

Ashberry Healthcare Limited

# Heathercroft Care Home

## Inspection report

Longbarn Lane  
Woolston  
Warrington  
Cheshire  
WA1 4QB

Tel: 01925813330  
Website: [www.ashberry.net](http://www.ashberry.net)






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We undertook an unannounced comprehensive inspection of Heathercroft Care Home on 16 and 17 April 2018.

Heathercroft Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathercroft is set in its own grounds in the Woolston area of Warrington. The registered provider is Ashberry Healthcare Limited.

The home is registered to provide nursing and personal care for up to 88 older people. The facility includes a 28 bedded unit for people who have dementia. There are currently two units within the home: Heathercroft unit for people with nursing and personal care needs and Ashberry unit for people living with dementia. On the day of our inspection there were 58 people living in the home.

The home does not have a registered manager. The manager in post who assisted with this inspection is applying to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last comprehensive inspection took place on 7 and 8 August 2017. At that inspection we identified six breaches of the relevant regulations in respect of the safe management of medicines, staffing, consent, person centred care, record keeping and governance. We served a notice asking the provider to be compliant with the regulations by 31 January 2018.

A further responsive inspection took place on 10 January 2018 following concerns raised about a specific incident. This inspection looked at the safe and well-led domains. We rated the provider inadequate and placed the service into special measures. We found the provider to be in breach of four regulations in respect of risk assessments, staffing, safeguarding and governance.

At this inspection, we found that there had been significant improvements and the provider had met the conditions of the warning notice. The provider is no longer in special measures. We did however find that the provider remained in breach of two regulations in relation to staff training and governance.

We asked staff members about training and supervision. Staff told us they received regular training and supervision throughout the year, however when we checked the records, we found there were significant numbers of staff where their training was out of date. Staff had been contacted by the provider and advised that this needed to be addressed. Supervisions were taking place, but there was still scope for improvement in this area.

The provider had a quality assurance system in place and regular audits were being completed, however we found inconsistencies in the standard of the audits. We found some where it was clear who was responsible for taking action and the timescales involved, whereas others did not contain this information. This meant that it was not always clear to see whether the actions identified had been completed.

We found that care plans provided clear guidance to staff on how to support the people living at Heathercroft. We saw most plans were updated regularly and were clear, however we saw that there was scope for improvement as a couple of plans had not been evaluated robustly when changes had occurred. Where additional monitoring of people's needs was required, records were consistently kept.

We found that the arrangements for the administration, storage and disposal of medication were safe. However, there were issues with the electronic recording system. The electronic system was in operation for administering all medication with the exception of homely remedies, which were done via a paper record. This meant there was the potential for mistakes as both systems needed to be checked to ensure medications were given safely. We spot checked medication records and stock and found that no errors had occurred.

Risk assessments were more detailed; however there was scope for improvement in the evaluation of risks to people when changes occurred as these were not always updated appropriately.

The home was sufficiently staffed by suitably qualified and experienced staff who met the needs of the people living there.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. All the staff we spoke with confirmed they were aware of the need to report any safeguarding concerns.

We looked at recruitment files for the most recently appointed staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure they were suitable to work with vulnerable adults.

There was a flexible menu in place which provided a good variety of food to the people using the service. People were positive about the food that was provided.

We observed caring, positive relationships between staff members and the people living in the home.

The manager continually sought feedback from people living in the service, relatives and staff in order to improve the service through regular meetings. Staff members and relatives spoke positively about how the improvements they had seen in the home since the new manager had been in post.

## 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.

Medication management was safe, however there were ongoing issues with the recording systems since the provider had moved to an electronic system. Plans were in place to meet with the company to resolve these issues.

There was scope to improve risk assessments as there were inconsistencies in the evaluation of risk where changes occurred.

There were sufficient staff to meet the needs of the people living in the home.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We found that a number of staff had not received up to date training and supervision to support them in their roles. Plans were in place to address this and this was being monitored weekly by the manager.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

People were supported with their nutritional and hydration needs within the home.

### Is the service caring?

**Good** ●

The service was caring.

We asked the people living at Heathercroft and their relatives about the home and the staff members working there and received a number of positive comments about their caring attitudes.

The staff members we spoke with showed us that they had a good understanding of the people they supported and they were

able to meet their various needs. We saw that they interacted well with people.

### **Is the service responsive?**

The service was not always responsive.

We found that care records were clear and gave staff a clear view of what support people needed. Preferences were respected and staff knew the people they were caring for well. However we saw that when changes occurred, not all care plans had been updated. The provider was continuing to monitor this as an area for improvement.

There was a varied activities programme in place which was reflective of the needs and preferences of the people living in the home.

The provider had a complaints policy and processes in place to record any complaints received and we saw concerns raised were addressed within the timescales given in the policy.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The registered provider had a quality assurance system in place to ensure that areas identified as requiring action to improve the quality of the service were addressed promptly. However we found inconsistencies in the quality of these audits as well as paperwork. The improvements that had been made needed to be maintained and consistent across the service.

We found that regular staff and relatives and residents meetings were taking place in order to keep people up to date with changes in the home and also to seek feedback from people.

People, their relatives and staff were positive about the recent improvements that had been seen in the home.

**Requires Improvement** ●

# Heathercroft 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 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 took place on 16 and 17 April 2018 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist adviser who was a specialist in nursing and two experts by experience on the first day of inspection, their area of expertise was older people and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection there was one adult social care inspector and the specialist adviser.

Before the inspection, we checked information that we held about the service and the service provider. We had not asked for the provider information return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information as part of our inspection. We invited the local authority to provide us with any information they held about Heathercroft Care Home. We used the information they shared with us as part of our planning for this inspection.

We were aware of a historical incident which happened at the home which is being investigated separately. This inspection did not examine the circumstances of the incident but we looked at what checks were in place for people within the home and how risks were managed.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of 17 people living there, nine visiting relatives and 13 members of staff including the registered manager, one of the directors, the activities co-ordinator, the maintenance person, the chef, a member of domestic staff, two nurses, and five members of care staff. We spoke to a visiting GP and two visiting health professionals.

Throughout the inspection, we observed how staff supported people with their care during the day.

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

We looked around the service as well as checking records. We looked at a total of nine care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

# Is the service safe?

## Our findings

At our last inspection in January 2018 and the previous inspection in August 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In August, there were breaches in respect of safe medicine management and in January there were issues with the assessment of risk. We found that substantial improvements had been made and the provider was no longer in breach of this regulation. However, there was still scope for further improvements.

We saw both the medicines trolley and the treatment rooms were securely locked and daily temperature checks were made. We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked medicine administration records, which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw clear records were kept of all medicines received into the home and if necessary disposal of any medication. Controlled drugs were stored securely and in the records that we looked at, these were being administered and accounted for correctly. We saw that the regular medication audits were done, however it was not always clear to see who had responsibility for following up issues and in what timescales. We saw that staff administering medication had regular training as well as their competencies checked on a regular basis.

The provider had recently introduced an electronic medication system where medical administration records (MARs) were kept electronically. There were some issues with this system as it had occasionally crashed which made it difficult to see whether people had been given their medication. However the provider had introduced additional stock checks and staff were aware of the need to print off additional MARs when this occurred. The electronic system also did not detail any homely remedies (these are medications that can be bought over the counter and not prescribed). This information was still contained in paper files, therefore staff had to check the paper records as well as electronic records prior to administering any of these medications to prevent overdose. The provider had paper notices in all the clinical rooms reminding staff of the need to do these additional checks and when we completed a spot check on MAR and medication stock, we saw that no errors had occurred as a result of this. The provider had a meeting scheduled with the company that provided the electronic system to discuss these ongoing issues. These issues need to be addressed to minimise the risk of errors occurring. We also noted that staff were not using any recognised tool for assessing when someone was in pain where people were not able to verbalise this. We raised this with the manager and have been informed since the inspection that these tools are now available for staff to use.

Some people in the home required nutritional supplements provided in the form of thickened drinks. These are usually prescribed by a person's general practitioner and so form part of the treatment required for them and should be accounted for in the same way as other medicines. We saw that staff were correctly administering these thickened drinks and had guidance on this so they were aware of the consistency each individual required. Records were well documented and individual supplies were appropriately stored. However on the first day of our inspection, we saw one unlabelled pot being used on a communal basis where they had been prescribed individually. We raised this with the clinical lead and this was addressed immediately.



At our inspection in January 2018, we found that risks to people were not appropriately identified and managed. We saw that there had been improvements in this area, but there was still scope for further improvement. We saw that some risk assessments had been rewritten and were much more detailed and were being evaluated and updated regularly. However, we also saw other risk assessments that were not properly evaluated and updated where changes occurred. For instance, we saw that one person had two falls in March, however the risk assessment stated that they had no falls in this month, therefore there were no changes noted. We saw other risk assessments, where they were just signed and dated to state they had been reviewed with no evaluation. We spoke with the manager and unit managers in relation to risk assessments. They advised us these were being reviewed and that more comprehensive evaluations were being introduced across the home, however at present, these had only been completed on one of the units. We saw that paperwork was in place on the other unit for this to commence. The improvements that were seen, need to be sustained, consistent and applied across the entire home. Risk management plans were developed following assessment and set out any hazards identified and the actions staff needed to take in order to minimise the risk of harm. People's freedom and independence was considered when managing risk. For instance, we saw that people who were assessed as being at risk from falls were supported to walk independently with the support of walking aids or staff. One person supported in this way told us, "My zimmer is my best friend".

At our last inspection in January, there was no oversight of analysis of accidents and incidents and incidents were often not clearly completed detailing the action that had been taken following any incident. We saw that this had improved. There was now a record of all accidents and incidents and the manager analysed these each month to look for any trends. Where trends were identified, we saw that appropriate action had been taken to reduce the risk of accidents reoccurring, such as referrals to other health professionals.

At our last inspections in August 2017 and January 2018, we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that sufficient numbers of suitably qualified, competent and experienced staff were being deployed effectively. At this inspection, we found that significant improvements had been made in the area and the provider was no longer in breach of the regulations.

We spoke to people living in the home and their relatives about staffing levels. People were positive about the improvements. Comments included, "There is always staff around if I need anything", "I've been here before, I came back because it is safer for me", "I don't have to wait for anything" and "They come quickly if you need them". Relatives told us, "It's much safer now. It's much improved. Her needs are met in every way", "There are plenty of staff on. Her medication is done by staff" and "Staff are always on hand to diffuse situations". We spoke to staff and they told us things had improved and they felt there were now sufficient staff to meet the needs of the people living there and that they had time to sit with people if they were not completing practical tasks. Comments included, "Staffing is better", "There's been a massive improvement. Staffing is better. We still have agency staff, but they send the same agency staff" and "Staffing levels have improved a lot". We spoke to the manager about staffing and they advised that the use of agency staff had reduced as they had recruited more staff, however they were still at times using agency staff but requested the same agency staff. They had increased staffing numbers since our last inspection and there were now unit managers who were additional to the staff on rota as well as the manager and the clinical lead offering oversight of the service. There was more management available over weekends as the unit managers worked over a seven day period. The manager reviewed dependency levels on a regular basis and amended staffing levels accordingly. They also completed regular audits on call bell response times to ensure that these were within acceptable time limits.

Our observations throughout the two days of our inspection were that there were sufficient staff. They were

going about their duties without rushing and we saw staff taking their time with people and also having opportunities to sit and chat with the people living in the home. There were more staff visible in the communal areas and we noted that call bells were answered promptly.

We looked at the files for three members of staff to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

At our last inspection in January 2018, we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we saw that improvements had been made and the provider was no longer in breach of this regulation.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

Staff members confirmed they had received training in protecting vulnerable adults and that this was updated on a regular basis. Staff were given access to information and guidance about safeguarding people including the providers and the local authority's safeguarding procedures. Staff knew what was meant by abuse and confidently described the processes for reporting any incidents of abuse they witnessed, suspected or were told about. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation. We saw the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. One staff member told us, "I would absolutely whistleblow if I had any issues and certainly wouldn't allow poor practice to go unreported".

The manager now had a system in place for analysing and keeping track of safeguarding incidents and could share learning from these as part of the 10 at 11am meetings or at wider staff meetings.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. In addition to this, the manager held a 10 at 11am meeting daily where the lead in each department such as laundry, kitchen, unit and the team leaders attended. They were able to share any visits into the home that day, any concerns and any learning from incidents or complaints. These were then cascaded to staff during handovers.

We checked some of the equipment in the home including bath hoists, bed rails and other safety equipment and saw that they had been subject to recent safety checks.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. Relevant safety certificates such as gas, electric and legionella were checked and were in date and regular checks were undertaken within the home to ensure that equipment and the premises remained safe.

The home conducted regular fire drills and staff had regular training on fire safety. A recent fire risk assessment had identified issues within the home. An action plan had been put in place and there was evidence the provider had made significant progress on the action plan and had clear timescales for when the remaining actions would be completed. We found that people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire.

## Is the service effective?

### Our findings

At our inspection in August 2017. We found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide evidence that people employed in the service had received appropriate training to enable them to carry out the duties they are employed to perform. At this inspection, we found that the provider continued to be in breach of this regulation.

We asked staff members about training and most staff confirmed they had received regular training throughout the year. We subsequently checked the staff training records and we saw that the provider had a training matrix which clearly identified which staff had training which was out of date and dates when training had been completed. We saw that a significant number of staff had outstanding training in areas such as safeguarding, food hygiene and infection control. We spoke to the manager in relation to this, she advised that she had written to all staff where their training was out of date and advised that they needed to update their training by the end of the month. This was being monitored on a weekly basis and the provider had plans to undertake a training audit in May.

We checked the supervision records for staff to see whether these were being held regularly. We saw that the provider was making improvements in this area, but needed to continue to do so. There were 44 supervisions scheduled for completion during March, 40 were completed reflecting a compliance of 91%, which was an improvement on the previous months, however this improvement needed to continue.

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had their own induction programme which was based on the Care Certificate, which is a nationally recognised and accredited system for inducting new staff. We saw staff completed training and undertook shadowing prior to starting to work independently. They were also monitored by more senior staff and their competencies were assessed prior to them undertaking tasks.

We saw the provider expected staff to undertake a mixture of face to face and online learning in areas such as food hygiene, safeguarding, infection control, Mental Capacity Act, fire training and moving and handling. Nursing staff had access to additional training and we saw that they had undertaken training in areas such as syringe driver and end of life, venepuncture and there was training planned for tissue viability and catheterisation.

At our last inspection in August 2017, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not working within the principles of the Mental Capacity Act 2005. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded on each file. There was a clear tracker of all the applications which had been granted and when these expired. We did see one file where someone had capacity, but all the consent forms in the care plan had been signed by a family member. Where someone has capacity they should sign to say to indicate that they give consent rather than a family member. We discussed this with the manager. She advised that they had been working through all the paperwork and had reviewed all files where people did not have capacity. They were now planning to review all the people who had been deemed to have capacity to ensure that the paperwork was all in order and people had signed to give their consent where appropriate.

We spoke with staff. They all confirmed that they had received training on MCA and DoLS. They were clear on the circumstances where people would be subject to a mental capacity assessment and when best interests meetings were needed.

During our visit we saw that staff took time to ensure that they were fully engaged with each person. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent. For instance, we saw staff offering people clothing protectors at mealtimes, explaining what they were for and allowing people to make the choice whether they wanted to use them.

All the people we spoke with felt that their needs were effectively met by staff who were caring and knew what they were doing. Comments included, "If I'm not well, they will help, like a doctor or nurse, very good like that", "They know what they are doing" and "I'm happy with the care. Of course they know what they're doing and understand what we need".

We also spoke to relatives who were confident that their relatives were well looked after. Comments included, "The care is excellent. They certainly know how to use a hoist", "When he moved in, we were asked about a lot of things, like his likes, dislikes and some of his background" and "Staff know their job. Very polite and professional from what I've seen".

We saw that people were weighed regularly and if someone had gained or lost significant amounts of weight, appropriate advice was sought. We saw the provider completed a nationally recognised tool to monitor if people were at risk of malnutrition and this was being regularly updated. Visits and advice from other health professionals in relation to weight were recorded on the care files so it was clear to see what action had been taken.

We saw staff offer people drinks throughout the day and they were alert to individual people's preferences in this respect.

From our observations and discussions we found that staff knew the people they were supporting well. They were able to tell us about their likes and dislikes as well as some of their history. We saw staff use this to good effect when someone became a little agitated, they were able to talk to them about their family and

activities that they used to enjoy doing, this calmed the person and they were able to distract them towards another activity.

The provider employed a chef who prepared the food. There was a two weekly menu, with two options at lunchtime, various choices for breakfast and two options in the evening. Special diets such as soft diets were provided. Staff we spoke with confirmed that people could request an alternative option if they did not like the meal of the day. We saw in Heathercroft Unit that menus were displayed pictorially and people were asked during the day what they would like to eat in the evening when the main meal of the day was served. People were positive about the food that was served in the home. Comments included, "The food is pretty good", "The food is very good; you have choices. I always eat in my room" and "Food is good and plenty of it".

We observed lunch being served and saw that the food was well-prepared. People ate in the dining areas and tables were set with tablecloths, appropriate cutlery, napkins and a flower arrangement. We saw that when people needed support, they were assisted by staff members in a patient and unhurried manner. Staff were attentive to people's needs and we saw them encouraging people throughout the mealtime. We saw one staff member carrying out a dignity in dining audit. We spoke to them about this and were told that these were now carried out at least weekly to observe and monitor people's experience at lunchtime and any improvements or concerns were fed back to staff so improvements could be made.

Visits from other health care professionals such as GPs, chiropodists and dieticians were recorded clearly so staff members knew when these visits had taken place and why. We spoke to a GP and two visiting healthcare professionals. They told us that they had no concerns about the service and that they had seen significant improvements recently within the service.

Staff were updated on any changes via handovers at each shift. Daily briefings known as '10 at 11 meetings' were also held with heads of department in order that information was shared across the service.

A tour of the premises was undertaken, which included all communal areas including the lounges and dining room and with people's consent a number of bedrooms as well. The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence. There were photograph boards, old time memorabilia and several seating areas on corridors where people could spend quieter time. On Heathercroft Unit, there is an old style 'pub' area as well as street names to assist people to navigate around the unit.

The laundry within the service was well equipped. It was clean and well organised.

## Is the service caring?

### Our findings

We asked the people living in and visiting Heathercroft about the home and the staff who worked there. People told us, "Very kind to me, I'm treated well", "They are kind and considerate. They do what I ask them to" and "Lovely staff, I feel cared for". Visiting relatives told us, "Always have time for people and us when we visit. Made to feel welcome", "The staff are excellent; kind and considerate. We have a laugh, we talk" and "Very caring to people. Always pleasant".

At our last inspection in August 2017, we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not always attentive and responsive to the needs of the people living at Heathercroft. At this inspection, we found significant improvements had been made and they were no longer in breach of this regulation.

Throughout the two days of our inspection, we observed positive interactions between staff and the people living in the home. It was clear that staff knew people well as we observed them chatting to people about their families or things that they had enjoyed doing prior to coming into the home. The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were able to tell us about their likes and dislikes as well as their history. They told us that they enjoyed working at Heathercroft and had very positive relationships with the people living there. Staff told us, "I love my job. There's been a massive improvement. Staff have left and the one's here now are here for the residents", "I would speak to residents like I would expect a family member to be treated" and "Things have improved. I feel like I'm doing my job again".

It was evident that family members were encouraged to visit the home when they wished. One person told us, "If I want to come in at 12 midnight, I could".

We undertook two SOFIs on the first day of our inspection; one on either unit. We saw that staff members were speaking to people with respect and were very patient and not rushing whilst they were supporting people. They looked interested in what people were saying and took their time to engage with each person.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being nursed in bed also looked clean and comfortable. Relatives commented that the home was clean and fresh smelling and the people living in the home always looked clean.

People's personal information was kept securely in the offices within each unit.

People's dignity and privacy were respected; for instance we saw staff knock on people's doors before entering and always used their preferred name. People told us, "They will call me Ms [name] if I ask them to" and "There's this lovely lady comes round, knocks, listens for my reply before she will come in. They do their very best to do what you ask". We observed staff lined up outside the home and participating in a funeral that was leaving from the home. Staff showed respect and warmth for the person and their family.

We saw that people's independence was promoted and people felt that they were supported to maintain their independence safely for as long as possible. People told us, "They help me to be independent by not helping me too much" and "I can shower and bath myself –staff stand by the door in case I slip".



## Is the service responsive?

### Our findings

At our last inspection in August 2017, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to maintain accurate records of the care and treatment provided to people. At this inspection, we could see that significant improvements had been made and the provider was no longer in breach of this regulation; however there was still scope for further improvement.

All the care plans that we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's holistic needs, their family details and their medical needs prior to their admission into the service.

The information we looked at in the care plans was detailed, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. We asked relatives if they felt involved in their relative's care. The relatives we spoke to felt that they were involved and could have a say in their family member's care. Comments included, "I've been asked what sorts of things Mum likes to do" and "I was involved in writing it; it's reviewed monthly and I could be involved in the review if I wanted".

We viewed care plans and could see that improvements had been made and the majority of care plans were reviewed regularly. It was clear what support people needed and when their needs had changed this was updated. However, we found on two care plans that when there were changes these had not been updated. On one plan, the person had been seen by health care professionals and it was difficult to find the advice which had been given and the care plan had not been updated to reflect this. On another, the person had two falls in the last month, but the evaluation stated that the person had no falls in the past month. We saw that on some care files that the monthly evaluation was only a signature and a date. We spoke to both the clinical lead and the care managers. They advised they were aware of the need for continued improvement in the care plans and a new form was being rolled out across the service for the monthly evaluation of care plans and risk assessments. We saw paperwork had been put in place on care files in order for this to commence the following month. Furthermore, we saw this was in place on Heathercroft Unit and the evaluations were much improved. The majority of care plans were personalised, well written and captured the needs of the individual. For example the people who mattered to them, the food the person enjoyed. However, we did view one care plan around advance care planning for the end of someone's life and this was not person-centred. We raised this with the manager to address. We observed the care people received respected their preferences. We asked staff members about several people's choices and the staff we spoke to were knowledgeable about the people they were caring for. We saw that care plans were being audited on a regular basis to improve all areas of the plans. We saw that where improvements were noted that actions were put in place for staff to update or improve the care plans.

We saw that where people needed additional monitoring, for instance if they were at risk of malnutrition or dehydration, records were kept of their daily intake. We checked a sample of monitoring sheets held in people's rooms and saw that these were being completed regularly.

We asked people living at Heathercroft about whether they had choices with regard to daily living activities and whether they could choose what to do, where to spend their time and who with. People confirmed that their choices were respected. Comments included, "I know I can see my care plan and that it's reviewed monthly. I can ask if I want to change anything", "It's much better now we have a lady doing things with us" and "Yes there are things going on. Quizzes, knitting, reading and singing". Relatives told us, "Now there is an activity coordinator, it's great. When you visit there is something on. People are not fed up anymore" and "The staff offer clothes for him to wear so that he can choose. They cater for what he can do and what he can't do".

The provider had two activities co-ordinators. On both days of our inspection, we observed that there were lots of activities in the home for people to join in should they wish, but also that the activities co-ordinator provided quieter one to one time for people who did not wish to take part in the group activities, like hand massages. They advised they spoke to people when they came into the home and tried to gather information from relatives about what people used to enjoy doing. A weekly schedule of activities was drawn up a month in advance, but this built in a large amount of flexibility to take account of weather, people's abilities and also how people were feeling. They kept a log of activities undertaken, who had taken part and their participation in the activities in order to ensure that everyone had opportunities to take part. The activities programme was constantly adjusted as a result of observations of what people had enjoyed and also what they were capable of engaging with. We saw people enjoying painting, a quiz as well as dancing during the inspection. We saw a programme of activities displayed on the wall ranging from light exercise, and quizzes to sing a longs and pamper sessions. We noted that the activities advertised were different from the ones taking place. We spoke to the manager in relation to this and they advised they were amending the activities board and therefore this was not the most up to date information.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was available in the statement of purpose which was available in the foyer of the home. We looked at the concerns that had been raised in 2018 and could see that these had been dealt with appropriately. The manager now had a tracker in place making it easier to see what complaints had been received and the outcome. People living in the home and their relatives told us that they were able to raise any concerns and were confident that these would be dealt with. Comments included, "I've no concerns or no complaints" and "I know how to make complaints but I've never done it".

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner. We saw that people had been asked about their wishes for the end of their life and these had been recorded in their care plans. Staff had undertaken training in end of life care and one staff member was booked to attend additional nationally recognised training in this area which would be cascaded to other staff.

## Is the service well-led?

### Our findings

At our previous inspections in August 2017 and January 2018, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had ineffective systems and processes in place to ensure compliance with the regulations. At this inspection, we saw that there had been significant improvements in this area and the quality assurance processes were identifying a number of issues and action was taken to address this. There remained some inconsistencies in the standard of paperwork and the robustness of the audits, therefore the provider remained in breach of this regulation as improvements were not consistently applied across the service.

The provider had an audit planner to help the manager know when different audits were to be completed. At our last inspection, these were not being completed, however we saw that these audits were now being completed. We saw the action plan that the provider was working to and it was clear to see the progress the provider was making and what actions they were still working on and what improvements were still needed. All the issues we raised with the provider had been picked up by their quality assurance systems and plans were in place with timescales and improvements were being worked towards.

We saw that there were now audits in place to monitor accidents/incidents as well as safeguarding referrals and we could see what action had been taken following the analysis. We saw that care plan audits were carried out, however these were inconsistent. We saw some contained the name of the person responsible for carrying out any action and the necessary timescales and we saw these were actioned promptly; however we saw other audits where this was not identified and it was not clear whether actions had been completed. We checked some of the actions and could see that these had been followed up, but this had not been recorded. We saw audits for many aspects of the service and again there were inconsistencies as some had clear objectives and outcomes and others did not contain this information. We spoke with the manager about this and they were aware of the need to improve the consistency of the audits as well as paperwork in general. They were continually working to improve the quality of the paperwork and had identified improvements to some of the audits which were carried out which they were able to share with us. The manager told us that they completed spot checks on the quality of care provided by staff members, however these were not recorded.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in August 2017 we found that the registered provider had failed to submit some statutory notifications to the Commission in accordance with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This is being addressed separately to this report. At this inspection, we saw that notifications were now being submitted and the provider was no longer in breach of this regulation.

There was no registered manager in place at the time of our inspection. The current manager had been in post since November 2017 and was in the process of registering with CQC. They were supported by a director of care and quality as well as a clinical lead and unit managers.

We saw that relatives' meetings were held regularly and that relatives had been updated on the improvements the provider was making as well as recent inspection reports and media interest in the home. Relatives confirmed they had chance to discuss their concerns with the manager. On the second day of our inspection, we observed a residents' meeting taking place, people had opportunity to discuss the new menus in the home, activities as well as any other concerns they had. We saw that the meeting was inclusive and tried to gain the views of as many people as possible.

We spoke to people and their relatives about how the home was run. People we spoke with were positive and wanted to highlight that they had seen significant improvements in the home since the new manager had been in place. Staff morale was good and staff were also keen to tell us about the improvements that had taken place since our last inspection. People and their relatives told us, "We can't fault it. Not a wrong word to say now. It's a good home", "If I wanted to talk to the manager, I can but I have not seen the need" and "I feel I can talk to her [the manager], she is polite, helpful and will sort things out for me". Staff told us, "[staff here] are motivated staff with a smile on their faces making a big effort", "The staff are genuine, it's a lovely atmosphere and they keep going despite the challenges" and "The staff work well together and staff morale is good".

We saw that staff meetings had been held and issues such as documentation, recruitment, the recent CQC report, learning from complaints and staffing had been discussed.

We were told that a survey of staff and residents had been carried out in December 2017, however due to the low response rate, the provider had decided to repeat this in the next few months.

We saw that the ratings from the previous inspection were clearly displayed in the foyer of the building.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider remained in breach of this regulation as there were some inconsistencies in the standard of paperwork and the robustness of the audits
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	We found that a number of staff had not received up to date training and supervision to support them in their roles.