

Heaton Lodge Limited

# Heaton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection was carried out over two days on the 10 and 11 February 2016. Our visit on 10 February was unannounced.

We last inspected Heaton Lodge in July 2014 when it was found one regulation relating to assessing and monitoring the quality of service provision was not being met. The provider sent us an action plan telling us how they intended to meet this regulation. We carried out a follow up inspection in February 2015 where we found the action taken by the provider meant this regulation had been met.

Heaton Lodge provides care and accommodation for up to 23 people, between the ages of 18 and 65 years, with mental ill health. The service may also accommodate up to four persons over 65 years.

There was a registered manager in post. 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 about how the service is run.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained safe and free from harm.

People who used the service, who we asked, said they felt safe living in the home.

Although people who used the service told us they felt safe we found some areas in the home where people's safety was being compromised. We saw that most electrical equipment had been portable appliance tested (PAT) but some items had not.

During our tour of those bedrooms we were able to enter, including one which we were unable to enter, we could see and smell that some people had been smoking in their rooms, which went against the organisations policy and procedure about no smoking on the premises.

We found that medicines were managed safely.

People spoke positively about the staff who they felt were supportive, kind and caring and we saw good interactions taking place between the staff team and people who used the service.

Staff had access to a range of appropriate training and were receiving supervision on a regular basis and felt management to be approachable and supportive.

Those care plans seen contained sufficient information to guide staff on the care and support people

required. Where able, people had been involved and consulted about the development of their care plans. This helped to make sure people's wishes were considered and planned for.

Care records seen indicated that people using the service had access to other health and social care professionals, such as the community mental health team, social workers and doctors.

Appropriate arrangements were in place to access and monitor if people were able to consent to their care and treatment and staff we spoke with had a good understanding of the care and support people required.

Records were kept of the food served and if concerns were identified about a person's nutritional intake, referral had been made to other health care professionals, such as a dietician.

People who used the service had access to a complaint procedure and knew who to speak with should they have any concerns, worries or complaints.

The registered manager told us that they monitored and reviewed the quality of service on a monthly basis by carrying out audits (checks) on all aspects of the management of the service for example, care plans, infection control, medication and the environment. During our examination of these completed audits, we noted that none of the concerns we raised during this inspection about the environment had been 'picked up' during the monthly audit process.

Recruitment of staff was not always carried out robustly.

## 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** 

The service was not always safe.

Some parts of the home required work to make sure people were kept safe from harm. For example, there was a lack of appropriate restrainers on some of the windows seen during our tour of the environment.

Some people had been smoking in their rooms which could place other people living and working in the home at risk.

Suitable arrangements were in place to help safeguard vulnerable people from potential abuse. Staff had received training in the protection of vulnerable adults.

People living in the home told us that there was always staff around to support them when needed and that they felt safe.

The recruitment of staff was not always carried out robustly.

### Is the service effective?

**Good** 

The service was effective.

We were told that, and records seen confirmed that wherever possible, if people using the service had capacity, they would be involved in planning their care, support and treatment.

Staff told us they had received appropriate induction training when they first started working in the home, following which they received regular training that helped them to update their knowledge and skills.

People using the service were supported by other social care professionals, such as doctors, district nurses, mental health service and community practitioners.

### Is the service caring?

**Good** 

The service was caring.

The staff we spoke with demonstrated they had a good understanding of the care and support people required.

We saw staff were respectful when engaging with people and responded quickly to people's request for support.

People's responses to staff showed they knew the staff and trusted them.

Staff encouraged people to make choices about their daily life style.

### Is the service responsive?

Good ●

The service was responsive.

Care plans, risk assessments and associated care documentation were regularly reviewed and updated where necessary.

A system was in place for receiving, handling and responding appropriately to concerns and complaints.

Due to the nature of the service, activities were arranged as and when people requested them as most people who used the service preferred to spend time in their room or go out and visit the local community.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were systems in place to monitor the quality of service provided. However due to the shortfalls found during this inspection, improvements were needed.

There were systems in place to consult with the people who used the service.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) since August 2015.

Staff told us that the management team were approachable and very supportive.

# Heaton Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out over two days on the 10 and 11 February 2016. Our visit on 10 February was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection reports about the service and notifications that we had received from the service. We also contacted the local authority commissioners and the local Healthwatch team to seek their views about the service. At the time of our inspection we had received no response to our enquiries.

At the time of the inspection a Provider Information Return (PIR) was not available for this service. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not asked the provider to complete this document.

During our visit we spoke with four people who used the service, the registered manager, care manager, the provider and three team leaders. This enabled us to obtain their opinions about the service being provided. We looked around most areas of the home including communal areas, some bedrooms, toilet and bathroom facilities and the laundry area, observed how staff cared for and supported people, looked at three people's care records, nine medicine administration records, four staff personnel files, training records and records held about the management of the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and secure living in Heaton Lodge. One person said, "I don't always like living here because I would like my own home, but I know I can't manage on my own. The staff are great and look after us all and make sure we're safe." Another person told us, "Its okay living here and you do feel safe because the staff are always around."

We looked at four staff personnel files and saw that staff had been recruited following an appropriate recruitment process, but not all details had been followed as directed by the organisations own policy and procedure. The process required the applicant to complete an application form and attend a face to face interview with the registered manager and care manager of the service. Pre-employment checks had been carried out including an enhanced check by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on applicants who intend to work with vulnerable people. Such checks help employers to make safer recruitment decisions and to minimise the risk of someone unsuitable being employed to work in the home.

The recruitment process also included ensuring people applying for a vacant post supplied the names and contact details for two written references to be obtained, one being from their last employer. On two of the four personnel files we found only one reference and, in both cases, these were not from the last employer. Lack of ensuring such important checks being fully carried out meant that up to date employment information / history may not be fully validated to confirm the background of the potential new employee which could place people using the service at risk. In our discussion with the registered manager, it was confirmed that an administration assistant had recently been dismissed under the disciplinary procedure for not maintaining appropriate documentation in the home, especially relating to documentation of new employees.

This was a breach of Regulation 19 (3) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained as safe as possible and free from harm. All staff spoken with confirmed they had received appropriate training in safeguarding and the registered manager confirmed that all staff had been re-registered to complete updated safeguarding training with Stockport Metropolitan Borough Council this year. Staff had access to a safeguarding policy, which included details on the action to take, use of the local authority's latest multi-agency policy safeguarding procedure and how to record information accurately. The staff team also had access to a 'Whistle Blowing' policy and when asked, told us they would be confident should they need to disclose any issues of concern to other appropriate authorities such as the local authority safeguarding team or the Care Quality Commission (CQC).

A locked 'comments box' was also available to allow people who lived at the home, or staff to make comments or raise concerns about Heaton Lodge or the support people received. This was situated in a place which provided the opportunity for people to use it anonymously if they wished to. The registered

manager told us that although no comments or concerns had been received in recent months, the contents of the box were accessed and responded to by the management team. There was also some easy to understand information displayed about abuse and how to report concerns.

We looked in detail at three care plan records. They were written in a person centred way, and included details and information about people's life histories, current lifestyle choices and their individual personal preferences. An 'alert sheet' was used to record and transfer vital up-to-date information from care team to care team, including healthcare professionals where sharing such information was appropriate. We saw that people's needs and risks to their safety and wellbeing had been assessed. There were individual risk assessments and care plans in place for each person. These covered areas relevant to the individual, such as their mental and physical health, medication regime, nutritional and social needs and mobility. They also included details of other healthcare professionals that were supporting the person for example, community psychiatric nurses.

The care plans provided clear guidance to care staff in how to deliver care in the most appropriate and supportive way to the individual. We spoke with two members of staff about care plan and risk assessment records. They told us they provided them with enough appropriate and relevant information to meet people's needs.

In our discussion with the registered manager it was confirmed that physical restraint was not used by staff. When a person behaviour became challenging to staff or other people living in the home, de-escalation techniques were used. One of the staff we spoke with confirmed they had received some training in this subject and were able to explain some de-escalation techniques that could be used to diffuse a difficult situation. For example, keeping your hands by your side whilst talking with the person to re-focus their attention.

People who used the service, who we spoke with, told us they thought there were enough staff on duty at any one time to help and assist them should they need it. None of the people we spoke with expressed any concerns and comments made to us included, "Fine, they're fine the staff that work here", "I don't always want to do things when they [staff] ask me so they come back later. They asked me did I want a shower this morning so I said I didn't, so they will come back this afternoon, when I might have one" and "The staff are good here, most of the time." When asked what they meant by this they said, "I think the staff are good when I get my own way." During our inspection enough staff were seen to be on duty to meet people's individual needs.

We looked at how medicines were managed in the home and at the medication administration records (MAR) for nine people. Medicines were stored safely in a large, locked metal cabinet which was within a locked medication room. Most people using the service asked staff for their medication when it was required, with trained staff administering medicines to those who needed support with this area of their individual assessed needs. On occasions, people were not ready, or did not want to take their medicines and we saw that support workers would return at a later time to reoffer them. They also told people how long they had got before it would be too late to take a particular dose of medication for example, the morning dose if not taken by a certain time would be too near the lunch time dose so would be unsafe to administer.

Each MAR we checked were correctly recorded with no unaccounted gaps or omissions and each record was clear and legible. Where hand written MAR's had to be put in place, for example, when medication was received from a hospital stay or visit, hand written entries would have two staff's signatures to witness the information was transcribed from the medication details to the MAR correctly. No person was self-administering medication at the time of our inspection.



We asked one member of staff to describe the arrangements in place for the safe administration of medication in the home. We were told that medication was checked by two members of staff following delivery from the supplying pharmacy and signatures seen on the MAR confirmed this. In addition the member of staff was able to describe the arrangements in place for ordering and disposal of medication and records seen confirmed this. Only members of staff who had received appropriate training were responsible for the management and administration of medicines at the home.

A policy and procedure was in place for the safe handling of medication and a copy of Stockport's Medication policy was also available. A visit from Stockport Clinical Commissioning Group (NHS) took place at the home in May 2015. No urgent concerns had been raised. We did note however that the small medicines fridge in the 'clinic room' required a new thermometer as the one available was not working properly. The registered manager said a new one would be purchased straight away.

Due to the nature of the service, during our tour of the premises we did not enter all bedrooms as some people refused us entry and some others would have been distressed by this.

We looked around the building and found that appropriate window restrictors needed fitting to at least three windows. These would then prevent the windows being opened too wide and creating a potential falling risk to people using the service. One sash type window in the dining room was unsafe, one side of the sash cord had 'snapped' and no restrictor was in place. We spoke with the registered manager about all windows in the home and they told us they would check every 'risky' window in the premises and ensure appropriate window restrictors would be fitted where needed. Specific guidance about such restrictors can be obtained from the Health and Safety Executive (HSE). It is the provider's responsibility to ensure people using the service are kept safe and free from potential harm.

This was a breach of Regulation 15 (1) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Most bedrooms seen contained lots of personal belongings, with some people enjoying personalising their rooms in their own tastes and fashion. We saw that most electrical equipment had been portable appliance tested (PAT) but some items had not. We also found an extension lead with multiple sockets that had been placed directly near to a wash hand basin in one bedroom. It is acknowledged that the type of service provided in Heaton Lodge means that some people using the service will often bring in items such as electrical goods, unbeknown to the manager and staff team. This could place both people using the service and staff at risk of potential damage to their health.

During our tour of those bedrooms we were able to enter, including one which we were unable to enter, we could see and smell that some people had been smoking in their rooms, which went against the organisations policy and procedure about no smoking on the premises.

This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

In our discussion with the registered manager about this matter, we were told that senior team leaders had just been allocated a number of bedrooms for which they will be responsible. This involved the team leader carrying out regular checks of the bedrooms allocated, checking on cleanliness, standard of decoration and furnishings and checking (where possible) on 'new' items brought into the home.

Accident and incidents were recorded and the registered manager and care manager assessed this

documentation on a monthly basis. The provider of the service also visited the service and spoke with the manager at least twice per week and would request an update on action that had been taken and for the outcomes of such action. Records seen confirmed this. The provider also visited the service during our visit and in our discussions told us that he requested updates from the registered manager on a weekly basis.

There was a Business Continuity Plan in place, including a business impact analysis. This provided staff with details of contacts in the event of emergencies such as loss of utility services, and total evacuation of the premises.

Toilets and bathrooms were clean and had hand soap dispensers and paper towel dispensers. The lounge, dining room and kitchen areas were found to be clean and were cleaned on a daily basis, with cleaning schedules being maintained. During our inspection we saw two housekeepers busily cleaning the home with support staff helping a service user to clean their bedroom.

The laundry for the service was sited in the basement of the home. A large porcelain sink enabled staff to wash their hands after dealing with soiled linen. A soap and paper towel dispenser was available for staff to use. Support workers had access to protective equipment such as disposable vinyl gloves and disposable plastic aprons. We saw that staff made appropriate use of such equipment throughout our visit to the service.

# Is the service effective?

## Our findings

We asked people using the service to tell us about the skills and attitude of the staff working in the home. Comments made to us included, "[name] is brilliant. She knows me really well and knows the help I need. She helps me to have a shower and helps me do things for myself" and "I like living here most of the time. Sometimes I get a bit fed up but the staff cheer me up and make me laugh. All the girls [staff] are good and know how to help everyone." People also told us they were able to move freely around the home and spend their time independently, as they wished.

People's healthcare needs were reflected within their care plans. For example, most people needed support with their mental health and contact had been made with community psychiatric nurses who provided assessments and on-going treatment to people under their care. People were supported to visit their doctor when necessary and to attend appointments with other healthcare services. Other healthcare practitioners visited the home on a regular basis to monitor the health of individual people using the service. This meant that people using the service had opportunities to discuss their own healthcare needs either privately or with the support of staff.

Three people using the service, who we spoke with, told us about the quality and standard of food served in the home. One person said, "The foods okay – you can ask for different things and the staff will make it for you." Other comments included, "We're having stew tonight, I like stew. You can have as much as you want" and "Sometimes I like the food but not always."

People had a choice of foods from a varied menu displayed in the dining room of the home. The nature of the service meant that most people did not have a set meal time and came for their meals when they felt ready to eat and staff prepared their meal individually when required. During the lunch time meal we observed staff prompting people that it was lunch time if they wanted to eat and encouraged people to go to the dining room. We noted most people chose to sit on their own when eating although there was a lot of friendly banter between staff and people using the service. Staff we spoke with told us that there was no one living in the home that required any particular assistance to eat their meals, but may need encouragement to eat regularly. The dining room area was set up to promote independence enabling people to prepare their own drinks and access snacks throughout the day and we saw those people with the ability, taking advantage of this. Records were kept of the food served.

Those staff who we spoke with told us they had received appropriate induction training when they started working at Heaton Lodge. They also confirmed they had access to, and received regular, appropriate training to enable them to carry out their job roles effectively. We saw evidence of lots of training that had recently been carried out, including end of life care, dying, death and bereavement, medication, behaviour that challenged, first aid, safeguarding and mental capacity and deprivation of liberty safeguards. Arrangements had also been made for an external trainer to visit the service and carry out breakaway and de-escalation training with the staff team.

All staff who we spoke with confirmed that they received supervision sessions with their line manager. One

member of staff told us, "I get supervision with [name] every three months and have had an annual appraisal." The registered manager provided us with copies of recent annual appraisals that had been carried out, including his own by the provider of the service. We were also provided with copies of recent supervision sessions carried out by the care manager. Supervision meetings support and help staff to discuss their progress at work and also discuss any learning and development needs they may have.

To make sure effective communication took place between all staff, records seen indicated that information about people living in Heaton Lodge was handed over between night and day staff and between care manager and team leaders. We saw records that showed these meetings were taking place. One senior team leader we spoke with told us, "You have to work as a team if you are going to provide people with the best support. If I have any concerns I can always speak with [registered manager] and [care manager]. As a staff team we also have discussions about how best to deal with certain issues."

We looked at what arrangements were in place to enable the people who used the service to give consent to their care and support. Records seen in the care plan files we examined also contained a signed record of the persons' consent agreeing to care and treatment.

In our discussions with both the registered manager and the care manager they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and the work that had been carried out to determine if a person had the capacity to give consent to their care and support. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. At the time of our visit both managers were in the process of reviewing each person living in Heaton Lodge to ascertain if any applications for legal authorisation of DoLS needed to be made. The registered manager told us that no person was being restricted of their liberty at the time of our visit.

## Is the service caring?

### Our findings

People who used the service, who we spoke with, expressed satisfaction with the care and support provided by the service. One person said, "I'm looked after well enough here. The staff are all okay with me and the others and they are mostly friendly." Another person said, "[name] is nice, she helps me when I need it."

We saw that some people were better groomed and better dressed than others. However, due to the nature of the service it could be difficult to encourage some people to wash and change clothes on a regular basis and staff we spoke with told us about the 'encouragement methods' they used to support people to maintain their personal hygiene whilst maintaining the persons privacy and dignity.

Discussion with the staff on duty demonstrated that they knew and understood the needs of the people they were supporting and caring for. One member of staff told us, "You do get to know people well enough to understand their ways and the best ways of encouraging them to do things for themselves. You need to read their care plans and report any changes you may notice to the manager so care plans can be updated." We observed staff caring for people with dignity and respect and attended to their needs as discreetly as possible. People moved freely around the home and we observed positive interactions between people and staff. We saw and heard staff chatting with people and involving them in making decisions about matters to relating to daily living.

People who used the service had regular opportunities to speak with the care manager about how they were finding things living in Heaton Lodge. Most people did not like attending a larger meeting, so to make sure people were provided with an opportunity to discuss the running of the service, and to make shared decisions, the care manager spoke with each person individually on a regular basis. Records were kept of these meetings and any matters arising and actions taken as a result.

Where people who used the service needed support to express their opinions or discuss their healthcare needs at reviews, we saw that other health and social care professionals, such as mental health specialist acted as advocates for the person when required. In one set of review notes we read, "The placement continues to meet [name of person] needs and the home provides a good standard of care to [name of person]."

The atmosphere in the home at the time of our visit was calm and relatively relaxed and we saw lots of interaction between staff and people who used the service. Staff spoke with people in a friendly and respectful manner with friendly banter and lots of laughing during the day.

Policies and procedures were in place and up to date and were easily accessible to the staff team. A professional health care consultancy provided the management team with guidance on developing appropriate policies for the service.

We asked the staff to tell us what they understood about the culture and value base of the service was. Staff we spoke with told us that they felt the most important priority was making sure that the health, safety and

wellbeing of the people living in the home was maintained at all times.

## Is the service responsive?

### Our findings

Those people using the service, who we spoke with, told us they felt their needs were being met and that staff listened to them. One person told us, "I like the staff and I'm happy enough with everything but I can't wait for the better weather so I can go out more." Another person said, "I sometimes come down late but I will still have my breakfast." We observed staff interacting with people as they came downstairs to the dining room and saw that people were met on a one to one basis and asked what they wanted to eat or drink. No person was left sat at a table without staff interacting with them. Some people responded and interacted with staff better than others.

Prior to any person moving in to Heaton Lodge the registered manager or care manager would carry out an assessment of the person's individual needs. A referral would usually be received from the local authority and the initial support plans and required packages of care were mainly devised by local authority social services or mental health teams, based upon their assessment of people's needs. Prior to admission, information would be gathered from the person, and other sources, such as health and social care professionals, families or from staff involved at other placements. Arrangements would then be made to visit the prospective service user and complete an initial assessment on behalf of Heaton Lodge.

We looked at four people's care plans and associated records. The information contained in the plans identified people's needs and provided guidance to the staff team on how to meet and respond to those needs in the best way(s). Information included a 'lifestyle history' on the person's background; it also described their likes, dislikes and preferred choices. Where people using the service had been involved in developing their care file and care plan information, they had signed the relevant documentation. Daily logs (Progress Evaluation Sheets) were kept to report on, monitor and respond to people's wellbeing. Staff 'handover' meetings were held to share and update workers on any changes to a person's wellbeing or general health status.

Each person's care plan was reviewed on a monthly basis and the plans covered areas relevant to the individual person and included details such as their physical and mental health status, nutritional needs, social needs, and details about their medication. This information provided clear guidance to staff in how to deliver care and support to the individual. We saw that care plans also included associated risk assessments where it was deemed necessary, including management strategies.

Due to the nature of the service, activities were arranged as and when people requested them as most people who used the service preferred to spend time in their room or go out and visit the local community. Some people did like playing board games and others liked watching television or listening to music, but most preferred their own company. This demonstrated that people's preferred choices and lifestyle preferences were happening and were being respected.

We looked at how the service responded to and managed concerns and complaints. Although the complaints procedure was displayed in the home, people we spoke with said they would go straight to [name] the registered manager. One person told us, "I would tell [name] if I was worried about something or

wasn't happy. I could also tell the any of the girls [staff] and they would help me sort things out."



## Is the service well-led?

### Our findings

The service had a manager who was registered with the Care Quality Commission (CQC) in August 2015 and was present throughout both days of the inspection process. The registered manager also had responsibilities for another service in the organisation, but was accessible to both services on a day to day basis.

We asked both the registered manager and care manager to tell us how they monitored and reviewed the quality of service to make sure people received safe, effective and a responsive care service. The registered manager told us that he was in the process of reviewing the auditing process for the service and developing new ways of monitoring the quality of service being provided. We were told that monthly audits (checks) were undertaken on aspects of the management of the service such as, care plans, finance, medication, safeguarding, complaints, infection control, and the environment. During our examination of these audits we noted that none of the concerns we raised during this visit about missing window restrictor's, broken window sash cord and people smoking in their rooms had been 'picked up' during the monthly audit process.

The lack of robust systems being in place to monitor the quality of service people received was a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, who we spoke with were aware of who the management team of the service were and did not express any concerns about the management arrangements.

The management team consisted of the registered manager, care manager and team leader support workers. The care manager was able to confirm her role, responsibility and accountability in the absence of the registered manager, as were the team leaders in the absence of the registered and care manager.

We saw evidence to demonstrate that 'handover' meetings were undertaken on each change of shift to help make sure that any known changes in a person's condition was properly communicated.

Meetings between the management team took place on a daily basis, where all aspects of the daily management and running of the service were discussed and reviewed. We were told that meetings between the management and team leaders took place every Wednesday and this was confirmed by the team leaders we spoke with. We saw minutes from a general staff meeting held in November 2015 and saw that lots of topics relevant to the service had been discussed including, infection control, deprivation of liberty safeguards, health and safety matters, care plans, identified risks, medication, mental capacity, kitchen, laundry, security, supervision, training, appraisals and cleaning of the environment. Staff had signed the minutes to confirm their attendance. A meeting was also held in February 2016 that the Chief Executive of the Organisation (CEO) also attended to support the staff team of the home.

On numerous occasions the management of the service had sought feedback from people who used the service and their relatives through annual questionnaires, but the response to these questionnaires was

almost always nil. It was therefore decided that the care manager would speak with each person who used the service on a one to one basis each month. This was to make sure people had the opportunity to discuss the running of the service and any concerns they may have. This was done individually and confidentially and not all the people wished to participate but records seen indicated that this was working well. No feedback questionnaires had been sent to staff or any health and social care professionals.

Staff we spoke with were committed to the ethos of the home and told us that the expectation of the managers was that a high quality service must be delivered at all times whilst ensuring the health, safety and wellbeing of the people who lived in Heaton Lodge.

Those staff we spoke with said they considered the home was well managed, with a culture of openness and transparency, with appropriate information being shared and that communication between all the staff and management team was good.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because parts of the premises used to accommodate people were not being used safely.  Regulation 12 (1) (2) (a) (b) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  All parts of the premises used by the service provider to provide accommodation to people using the service were not secure.  Regulation 15 (1) (b) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have sufficient and effective systems in place to regularly assess and monitor the quality of service that people received.  Regulation 17 (1) (2) (a) (b)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not adhere to appropriate recruitment processes to minimise the risk to people using the service.

Regulation 19 (3) (a)