained the role of Healthwatch and looked at the services they provided. A telephone number was available should anyone wish to make a complaint through them. The service also had a 'How are we doing' poster on the wall in the entrance. This gave a step by step process for reporting any concerns, issues or complaints. The contact details for the local ombudsman and the Commission were detailed on this. This gave people other opportunities to discuss the service with people other than the registered manager or provider.

Is the service well-led?

Our findings

The service had a manager who registered with the Commission on 03 September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives we spoke with told us, "The deputy manager is very good. She is very approachable. The registered manager is also very nice."

We spoke with staff members to ask if the registered manager and the management team were approachable. One staff member told us, "Management are very supportive – it has improved. There is a good team now. The home has improved because the team has grown stronger." Other staff members told us, "I definitely get supported by managers and we are a good team and support each other" and "The managers are supportive and approachable. They would listen to me."

On the day of our inspection we were made very welcome by the registered manager and staff members. We observed the registered manager interacting with visitors, relatives and people who used the service in a friendly and personalised manner. The registered manager was able to speak in great detail about all the people who used the service showing they knew people well.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We looked at the quality assurance systems in place within the service and found that these were sufficiently robust to identify areas for improvement. The audits we looked at included health and safety, maintenance, fire safety, premises, kitchen, laundry and infection control. Records also showed that the registered manager and deputy manager completed night visits to conduct further audits. Further in-depth audits were also undertaken by the company's own quality facilitators.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included recruitment, safeguarding, infection control, whistle blowing, spirituality, medicines, MCA, DoLS, training and complaints. These were accessible for staff and provided them with guidance to undertake their role and duties.

We asked people who used the service and staff what the culture of the service was like. One person who used the service told us, "I am happy here – it's a nice home." Comments from staff members included, "I like working here. I get a lot of job satisfaction knowing I have made a positive difference to someone's lives. I am a caring person", "I really enjoy it here. It can be challenging and every day is different but it is good to see them smile", "I think a family member would be well looked after here. I would be happy for a member

of my family to be looked after here", "I like to see residents happy and content. I enjoy trying to relieve people's anxiety. I would definitely recommend a family member if needed to live here and it is the only place I have worked I could say that" and "I would be happy for a member of my family to be cared for here."

Electronic surveys were used within the service entitled "Our Quality of Life Programme". Within the main entrance area there was an electronic tablet for people to leave feedback and complete surveys. We looked at the results of ten these. The results from relatives showed; 90% of people stated they were extremely likely to recommend the service to friends and family, 100% agreed that their relative had access to a range of social activities and events within the service, 100% felt their relative was supported to enjoy their individual hobbies and interests, 100% agreed that staff members had discussed their relative with them so they could better understand their likes and dislikes, 100% agreed their relative was happy on the day they completed the survey, 100% agreed their relative looked well cared for and 100% agreed their relative had enjoyed the food they had been offered.

We also looked at the results of the surveys completed by service users. The results of these showed; 90% were extremely likely to recommend the service, 100% felt safe living in the service, 100% agreed that staff treated them with respect, 80% felt that staff supported them to make decisions and 90% felt their views were listened to and acted upon. We saw that the registered manager had addressed the issues highlighted within this survey.

Finally we looked at the staff surveys. The results of these showed; 90% of staff members felt part of a team, 100% felt they had the tools to do their jobs, 90% trusted their manager to do the best for them, 90% wanted to continue their career at the service and 90% would recommend the service to their friends or colleagues. We saw the registered manager had discussed the result in a staff meeting to give people the opportunity to discuss their thoughts and feelings on the results.

This showed the registered manager was actively seeking feedback and acting on this to improve the service.

We saw the service held meetings for relatives. Records we looked at showed the last one was held on the 19 August 2016. Discussions took place around the CQC report and the warning notice that had been issued, the Dementia Care Framework, naming the units, more use of the garden and food. Relatives were able to ask questions and give their opinions.

Staff meetings were held on a three monthly basis. We saw the last meeting discussed toiletries, requesting new staff members to put their ideas and thoughts into the iPad in receptions, e-learning and care plan training. We saw staff were able to raise their views during these meetings. Home managers also had meetings. We saw the last one was held on 13 June 2016. Topics for discussion included business, safeguarding, complaints, staffing and audits.

During our inspection we noted that the service had received a number of thank you cards. Comments we saw included, "Thanks to everyone who looked after my relative", "Thanks for all the loving care you gave our relative. You could not have looked after them any better" and "God bless you all. You are the best."