

Heathcotes Care Limited

# Heathcotes (Magna)

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 6 June 2017. Our visit was unannounced which meant that staff did not know we would be arriving.

Heathcotes (Magna) is a registered care service providing personal care and support for up to six people with a learning disability or autism. There were six people using the service when we visited.

There was a registered manager in place. It is a requirement that the service has a registered manager. 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.

Staff knew how to support people to remain safe. Where there were risks associated with people's care, staff knew how to follow the guidance made available to them within people's support plans. The registered manager took action following accidents and incidents to prevent a reoccurrence wherever possible. There were safe systems in place to protect people from risks within the home. Emergency plans were in place to help people to remain safe during unforeseen events.

There was a sufficient number of staff available to provide people with the support they required. The provider was recruiting staff to fill vacant positions. They were following their safe systems to make sure people were only supported by those suitable to work with them.

Some areas of the home were unclean and the practice of staff when handling food did not always meet food safety guidelines. The registered manager was taking action to make improvements.

People received their medicines from staff who had received guidance and training to do this safely. Where people refused their medicines, staff sought guidance to help people to remain well.

People were supported by staff who received support and guidance on their work and who had the necessary skills and knowledge. Staff received training that was relevant to their role. This included medicines and specific health condition training.

People were asked for their consent before support was undertaken. Staff worked in ways that protected people's freedom and liberties. Where there were concerns about people's mental capacity to make decisions, the registered manager undertook assessments and decisions were made in people's best interest. There were restrictions on some people's liberties. Where this occurred, this was undertaken safely by staff who knew their responsibilities.

People had access to the food and drink they preferred. Staff knew people's preferences and where

necessary, they were recording what people had eaten and drank. This was so that they could be sure people were having enough to eat and drink.

People received good support to remain healthy. They had access to a range of healthcare services such as to their doctor and dentist.

Staff supported people in a kind and caring manner. They made sure that people's privacy and dignity was protected. Staff had built good relationships with people and knew them well. They helped people to be involved in decisions about their support. They also supported people to do tasks for themselves wherever possible.

People received support that was based on things that mattered to them including important routines. Staff had guidance in people's support plans about each person's specific needs which they followed when supporting people. Where possible, people contributed to the planning and review of their support. Where this was not possible, people's relatives were consulted.

People undertook activities that they enjoyed. There were many opportunities to access their local area.

The provider had a complaints procedure that was displayed for people and their relatives. Where a complaint was received, the provider used this as an opportunity to learn and to develop their practice.

The registered manager and provider sought to drive improvement through carrying out checks on the service. The service learnt from mistakes and took action where improvements were required. The registered manager was aware of their registration responsibilities with us.

There were opportunities for people, their loved ones and staff to offer suggestions for how the service could improve. The provider was considering ways to share the feedback that they had received as well as any actions they had taken as a result of it.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to remain safe.

Risks to people's well-being were assessed and staff followed the guidance available to them.

There was a suitable number of staff that had been safely recruited.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the required skills and knowledge in order to provide good support to people.

People's rights and freedoms were upheld by staff who knew their responsibilities. Decisions made on people's behalf were made in their best interest.

People had access to the food and drink that they preferred. They were supported to remain healthy by staff that took action to make sure they had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff supported people in kind ways. They protected people's dignity and privacy.

People were involved in decisions about their care wherever possible.

People were supported to maintain their skills.

### Is the service responsive?

Good ●

The service was responsive.

People received support based on their specific requirements and preferences.

Wherever possible, people contributed to the planning and review of their support.

People had opportunities to take part in activities that they were interested in.

The provider had informed people and their visitors how they could make a complaint. They learnt from complaints and comments received.

### Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff had opportunities to offer feedback on the quality of the service.

Staff received good support and knew their responsibilities.

The registered manager and provider carried out quality checks on the service. They sought to make any required improvements so that people received a high quality service.

# Heathcotes (Magna)

## 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.

The inspection visit took place on 6 June 2017 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with four people who used the service and with three relatives. We also spoke with the registered manager, a regional manager, one team leader and three support workers. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

We looked at the care records of two people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included training records, policies and procedures and quality checks that the provider and registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and how they supported staff members.

# Is the service safe?

## Our findings

People received support from staff members who knew their responsibilities to help protect people from avoidable harm and abuse. This resulted in people feeling safe. People's loved ones had no concerns about their family members' safety. One relative told us, "I am quite satisfied with the home. [Person] is safer here than anywhere. With the staff, the home and the 1-1, it protects [person] and keeps [person] safe." Staff received training in protecting people from abuse and they knew the signs that might indicate a person was at risk. Staff were knowledgeable about the provider's procedures for helping people to remain safe. One staff member told us, "I have no concerns. I never have but if there was I would go straight to the manager or I could contact the local council." We saw that where there were concerns about a person's well-being, the registered manager had informed the local authority. This was important so that they could determine if further investigation was required.

People were protected from risks associated with their care and support. We saw that staff completed and followed risk assessments that were continuously reviewed. These contained guidance for staff about the support each person required and how to reduce the likelihood of an accident or incident. We saw that assessments were undertaken where people were at risk from dangers in their local area, such as busy roads. We also saw that where a person was at risk of choking, there was clear guidance for staff to follow which they knew about. One staff member told us, "I need to cut up food small as they are at risk of choking." We found that this matched the guidance in the person's support plan which demonstrated staff knew how to reduce risks.

Some people who lived at Heathcotes (Magna) displayed behaviour that could cause harm to themselves or others. We saw that staff followed the guidance in people's support plans consistently when people were upset. This resulted in people receiving safe support. We saw that staff used distraction techniques that were found to help people to relax when they became anxious. For example, we heard staff talk with people about things that they enjoyed doing or about important people in their life. Staff knew how to offer support to help people to remain safe when behaviour that challenged occurred. One staff member told us, "It's about giving them time and reassurance. [Person] likes to go in the car. There is an activities bag to redirect attention when needed." The registered manager showed us new recording forms that were going to be introduced to help staff understand, wherever possible, why people had displayed specific behaviours. They told us that they hoped these would help them to reduce such behaviours.

We saw that some areas of the home required cleaning. We also saw that mops specified for different areas of the home were stored in a way that meant cross-infection could occur. We also saw that a bathroom was dirty and that staff did not always follow good food safety guidelines when preparing and storing food. The registered manager took action on the day of our visit to make improvements. After our visit, they told us that they were revising their procedures to make improvements and to undertake extra checks until they were satisfied that improvements had occurred.

The provider had safe systems to manage accidents and incidents. On the day of our visit, a person had an accident. Staff acted quickly to offer the person support and called for medical attention. We saw that the

details of accidents or incidents were recorded and passed to the registered manager for their own investigation. Any actions that were required to try to prevent a recurrence were taken. For example, where a person had choked, the registered manager had provided guidance to staff to supervise them when using the kitchen.

The provider carried out routine checks on the equipment and facilities within the home to help people to remain safe. For example, water temperatures were routinely taken to prevent scald risks. We also saw that checks on utilities such as gas and electricity were undertaken as well as fire systems being serviced. The provider had clear and safe procedures for staff to follow should there be an emergency, such as a fire. Each person had a plan to help them to leave the building in an emergency that staff knew about. We also saw that the provider had considered alternative accommodation should this be required. This meant that the provider had considered people's safety should a significant incident occur.

There was a suitable number of staff to support people and to help them to remain safe. One relative told us, "There seems to be enough staff." The registered manager told us that they were actively recruiting new staff to fill vacant positions. On the day of our visit we saw that there were enough staff to provide people with the support they required. We found that people received one-to-one support where this was commissioned and other people did not have to wait for support. Staff were agreeable with this. One told us, "On each shift there is a team leader and five staff. I think that is enough staff."

The provider followed their recruitment procedures when recruiting new staff. We found their systems to be safe. They only appointed staff who were suitable to work with adults with learning disabilities. A staff member told us, "When I started they needed three references, one character reference and two others from former employers. There was a DBS [Disclosure and Barring Service] check as well and this delayed my start date as it has to be in place before I could start." The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff records demonstrated that the provider systematically carried out these checks on each prospective employee.

People received the medicines they required when they needed them. We saw that the provider had safe systems for storing, administering and disposing of medicines. We looked at the medicine records of four people and found these accurately reflected the medicines that people had been offered. We saw that where people had the mental capacity to refuse their medicines, this was respected. We also saw that where people refused their medicines this was recorded and action was taken to seek medical advice. We did see that where staff were handwriting the details on some people's records, the full details of the medicines and the amount that was to be offered was not always recorded. The registered manager told us they would remind staff of the importance of accurately recording people's medicines so that potential errors could be minimised.

Staff received training and guidance when handling people's medicines to make sure they knew their responsibilities. This was particularly important for staff who worked at Heathcotes (Magna) as some people required medicines to help them to relax when they were upset. This occurred on an 'as and when required' basis. Staff had clear and safe procedures to follow which they knew about. They knew when these types of medicines could be offered to people. One staff member told us, "There are medicines available for when one person becomes anxious. It's as a last resort and I haven't seen it used for at least four or five months." This meant that people and their loved ones could be confident that their medicines would be managed safely.

## Is the service effective?

### Our findings

People were supported by staff who had the skills they required. A relative told us, "It's the best place [person] has been. We live local so I often bump into [person] in the village. They are always with staff and I think always supporting [person] well." We saw that staff worked well with people and used their skills to help people. One member of staff was sitting with a person to make sure that they ate at a pace that was safe. They used good communication with the person to make sure they were not eating too fast.

Staff received an induction when they started working for the provider so that they knew about the requirements expected of them. One staff member told us, "I had a good induction. I had a week's training and did the Care Certificate. [The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector]. I also did NAPPI [Non-Abusive Psychological and Physical Intervention] training [to support people who can show behaviour that can challenge], that was good. Then I shadowed staff for three shifts. Then I was asked if I was feeling confident with the service users. I felt I was and I really enjoy working here. It's about getting to know the residents and their ways and I think I have through the induction."

Staff received sufficient training to equip them with the knowledge and skills they needed. A relative told us, "I think they have enough training to support [person]. I can't think of anything else they could do." Staff members spoke highly of the training they had received and described how it helped them to support people well. One staff member said, "It's really good. I did dementia training a few weeks ago. There's lots of different types that I didn't know about." We saw that staff completed training in a variety of areas relevant to their role which included autism, specific health conditions that people lived with and first aid. We saw that staff received annual refreshers in key areas of their training so that their knowledge and skills remained up to date when supporting people.

Staff received guidance from the registered manager. They received individual supervision where they discussed their role and responsibility and received support to develop and identify any learning needs. One staff member told us, "We have meetings and supervisions. Supervisions are every month. We can have instant supervisions as well if needed." We saw staff records which demonstrated that staff used supervisions to discuss issues in relation to supporting people as well as actions staff needed to undertake to make sure they were working well.

Staff sought people's consent before they undertook their support. We heard staff explaining to people the support they were offering. Staff knew the importance of gaining consent where there were differences in communication. One staff member told us, "We ask [person] even though [person] is non-verbal. [Person] understands what we say and points to the door if they don't want it."

The Mental Capacity Act (MCA) 2005 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. We checked whether the provider was working within the principles of the MCA.

Not all people living at Heathcotes (Magna) had the mental capacity to consent to their support. Where there were concerns that people were not able to make decisions for themselves, the registered manager had completed mental capacity assessments to determine their understanding. We saw that assessments were completed in areas such as taking medicines and personal care. Where people were assessed as not having the mental capacity for certain decisions, the registered manager had arranged meetings where decisions made in a person's best interest were undertaken. These included people's families and other professionals where relevant.

Staff understood the requirements of the MCA. One staff member told us, "If someone hasn't got the capacity to make a decision such as going out without their walker [equipment], we would need to assess it to see if it was the best decision to help them to take it with them." Another staff member said, "A person's doctor and psychiatrist have been involved for one person when helping to make a decision for someone." In these ways staff knew how to protect people's rights and freedom.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made applications to the 'supervisory body' (the local authority) where they were seeking to deprive some people of their liberty. We saw that where there was a condition to a DoLS that was authorised, this was being met. Staff told us that they sometimes used restraint which restricted people's freedom. We found that staff undertook this safely. They had received training and staff were fully aware of their responsibilities. One staff member told us, "We use nothing apart from one or two person capture wrap [a technique staff were trained to use]. It's hand support." Another staff member said, "We do have techniques to use but I've never had to use them. The manager offers refreshers the techniques. If I'm not sure I'm told not to use them."

People told us that had enough to eat and drink and staff knew about their food and drink preferences and requirements. One staff member told us, "This folder here [in kitchen] has all the information about different foods people like." Staff offered people healthy options. One staff member said, "We have the fruit bowl and we encourage service users to choose fruit rather than crisps or sweet snacks." Another staff member described how they helped people to choose what they ate. They told us, "We have a set meal plan we follow. Service users can choose what they want to eat. We usually have sandwiches for lunch and they choose the filling. But if it's cold some soup or a toasted sandwich I think is best. Same as you would do at home." Where there was the need to record what people had eaten and drank, this was recorded in their case notes. This was to make sure that people had a sufficient amount to eat and drink.

People received support to remain healthy. A relative told us, "If [person] needed the GP, there is an excellent surgery who are helpful and there is never any waiting time. Staff always went with [person] and stayed with them." We saw that people were supported to maintain their health by staff completing health action plans. These are documents that record a person's specific health need and then actions are identified and undertaken to make sure the person receives the support they need. As a result of these plans, people received good access to, for example, their dentist, chiropodist and physiotherapist. We saw that one person's weight was stable but there were previous concerns that they were losing weight. A dietician had recommended that their food be fortified to add additional calories. We found that staff were not always aware of this. The registered manager told us they would remind staff of the need to do this.

## Is the service caring?

### Our findings

People received support from staff that were kind and caring. A relative told us, "I think staff are caring. They talk to [person] and listen to what [person] wants. They tell me what is going on and I think they look after [person] well." Another relative said, "The majority of the staff are very good and caring. There's nothing that concerns me, it's just some staff are better than others. Most staff are fine. Love [person] to bits and are good to [person]." We saw that staff spent time with people listening to them and responding well to their requests. They gave people the time they needed where reassurances were required and spoke politely to them. One person was supported to sit at a table to eat their meal. A staff member was heard saying, "Can you shuffle your bottom back a little and get comfy, that's it." After they had placed a cushion behind the person they then said, "How's that, feel okay?" This demonstrated a caring approach from staff.

People's privacy and dignity was respected. We saw staff knock on people's doors before they entered their room. We also saw that where staff offered personal care to people they did this discreetly and sensitively. Staff explained how they protected people's dignity and privacy. One staff member told us, "I'm a male worker and I do support females. One person just needs a reminder so I stay outside the bathroom but I'm there if needed just to remind to do everything needed." Another staff member said, "I make sure the bedroom door is closed and the curtains are when providing personal care." We found that people's care records were securely stored and access was only available to those authorised to view them. People could therefore be confident that their privacy and dignity would be maintained.

Staff used a variety of methods to make sure that people were involved in decisions about their care wherever they could. We saw staff members presenting different options for snacks and drinks to one person and asked them to point to the one they wanted as they were unable to speak. A staff member told us how they knew about another person's communication methods which helped them to be involved in deciding when they needed their medicines. They told us, "One person can sign yes if they need pain relief." Where people may have required additional support to make decisions, the provider had information available on advocacy services. An advocate is a trained professional who can support people to speak up for themselves. We saw that an advocate was involved for one person to help them to be involved in a significant decision. In these ways, wherever possible, people were involved in making decisions about their lives.

Staff knew the people they were supporting including things that mattered to them. One staff member told us, "I took [person] to see their dad and two sisters and I have got to know him well. [Person] used to use a thumbs up to say thank you but now kisses my hand which is something I noticed [person] did with Dad. So I think [person] knows me well now too. Once you've learnt [person's] gestures and mannerisms it's fine. I've read the history in all the care plans and I often refer to it to make sure I can remember their family and other information." We found that other staff also knew people well including specific information which helped them to develop good relationships with people. For example, one staff member was able to describe a radio station one person preferred. This demonstrated that staff had got to know people well.

People were supported to develop their skills and abilities wherever this was possible. One staff member

told us, "Some service users like to do a little for themselves. It's based around their needs really. [Person] prepared their packed lunch this morning before going to college." We saw a person return from an activity and they were encouraged and empowered to make a snack for themselves. We also saw in people's support plans tasks that people could do for themselves so that staff had the guidance they needed. This was important so that people retained and developed their skills and so that tasks were not completed on their behalf where this was not required.

People were supported to maintain relationships that were important to them. One relative told us, "I can visit anytime and I do with the grandchildren." Another relative said, "I visit often and usually ring first and staff always say, 'You don't have to ring when you want to come, just arrive'."

## Is the service responsive?

### Our findings

People received support that was based on things that mattered to them and which reflected their own choices. A relative told us, "[Person] was in the other home [another Heathcotes home] but couldn't manage the stairs and they had a downstairs room here [to move into]. I'm very pleased and [person] is far more settled." We saw one staff member offering a person their lunch. The person declined. After talking with the person for a while about what they had been doing that morning, they asked the person again if they would like their lunch. They indicated no again. The staff member said, "That's fine, I'll just cover it up and put in the kitchen. It will be there when you are ready." We saw that staff responded to people's requests without undue delay and offered their support in ways that people looked satisfied with. We found that there were male and female staff available to people so that they could choose who to receive support from where they were able to make this decision.

People had support plans that were centered on them as individuals. These were written following an initial assessment of their support requirements before they moved into Heathcotes (Magna). This initial assessment was important so that the service could be sure they could meet each person's specific needs. We found that people's support plans were focused on each person and detailed guidance for staff on the support they required. These included routines that mattered to people. When we visited, we saw that staff focused on things that people enjoyed and helped them to avoid things that caused them distress. We read that people were being supported to achieve individual goals. One person was being supported to understand the reasons they needed a particular medicine. We also saw that people's aspirations were being action planned with them to help them to lead a full life. In these ways people received support based on things that mattered to them.

People contributed, wherever possible, to their care planning and review. Where this was not possible due to their communication differences, their representative was consulted. A relative told us, "She [registered manager] keeps the family well informed of any changes or incidents. We meet for care plans." A staff member said, "[Person] has family and their dad and sister are fully involved in [person's] care." We saw that three monthly reviews occurred to make sure that the support people received was still meeting their support requirements. Reviews also occurred sooner if there was a change to a person's support needs. Staff had adapted their reviews to include people wherever possible. One person was supported to review their needs by using objects to find out which activities they enjoyed and which they did not. This meant that people could be confident that they would receive support that was focused on them and their changing requirements.

People spent time undertaking activities and hobbies that they enjoyed. One staff member told us, "[Person] has gym membership and goes twice a week and swims there too. [Person] goes shopping for toiletries in a local shop with support." Another staff member said, "[Person] likes to go to McDonalds and charity shops. [Person] loves beads and bracelets. We have another person who is out at college. They go two days a week for cooking, arts and crafts and also does woodwork." When we visited we saw that people were coming and going from their home all day and undertook a variety of different activities. There were puzzles, games and art materials available to those who chose not to access the local area. We found that people looked

satisfied with the activities offered to them and we found that people had opportunities to try new things to help them to live full lives.

People had information available to them about how to complain which was displayed. People's relatives told us that they knew how to make a complaint on their loved one's behalf where they were not able to do this for themselves. One relative said, "I have no complaints nor have had in the two years [person] has been there. No concerns and yes, I would speak up. I would go straight to [registered manager]." Another relative told us, "I've only had to complain once. It's all okay now. No complaints but if I did I would go straight to [registered manager] and if there was ever a major concern I would go straight to social services, I have the number." We saw that where the provider received a complaint, they took action to make any required improvement. They learnt from complaints to make sure that people received a service that both they and their loved ones were satisfied with.

## Is the service well-led?

### Our findings

People's relatives spoke highly of the service their loved ones received. One relative told us, "Heathcotes are a very good organisation. The manager is excellent; tells us everything." Another said, "[Registered manager] always tells me what's going on. There's nothing to complain about. I can't think of anything else they could need to make it better in the home." A further relative commented, "This is a lovely service compared to others. I think there are enough resources."

People and their relatives had opportunities to comment on the quality of the service. We saw that staff arranged individual meetings every month for each person. These focused on what was working for the person and identified any actions required. Relatives confirmed that they had been sent questionnaires from the provider asking for their feedback. We saw that the regional manager collated the responses and identified any areas for improvement where these were required. We read many positive comments about the service from questionnaires that had been issued to people's relatives and staff. The regional manager told us that they did not currently share their findings with people, their relatives and staff. They said that they would discuss undertaking this at an upcoming quality meeting as they felt this would be something of benefit.

Staff described the support they received as positive. One staff member told us, "The support is really good you know. We've got a good rapport. I feel I can go to [registered manager]." Another staff member said, "The manager is approachable. She is good with supporting staff with issues or concerns that I have." Staff confirmed that they were able to offer suggestions for improving the service and that the registered manager and provider listened to these and took action where they felt it was needed.

Staff knew what was expected of them. This was because the provider had a range of policies and procedures in place and available to staff that supported this. We saw that staff attended both individual and group meetings with the registered manager. A staff meeting was occurring when we visited and we saw that these meetings covered the discussion of people's support requirements, reminders for staff about their working practices and ideas for improvement. Staff demonstrated that they knew their responsibilities. One staff member described the action they would take should they have concerns about another staff member's practice. They told us, "If I was concerned about a colleague, I'd ask them to leave the room and get another member of staff to stay with the person. If it was really serious I'd ask the colleague to leave the premises. I'd always inform the manager or on-call staff."

The provider had clear aims and objectives that they strove to achieve that were known by staff. One staff member told us, "We aim to encourage independent living and to give effective care. We do this by including people in meal planning and to make people as confident as possible. We aim to increase people's quality of life and to make a difference." We found staff working consistently to these aims when we visited. This meant that there was a shared understanding of the provider's aims and this helped staff to deliver the service's goals.

The registered manager was aware of their responsibilities. We saw that they had submitted statutory

notifications to us for significant events, such as serious incidents. This was important so that we could check that appropriate action has been taken. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.

The registered manager and provider carried out a range of checks on the quality of the service to make sure people received good care and support. We saw that the environment was routinely checked. One of these checks highlighted that a carpet was requiring attention and action was being taken to make improvements. We also saw that other checks occurred. These included checks on people's medicines and staff training. Where action was required, this was noted and signed off once completed. We saw that the provider carried out visits and checks at Heathcotes (Magna). They checked topic areas such as staffing, finances and training. Where improvements were needed, actions were identified for the registered manager to undertake. We saw evidence of actions being undertaken. We found that the registered manager used theirs and the provider's checks to improve the quality of the service.

The registered manager had an open and transparent approach to running the service and sought to drive improvement. They looked at when things had gone wrong and took action to make improvements. They were also reviewing some of their procedures to look at ways of improving quality. This included team meetings. The registered manager told us they were adding an agenda item where discussions would be held to look at innovative practice to improve outcomes for people using the service.