Heathfield Healthcare Limited

Heathfield Residential Home

Inspection report

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Date of inspection visit:
05 December 2018

Date of publication:
28 January 2019

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 took place on 5 December 2018 and was unannounced.

Heathfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathfield Residential Home accommodates 34 older people, some of who were living with dementia in one adapted building. Accommodation is arranged over two floors and there is a lift to assist people to get to the upper floor. There were 33 people living at the service at the time of our inspection.

At the time of our inspection, 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 for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Heathfield was last inspected 14 November 2017. At that inspection it was rated as 'Requires Improvement' overall. One breach of Regulation was identified during that inspection. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) Safe, Effective, Responsive and Well-led to at least good.

At this inspection we found some improvements had been made, however we found one continued, and one new breach of the regulations.

Audits and checks were regularly carried out; however, they did not identify the shortfalls we found during our inspection. These included health and safety checks, which were regularly completed, however action had not been taken to reduce the water temperature within the service when it was identified as being too hot, and placing people at risk of scalding.

Medicines were not consistently safely managed. Records associated with medicines administrations were not consistently up to date containing the relevant information, and body maps were not in place to indicate the site application for Transdermal patch. Prescribed creams and ointments had not been dated on opening to ensure they did not exceed the manufactures expiry date.

People were supported to engage in activities to reduce the risk of social isolation, however people's feedback about the quality and consistency of the activities was mixed.

Staff received training in safeguarding adults, and showed a good understanding of how to protect people from potential harm and abuse. Risks associated to people and the environment had been assessed and mostly mitigated. People told us staff understood how to deliver the care they needed. When things went wrong, staff discussed learning and how to prevent the accident or incident in team meetings.

There were sufficient numbers of staff deployed to meet people's needs and keep them safe. Provider recruitment records confirmed that they followed staffing process to ensure the staff employed had the relevant experience and were of good character. New staff completed the providers induction programme which involved shadowing more experienced staff to get to know people. Following this there was an ongoing training and supervision programme for staff to ensure they had the skills to support people's needs.

People's needs were assessed by the registered manager, using recognised tools and good practice guidance. People were complimentary about the food, and received sufficient amounts to eat and drink. Staff worked within and externally to ensure people had access to healthcare services and on-going care and support. Suitable arrangements had been made to obtain people's consent to the care and treatment they received.

Since our last inspection there had been some improvements to the service. There was a new decking area to the rear of the property, which people told us they enjoyed in summer months. The service was clean and well maintained.

People told us staff were compassionate, and we observed kind and caring interactions between them and staff. People were able to describe to us how staff promoted their independence, and maintained their dignity. People were encouraged to be involved in their care and support planning.

People received person-centred care specific to their needs. Staff told us how they adapted their approach to support each person as an individual.

People told us they knew how to complain, but had not have cause to. There was a complaints policy in place which was accessible to people and their loved ones.

At the time of our inspection the service was not supporting anyone at the end stages of their life.

People, relatives, staff and healthcare professionals told us the service was well lead. We received positive feedback about the registered manager, and the culture of the service. Staff understood their roles and responsibilities, and told us they received the support needed to complete their roles from management. Quality assurance was carried out to identify and action any shortfalls, alongside regular staff and resident meetings.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines management was not consistently safe, and staff did not always follow best practice in relating to dating when creams and ointments were opened. Records were not always correct or in place as required.

Environmental checks were in place, however action was not taken when water temperatures were identified as being higher than the identified safe limit to prevent people from the risk of scaling.

There were enough staff appropriately deployed to keep people safe. Recruitment systems ensured staff were recruited safely.

Risks to people were assessed and managed to ensure their health and safety.

People were protected from the risk of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Accidents and incidents were documented and analysed to look at ways of reducing the chance of them happening again.

Is the service effective?

The service was effective.

Staff understood the importance of gaining consent and giving people choice.

Staff received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

People were provided with a range of nutritious foods and

drinks.

The premises were designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good

The service was caring.

Staff took the time needed to communicate with people and included people in conversations.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to be involved in decisions about their care.

People were treated with kindness, respect and dignity.

Is the service responsive?

Good

The service was responsive.

People's care and support was now planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences.

Improvements could be made to the quality of activities for people.

There was a complaints system and people knew how to complain.

The service was not supporting anyone at the end of their life

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. However, these had not identified the shortfalls we found during this inspection.

The registered manager told us they understood their regulatory responsibility and but had not submitted statutory notifications as needed.

There was a registered manager in post.

People, their relatives and staff were positive about the leadership at the service.

Staff felt supported by the management.

Care Quality Commission

Heathfield Residential 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 5 December 2018 and was unannounced. The inspection team consisted of one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person with a personal understanding of older people and those living with dementia.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This 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 considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 17 people who lived at Heathfield Residential Home and observed their care, including the lunchtime meal, medicine administration and some activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four relatives and visitors. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with three care staff, the deputy manager, registered manager, area manager and the provider.

During the inspection we reviewed four people's care plans and associated records. We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines records,

risk assessments, accidents and incident records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found the service was not consistently safe. The provider had failed to monitor and mitigate the risks relating to the health, safety and welfare of service users, which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found concerns leading to this breach had been met.

At this inspection we found improvements in the previously identified areas, however, we identified concerns relating to some aspects of medicines management. Medicines were not always safely managed, in line with best practice. Medicines such as creams and ointments had not been dated on opening, which placed people at risk of receiving medicines beyond their shelf life. Medicated creams were stored in people's rooms. Some people at Heathfield were living with dementia, therefore there was a risk that they could apply the creams and cause irritation or ingest the creams. There were no risk assessments in place to minimise the risk of this occurring. Some people were prescribed transdermal patches. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. Staff were not indicating the site of the transdermal patch on a body map. Therefore, we could not be sure that the transdermal patch was being applied in line with the manufactures guidelines. This is important so that the application site is alternated because the transdermal patch can sometimes cause skin irritation. We completed a visual count of medicines, and found that the actual numbers correlated with documentation. However, in two cases medicines administration records (MAR) did not have the number of medicines in stock, and had not consistently been double signed by staff in line with best practice. We discussed these concerns with the registered manager and area manager and they took action. Transdermal patch records had been sourced and implemented since our inspection, and staff re-completed medicines competencies with the area manager. All medicated creams were removed from people's rooms. We will check the effectiveness of this during our next inspection.

The failure to safely manage medicines is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other medicines were managed and stored safely, at appropriate temperatures. Medicines that required refrigeration were kept in a dedicated fridge. Medicines were stored in the medicines room, which was temperature controlled, and in a lockable medicines trolley. We checked MARs for people and found that staff signed each time a medicine was administered. There were protocols in place for people who received medicines on an 'as and when' (PRN) basis. This included guidance for staff on when the medicine should be offered and maximum dosage in a 24-hour period. Staff received training in medicines administration, and had been competency checked. We observed medicines administration and saw staff not to be rushed. When administering medicines, staff sat with the person, explained what the medicine was for, gave them a drink and time to take the medicine. One person told us "I get given my medicines at the same time each day and it is all very good and well organised."

Staff completed checks on the environment to assess that it was safe for people, staff and visitors. Records confirmed procedures were in place for ensuring portable electrical appliances and firefighting equipment

were properly maintained and tested. Fire drills took place regularly and included feedback on what could improve for the next fire drill. The business continuity plan detailed the steps staff should take to keep people safe in the event of emergencies. Water temperatures were checked and recorded, however action had not been taken when temperatures increased beyond the recommended level, to reduce the risk of scalding. We discussed with the provider, and following the inspection they sent us confirmation that thermostatic values were being fitted to all hot water outlets. This is an area we will follow up at our next inspection.

Risks relating to people had been assessed and minimised. There was clear guidance for staff on how to support people living with healthcare conditions such as diabetes. There were clear risk assessments in place detailing how to identify if someone's blood sugar levels were too high or too low, and what action to take. Staff showed a good understanding of how to manage these conditions, and were able to give examples of times they had identified concerns, and how they had acted quickly to support the person. Other risks had been identified and minimised, such as positive behaviour support plans for people living with dementia, who could become disorientated and display behaviours which some people may find challenging.

People were supported to take positive risks. For example, one person regularly accessed the community independently. This person had a mobile telephone, and an agreement with staff that if they were going to be later than previously discussed, they would call ahead to let staff know. This supported the person to maintain their confidence and independence.

There were sufficient staff to support people to stay safe and meet their needs. The registered manager used a dependency tool to assess and review the number of staff needed to meet people's needs. Rotas confirmed staffing numbers matched the dependency tool. Where gaps in the rota were identified, the registered manager and staff worked additional hours to cover the shifts to ensure continuity of care for people living at Heathfield. People told us they felt safe living at the service and that their needs were met by sufficient numbers of staff. One person told us "I suppose the main reason I feel safe is because there are always staff around and I don't feel alone." During the inspection we observed staff to have time to spend with people, and call bells were responded to quickly. Another person told us "I never have to wait too long for help when I have pressed my buzzer."

Staff recruitment files confirmed the provider followed safe recruitment processes. Files contained the required checks such as suitable references, identity checks, a full work history and Disclosure and Baring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions.

People were protected from the risk of harm and abuse. Most staff had completed safeguarding training. Staff told us they were confident to raise concerns about people with managers, and that their concerns would be addressed appropriately. Staff had access to the providers safeguarding and whistleblowing policies, which had been reviewed following learning at another of the providers services. The registered manager had made safeguarding referrals, and worked with the local authority safeguarding team to address any concerns raised.

Accidents and incidents were logged by staff and action was taken in response to the incident documented. The registered manager and area manager then completed an audit on the accidents and incidents to provide oversight of the incident and ensure appropriate action had been taken to minimise the risk of the incident reoccurring. For example, if someone fell three times, then the monthly falls audit would identify this, and a referral would be made to the falls clinic. Staff told us that incidents and accidents were discussed during handovers and team meetings to ensure staff were informed of people's changing needs,

and to minimise the risk of the incident reoccurring.

People were protected by the prevention and control of infection. All staff had received training in infection control, and during the inspection we observed staffing using appropriate personal protective equipment. The service was clean, and fresh smelling. People and their relatives told us the service was clean and well maintained. One person told us "It is always clean and tidy here and they hoover my room every day."

Good

Is the service effective?

Our findings

People received effective care from a staff team that knew them well. New staff completed the providers induction process. This had recently been reviewed with a new induction form for staff to complete with the registered manager. Before working with people, staff completed three shadowing shifts, to get to know people, their routines and their likes and dislikes. Following the shadow shifts, staff were supported by a longer standing staff member, until they felt confident with supporting people, and were familiar with their care plans. Staff that did not have a formal qualification in care were supported to complete the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care services are expected to uphold.

People were supported by a staff team with the appropriate skills and experience. Staff completed a combination of face to face and online training which included health and safety, fire awareness, infection control, and specific training related to the people they supported such as dementia, Parkinson's and diabetes awareness. Staff told us "It has been really good. The training has helped with my understanding of dementia and Parkinson's. How to support someone, encourage them and let them know I am there to help them." People and their relatives told us they felt confident in the skills of the staff that supported them. One relative told us "We feel that they are safe here with enough trained and caring staff to look after them and make sure they are leading the life they deserve." The registered manager completed competency checks on staff in areas such as medicines management, and completed observed practice by working alongside staff often, to assure themselves of staff competency.

Staff told us they received support and guidance from the registered manager in the form of regular supervisions. Supervision in care settings is a process whereby through regular, structured meetings with a supervisor, care staff can develop their understanding and improve their practice. The registered manager had a supervision report for the year to track when staff would have supervision and appraisal.

The registered manager informed us they encourage people to visit the home before moving in to get a feel for the service. The registered manager completed the assessments before people moved in, to ensure the service could meet their needs. The assessment included speaking with the person and relatives to get the best idea of how the person liked to be cared for, and what they were able to do for themselves. Assessments of people's needs were implemented using recognised tools. These included Waterlow assessments (to assess the risk of people developing pressure areas or skin breakdown) and a malnutrition universal screening tool to identify people at risk of losing weight. Staff kept up to date with good practice through training and alerts shared throughout the provider. A healthcare professional told us "I have found the staff listen to me because of my experience if I suggest anything and are willing to listen to any new legislation that has been introduced."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. We observed lunch, which was a pleasant affair, with people telling us they enjoyed their meal. The meals looked plentiful and appetising. One person told us "There's always plenty to eat and we have a nice cup of tea brought to us." A relative told us "I am confident that the food and care is great here from what I have seen." People told us

they were involved in creating the menu. During the residents meeting, people discussed their likes and dislikes, and this information was used to create the menus. On a daily basis people were asked what they wanted to eat, and an alternative was offered if they did not like the option for the day. Staff knew people well, and catered to their likes and dislikes. For example, one person was known to enjoy an extra slice of bread with their evening meal. Another person could become distressed if the dining area became too noisy during meal times. Staff supported this person by monitoring them during meals, and asking them if they wanted to eat their meal in the lounge, where it was quieter if they showed any sign of distress. Specific diets were considered, for example, vegetarian meals and adaptations were made for people who were diabetic. The registered manager informed us how they would adapt menus for religious purposes or for any allergies.

Staff worked together to ensure people received consistent person-centred support when they moved between services. Since our last inspection, a hospital transfer document had been created, which allowed staff to print a section of the care plan for the person to take with them, should they be admitted hospital for example. This information included any medicines the person was taking, their medical history, and any important information relating to their care and treatment.

People were supported to receive ongoing healthcare support. People were registered with the GP, dentist and optician. Staff monitored people's health and worked with healthcare professionals when people's needs changed. One person told us "I frequently have a nurse coming in to change my dressings and that is all arranged for me so nothing for me to bother about." A relative told us "They call the GP when needed and organise the eye tests and chiropodist as soon as needed." One staff member told us how they noted a change in someone's behaviour. Using the training they had recently completed, they were able to identify a concern and share that information with a senior member of staff. Acting quickly, they were able to stabilise the person quickly to avoid any further distress or discomfort.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were. Staff showed a good understanding of the principles of the MCA, and were able to demonstrate how they supported people in the least restrictive way. People told us they were supported to make decisions about their care and treatment. One person told us "The staff do always check with me first before doing anything for me, they don't simply tell me what to do." Where people lacked the capacity to make specific decisions about their care and treatment, they were supported by their loved ones, and healthcare professionals to ensure decisions were made in their best interest.

At our last inspection we identified that bathrooms and toilets did not have signs on them, to remind people living with dementia the use of the room. At this inspection we found there were some improvements in this area, with clear dementia friendly signage on doors. Improvements had also been made to the outside area, with a new decking area at the rear of the property which had been used for barbeques during the summer

months. People's rooms were individual and contained furniture and personal belongings. Doors and hallways were sufficiently wide for wheelchair access. One person told us "I can move about the home with ease and I get help when I ask for it."

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. During our inspection, we observed staff knew people well, and showed fondness for the people living at Heathfield. Staff had the time to have meaningful conversations with people. One person told us "They always stop and have a chat with me, however busy they are" another person told us "If I have a worry at all, which is not often, I press my buzzer and they come to check me and see if I am alright." A relative told us "I notice how good they are with other residents too not just my [loved one]. They are quiet caring and I would say respectful too."

Staff knew people well, and were aware of how to comfort them if they became distressed or disorientated. One staff member told us that one person had become upset, so they sat with the person, held their hand, reassuring them and comforting the person. Staff told us this helped the person to become less anxious. Staff knew about people's backgrounds and life histories as well as their likes and dislikes. Staff told us they had time to spend with people, to get to know them and ask them questions about their lives. People had personal possessions in their rooms, such as photographs which staff told us allowed them to start conversations with people to discuss things that mattered to them. During our inspection we observed people to be at ease with staff, engaging in light conversations and laughing often, making jokes.

People were supported to express their views and be involved in making decisions about their care. People had access to their care plans should they want to review them but most informed us they did not regularly do this. People were given opportunities to discuss their care during resident meetings, or on an individual basis as they wished. Staff were in the process of updating the section in the care plan where people signed to agree their care plan. People told us they were included in their care, and felt listened to by staff. One person told us "They don't rush me, and I feel that they do listen to me."

People were encouraged to maintain their independence. Care plans detailed what people were able to do for themselves, for example during personal care, and staff told us they always encouraged people to be independent. A relative told us "They encourage [loved one] to do things for themselves as much as possible and will be with them but gently persuade them to wash themselves and dress themselves as they are capable." One person was supported to access the kitchen independently, and make themselves hot drinks.

People told us they were treated with dignity. One person told us "They do treat me like a human not a commodity and yes I believe they show respect in the way they help me wash, dress and decide what I'd like to do in the day." Staff told us, and we observed them knocking on doors before entering. Staff told us they covered people with towels when supporting them with personal care, and ensured curtains were closed. People were supported to maintain their appearance. A relative told us "We are always pleased to see [loved one] in clean fresh clothes and looking well cared for with brushed hair and a nice clean room too." Staff told us they respected people's privacy by leaving the room when they took telephone calls from loved ones, and giving them space to spend time with loved one's when they visited the service.

People were encouraged to maintain relationships with those who were important to them. One person told us "We can have visitors whenever we like, and we do, my daughter nipped it at bedtime yesterday and that

was fine."

People's care plans and associated risk assessments were stored securely and any paper documentation was locked away so that information was kept confidentially.

Good

Is the service responsive?

Our findings

People told us they received personalised care responsive to their needs. Each person had a care plan specific to them, which included detail such as how they like their personal care to be delivered, and what people were able to do for themselves. Care plans included details such as what time people liked to go to bed, and any routines they would like to follow, such as if they preferred the light on or off, and the curtains closed. People indicated if they wished to be checked on throughout the night, and those that chose not to understood how to contact staff should they need any support. When people needed support with moving and handling there was detailed information regarding the type of sling they needed and how staff should support them effectively. People told us staff supported them in the way they preferred. One person told us "They don't rush me, and they know exactly how I like things done from my hair, to my buttoning up of my blouse."

Each person's care plan had a section detailing their history and life story, which staff told us was useful to help build relationships with people. One relative told us "They are great with [relative] and really do know their life story." Staff were able to tell us about individuals, their likes and dislikes and how best to support them. For example, one staff member told us that when one person was down, they liked you to crack a joke with them, rather than focusing on them being down. One staff member told us if someone's behaviour changed they would "Check people's care documents and be very observant. You get to know these people, you know when they are having an off day or not very well because you know how they would normally be."

There was an activities planner, which was available for people to review, which included music, skittles, quizzes, armchair exercises as well as some external entertainers. On the day of our inspection, there was a musical session, which people took part in. During the music people were smiling, and told us they enjoyed the activity. We received mixed feedback about the activities available to people living at Heathfield. Feedback included, "Not many activities on offer that I fancy joining in with" and "There's not much here to keep us busy or entertained and I would like to go out more." One relative told us "I must say it does surprise me that so much time is spent aimlessly sitting with the television on it must get them down I would say and I would like to see more interesting activities going on but then I am not here all the time." The provider did not employ a specific person to carry out activities with people, and the registered manager informed us they usually organised activities for people. This is an area identified for improvement.

People were supported to maintain their faith and religion. A pastor visited the service monthly to deliver a service. One person was supported to get a taxi to church as and when they wished. Another person attended church regularly with their family. A church choir had been booked to sing Christmas carols to people in the weeks following our visits. Staff also organised community members such as school children, and local youth groups to attend the service to provide people with entertainment and engagement. Staff told us one person had expressed a wish to go out into the community more regularly, and was supported by staff to go to the shops for shopping which staff told us they really enjoyed.

Electronic systems were in place to record and store people's care plans and documentation. Staff told us the systems were easy to use, and reduced the time spent completing documentation allowing them to

spend more time with people. One person had a mobile telephone, which staff told us they used to contact them if they were out for the day. Care plans were regularly reviewed and reflected the care and support given to people during the inspection.

There was a policy in place for dealing with complaints that staff and the manager followed. This was accessible to people, and gave information on how people could escalate a complaint if they were unhappy with the outcome. The care plans we reviewed detailed that each person had a copy of the complaints policy and understood how to make a complaint. Since the last inspection, there had been no official complaints logged. People told us "I am happy and well cared for and have no complaints," and "I've never had to complain and can't say that I can foresee the need to really if things continue the way they are." Staff told us they discussed things with people often to prevent them escalating into complaints, for example one person liked to have their quilt folded down a certain way. One staff member noted this was not happening and raised it with the manager to discuss with the domestic staff, which resolved the issue.

At the time of our inspection, no one was in receipt of end of life care. Staff had previously supported people to have a comfortable pain free end of life. The service worked closely with palliative care nurses to make sure people had received the appropriate care and treatment. People could state whether they wish to be resuscitated or not and this information tallied with people's DNAR forms. DNAR stands for Do Not Attempt Resuscitation: a DNAR form is a document issued and signed by a doctor, which instructs medical teams not to attempt cardiopulmonary resuscitation (resuscitation after a heart attack). Other specific wishes had been documented by staff, such as if people wanted to donate their body to health or scientific facilities. Relatives had been able to stay at the service to be with their loved one during their final moments, and staff supported relatives following their passing. One person who had lost a loved one was supported by staff to attend their funeral.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to fully assess, monitor and improve the quality and safety of the service. Since our last inspection, the registered manager and area manager had created an improvement plan to act on shortfalls identified at the last inspection. All issues previously identified had been addressed, however we identified new shortfalls in areas we previously did not have concerns.

Health and safety checks were completed by the provider's maintenance staff. These checks included regular checks of water temperatures around the service including people's bedrooms. On several occasions the water in a number of communal areas, as well as people's bedrooms reached or exceeded the recommended maximum temperature. The provider was unable to evidence that action had been taken to minimise the risk of people scalding themselves. We raised this with the provider, who following the inspection organised for thermostatic valves to be fitted as a priority to hot water outlets.

Regular checks and audits were completed on the medicines at the service. Senior staff were responsible for completing stock checks on medicines, and counting medicines in when they arrived to the service. However, we found this had not been completed on every occasion. Written entries on the MAR had not been double signed by staff for medicines received the previous day. Creams and ointments had not consistently been dated when opened, and there was no body map to record the location of transdermal patches, to ensure they were being used in line with the manufactures guidelines. The providers auditing system had failed to identify and minimise the shortfalls we identified. On the day of our inspection, the provider took action to address the concerns, and we will check on the effectiveness of the new systems during our next inspection.

The failure to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and area manager completed a range of audits which included the environment, care overview and infection control. The audit included space to document any corrective action taken to identified risks or concerns, which were reviewed and updated. For example, the care review detailed that all care plans had been reviewed monthly, and any information of people's changing needs discussed with staff during handovers. In addition, observations were completed to check on staff competency. These included observations on the dining experience and the care staff provided. Where areas for improvements were identified, the registered manager would raise these either during supervisions or at the time.

People's feedback was sought through regular resident meetings. During the meetings activities, and food menus were discussed with people to gain their feedback. Staff had regular staff meetings where information about accidents and incidents were shared. Training needs were discussed during the meeting, as well as airing any grievances.

The provider sought feedback from stakeholders in the form of quality assurance questionnaires yearly. We reviewed the providers quality assurance for September 2018. Relatives feedback was generally positive about the service, with the provider acting on any areas for improvement. For example, a relative commented there was not sufficient information available about the leisure activities available. The registered manager had created an activities planner, and displayed it within the service, to inform people of the activities available within the service. The provider had extended their quality assurance to include healthcare professionals, such as GPs, however they received limited, positive feedback. Comments from healthcare professionals included 'Heathfield is a caring residential home. Staff are helpful.' Staff satisfaction surveys had been completed, and actions taken forward by the registered manager to address any areas identified for improvement. Surveys had been shared with people to complete, however the provider received a limited response. The area manager discussed with us how they were looking to improve the response rate from the people living at Heathfield, including reviewing the format the questionnaire and asking people if they would be happy for staff to support them to complete it. We will check this is in place during our next inspection.

People, relatives and staff spoke of a positive culture within the service. People told us they were supported in a person-centred way and staff told us they received the support they needed to deliver good outcomes for people. Comments received from people included; "I think the place is run well and I believe they must know what's what to get things done here." A relative told us, "The manager is very good and I would say we have had no cause for concern at all. We can ring up any time and they are always polite, helpful and knows what [loved one] has been up to." Staff told us, "I am really happy with the way their support system is, its brilliant they really are good managers." The manager told us they looked to create a comfortable environment where people were treated in a dignified caring way. A healthcare professional told us "I believe the company as a whole believes in ensuring the resident's needs are met. It is well run and efficient."

The registered manager kept their skills up to date by engaging in training, and sharing best practice with managers of the providers other homes. The registered manager had attended training with the care homes group, and was in the process of booking staff onto training courses to learn and share best practice. Staff and the registered manager had formed good working relationships with the local health and social services. Staff worked closely with the local GPs, chiropodist and nursing teams. When people approached the end stages of their lives, staff worked closely with palliative care nurses to ensure people received the appropriate care and treatment.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered manager informed us they were aware of their responsibility to comply with the CQC registration requirements.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to safely manage medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service.