

Mr Andrew Meehan & Mrs Frances Anne Meehan

Heathside Retirement Home

Inspection report

74 Barrington Road
Altrincham
Cheshire
WA14 1JB

Tel: 01619413622

Date of inspection visit:
18 May 2016
19 May 2016

Date of publication:
29 June 2016

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?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on the 18 and 19 May 2016 and was unannounced.

Heathside Retirement Home was last inspected in February 2015 when it was found to be meeting all the regulations we reviewed.

Heathside is a care home registered to provide personal care with accommodation for a maximum of 30 people. The home has 28 single rooms and one double room. Most rooms have an en-suite toilet. At the time of our inspection 29 people were living at Heathside. The home has two lounges and a dining room. There is a large accessible garden area to the rear of the property.

One of the owners / providers is also the registered manager for Heathside. 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.

A manager was also employed to manage the service on a day to day basis. We were told the manager was in the process of applying to become the registered manager; however at the time of our inspection CQC had not received an application for this.

During this inspection we found breaches of Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all risks had been assessed. Guidance for staff to follow had not always been updated when people's needs had changed. You can see what action we told the provider to take at the back of the full version of the report.

A process was in place to recruit suitable staff; however records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited. We found the reasons for gaps in three people's employment history had not been recorded. The manager told us they would record this information in future.

People told us they felt safe in the service and had no concerns about the care and support they received. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the provider and manager would act on any concerns raised.

Care staff received the induction, training and supervision they required to be able to deliver effective care. We saw that a training consultant had recently been employed to support the staff with their training requirements. We saw, and were told, the staffing levels were sufficient to meet people's needs.

We saw that medicines were managed safely. People told us that they received their medicines as prescribed. Protocols were in place to guide staff as to when 'as required' medicines were to be administered. We found there were discrepancies in the stock of two PRN medicines. Weekly audits were

completed and any issues found were acted upon.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of fire systems and equipment.

People told us they received the care they needed. Care records we reviewed showed that people's needs had been identified. However, it was not always clear what changes had been made when people's needs had changed. Records had not been dated to show the most current information for staff to follow. We noted a new computerised care record system was being introduced.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to ensure people received the care and treatment they required.

People we spoke with told us that the staff at Heathside were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff showed they had a good understanding of the needs of people who used the service. Some staff had completed training regarding end of life care; although they would like additional training in this area. One of the visitors we spoke with during the inspection told us the end of life care their relative had received in Heathside Retirement Home had been excellent.

We noted capacity assessments were completed for all people moving to Heathside to assess whether people were able to consent to their care and support. The provider and manager were aware of the actions to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLS). We found the front door of the home was locked and required a fob to open; meaning people could not leave unescorted if they wanted to. The manager has contacted the local authority for advice as to whether their initial capacity assessment covers the fact the door is locked as this was known when people agreed to move to the home.

A programme of activities was in place for people at Heathside. We were told a new activities officer had been employed to increase the activities available for people.

Staff told us they enjoyed working in the service and received good support from the provider, manager and senior care workers. Regular staff meetings took place and staff said they were able to make suggestions and raise any concerns they had at the meetings.

There were effective systems in place to investigate and respond to any complaints received by the service. A system of residents' meetings and surveys was in place for people and their relatives to comment on the care provided at the home. All the people we spoke with told us they would feel confident to raise any concerns they might have with the manager.

We noted there were a number of quality audits in the service; these included medicines, care records and the environment. Action plans were completed following the audits.

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.

Risk assessments were not always completed.

A process was in place to recruit suitable staff; however the reasons for any gaps in employment history had not been recorded.

Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Care staff received the induction, supervision and training they required to be able to deliver effective care.

Systems were in place to assess people's capacity to consent to their care and treatment. The home had a locked front door. It was not clear that this had been part of the completed capacity assessments.

People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind and caring in their approach. Throughout the inspection we observed kind and respectful interactions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well and provided person centred care and support.

Is the service responsive?

The service was not always responsive.

People's care records contained enough information to guide staff on the care and support required. It was not clear how changes in people's needs translated to changes in care plans. Care plans were not always dated.

A programme of activities was in place and a part time activity officer recruited.

The provider had effective systems in place to record and investigate any complaints they received.

Requires Improvement 

Is the service well-led?

The service was well-led.

A registered manager, who was also one of the providers, was in place as required by the service's registration with CQC. A manager was also employed to manage the day to day service.

Staff told us they enjoyed working in the service and found the provider and manager to be both approachable and supportive.

There were a number of quality assurance processes in place. These were used to help monitor and improve the service.

The provider had systems in place for gathering the views of people who used the service and their relatives.

Good 

Heathside Retirement 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 18 and 19 May 2016 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist adviser in dementia on the first day of the inspection. One adult social care inspector returned on the second day of the inspection.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local Healthwatch organisation and the local authority's commissioning team and Trafford Council's safeguarding and infection control teams to obtain their views about the service. They did not express any concerns about the service provided at Heathside Retirement Home.

During the inspection we observed interactions between staff and people who used the service, including over the lunchtime period. We spoke with three people who used the service, four visiting relatives, one visiting health professional, a volunteer and three visiting professionals. We also spoke with the service provider, who was also the registered manager, the manager, six members of care staff, the chef, housekeeper and laundry assistant. After the inspection we contacted a local authority reviewing officer who had been visiting the service on the first day of our inspection.

We looked at the care records for three people who used the service and the medication records for six people. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe at Heathside and had no concerns about the care and support provided in the home. People told us, "Oh yes I'm definitely safe and well cared for here" and "I feel perfectly safe." A relative told us, "Mum's lived here for five years; she's safe and happy."

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the provider or the manager and were confident that appropriate action would be taken. We saw information on how to report any suspected abuse was available on the notice board in the staff office. This should help ensure that the people who used the service were protected from abuse.

We looked at four staff personnel files. The files included an application form, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We noted employment history on three application forms had short gaps where it was not clear whether the applicant had not been working or in college. The manager confirmed they had asked about this period during the interview; however there was no record kept in the personnel files. The manager informed us they would record this information for future applicants. Current staff files also needed to be reviewed to ensure that this information is recorded where required. This meant that the records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited.

People we spoke with and their relatives thought there were enough staff on duty for each shift. One said, "There always seems to be enough staff; they come quickly if I need anything." Most staff we spoke with told us they felt that there were enough staff on duty at Heathside. They told us they had time to sit with people during their shift to talk or play games, especially in the afternoon. Our observations during our inspection confirmed this.

Records we saw showed there were five care staff on duty in the morning. There were three care staff on duty in the afternoon and two staff at night after 10pm. At least one staff on each shift was a senior carer. Three staff told us that it can be very busy at certain periods of the day, especially when people were going to bed and in the morning before the day staff started work. One staff told us they would talk to the provider and manager if they thought more staff were needed. We spoke with the provider and a senior carer about the number of staff on each shift. They said they regularly review the staff levels as people's needs change. They informed us they recognised periods of some shifts were busy; however staff were able to meet people's needs in a timely manner.

We saw from the rotas agency staff were not used. We were told that the staff team covered for each other when they were off. This meant that people who used the service were supported by staff who knew them

well.

The care records we looked at identified risks to people's health and wellbeing including falls, reduced mobility, poor nutrition and the risk of developing pressure ulcers. The risk assessments had been reviewed by a senior care worker. However, we were not always able to identify the actions implemented where risks had changed or increased. In some cases we saw the risk score that identified the level of risk had not been recorded. All falls were recorded and referrals made to the falls team if people had multiple falls. The staff we spoke with, especially the senior carers, were very knowledgeable about the support each person required to be safe. Clear guidance for support staff to follow to mitigate identified risks was not always in place. For example we saw one person had recently had bed rails fitted to reduce the risk of them falling out of bed. A risk assessment and guidance for staff to follow had not been written for the use of the bedrails. This meant that staff who do not know the person well may not support them in the best way to reduce the identified risks.

We noted environmental risk assessments had been completed; for example for the use of the lift and cleaning equipment. We noted there was a staff only staircase off the ground floor hall to access the basement. A door was at the top of the staircase; however, the door was not secure meaning people who used the service could access the staircase. The staircase was steep and uncarpeted. The provider told us they will look for a solution to secure the door whilst allowing staff easy access to the basement where the office is located.

We found that not all risks had been assessed and guidance for staff to manage risks appropriately was not always updated when people's needs changed. We found this to be a breach of Regulation 12(1) and 12 (2) (a) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked at the way medicines were managed in the service. We saw an up to date medicines policy was in place. Training records showed and we were told that senior care staff had received training in the administration of medicines. We saw evidence of annual observations of the senior staff members administering medicines. This meant the senior care staff were provided with the skills and knowledge to administer medicines safely.

We looked at the Medicine Administration Record (MAR) charts for six people who used the service. We saw a sheet was in place with a picture of each tablet prescribed. This meant if a tablet was accidentally dropped the staff would be able to identify which tablet it was. We found that the MAR had been signed to confirm that people had received their medicines as prescribed. All the people we spoke with said they received their medicines when they should do.

We saw body maps in place to indicate the location of any topical creams that were required to be applied by the care staff. These were clear and included the prescribing details for the cream. The prescribing instructions on some creams stated 'apply as directed'. This does not provide clear guidance for the service's staff. The senior carer explained the service follows the verbal directions given by the GP at the time of prescribing. These instructions should be hand written on the MAR sheet for clarity. The senior carer had written to the GP to request more detailed prescribing instructions are included. We saw that all creams and bottles of medicines were dated when they had been opened. This meant staff would know when opened medicines needed to be disposed of even if they had not all been used.

We noted protocols were in place where people were prescribed 'as required' or variable dose medicines. The information in these protocols should help ensure staff were aware of how people who used the service might communicate their need for particular medicines such as those prescribed for pain relief. For variable

dose medicines we saw the actual number of tablets administered each time was recorded.

We noted the MARs were stored in a file kept on top of the medicines trolley. The medicine trolleys were secured and locked to a wall; however the MAR files were accessible. The manager moved the files during the inspection to a lockable cupboard in the office. This would help to ensure people's confidential information securely stored.

When we reviewed the stock of 'as required' medication held we found a discrepancy between the total there should have been based on the number of tablets signed for on the MAR sheet and the actual stock held for one of the items checked. A senior carer showed us the weekly audits they completed, which included a stock check of all boxed medicines. The senior carer confirmed that additional PRN medicines could be ordered via the GP if stocks were low when they were checked. Where discrepancies in the number of tablets were identified the senior staff who administer medicines were spoken with to ensure they recorded all PRN medicines administered. We saw records of additional supervisions and observations of practice being held. This meant that recording issues were noted by the service and action taken to reduce them in the future.

We saw medicines that were controlled drugs were stored and recorded correctly, and a daily stock check was carried out. Controlled drugs are drugs which by their nature require special storage and recording. This minimised the risk of errors or misuse.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We saw that the all areas of the home were clean throughout and free from malodours. One relative told us, "The home is always pleasant and clean and tidy." We saw that a daily environment check had been introduced and was undertaken by the training consultant. This covered all bedrooms, including mattress checks and communal areas. Records showed, and staff confirmed, that infection prevention and control training was undertaken by all staff. The housekeeper we spoke with confirmed they had completed this training and knew of the action they should take to help prevent the risk of cross infection.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. Staff were able to explain the system in place for ensuring soiled laundry was safely handled.

We saw that the local authority had completed an infection control audit in August 2015 and the service had been rated as 'green' (high compliance) overall. Following a recommendation in the audit a toilet on the first floor had been designated as a sluice room and was kept locked when not in use. We were told the night staff cleaned all equipment, for example wheelchairs and hoists; however this was not recorded.

We checked the systems that were in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service. These gave clear guidance as to the support each person would require in the event of an emergency. A fire inspection by the Greater Manchester Fire Service had been completed in June 2015. Actions identified had been completed. Fire doors had been checked for correct closing in April 2016 by an external company as part of a fire drill. Weekly fire alarm checks were carried out.

Records we reviewed showed that the equipment within the home were serviced and maintained in accordance with the manufacturers' instructions. This included the lift, fire alarm, call bell and emergency lighting systems. Records we looked at showed that regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

We saw that a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager, manager and staff what to do if there was an incident or emergency that could disrupt the service.

Is the service effective?

Our findings

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). We checked whether the service was working within the principles of the MCA.

The care files contained a capacity assessment relating to the decision for people to move to Heathside, using the local authority paperwork. We saw one person had a capacity assessment and best interest decision related to the use of restrictive bed rails. A DoLS authorisation was in place for this person. We spoke to a relative of this person who confirmed they knew about the DoLS authorisation and the reasons why it was in place. We saw six DoLS were in place and one was awaiting authorisation by the local authority.

Throughout the inspection we saw the front door was locked using a magnetic seal and needed to be opened with the use of a fob. This meant people could not leave the home when they wanted. The manager confirmed that if people wanted to leave the staff would accompany them to ensure they were safe. We did not observe anyone asking or seeking to leave the property. We were told other external doors in the home, for example to the enclosed back garden, were accessible for people to use. We noted that two of the three people whose care plans we reviewed had been assessed as having the capacity to decide to move to Heathside Retirement Home.

We found the service was working within the MCA, however, advice from the local authority DoLS team should be sought as to whether the initial capacity assessment for people to move to Heathside covers the locked front door, as this was known when people moved to the service, or whether a new capacity assessment was required. After the inspection the provider confirmed they had contacted the local authority and were waiting for a response. In the meantime they were making fobs for the front door available for relatives and people who used the service if they wished to have them. This would be added to the residents' meeting agenda.

The manager and senior care workers we spoke with had an understanding of the MCA. Care staff had limited knowledge of the MCA. We were told the training consultant had planned MCA training for the staff team in the next two months.

Staff clearly explained to us how they supported people to make everyday choices about their care and support, for example what they wanted to eat and what they wanted to wear. During the inspection we

observed staff offering choices to people who used the service and staff sought people's consent when supporting them.

During the inspection we looked at whether the staff received the training they needed to carry out their roles. We were shown training records for all training completed by staff. We found staff had received mandatory training in safeguarding vulnerable adults, first aid, manual handling, fire and infection control. Staff we spoke with confirmed they had annual refresher courses. We were told a training consultant had recently been employed who will complete MCA and safeguarding training with staff. We spoke with the external trainer for manual handling courses. They confirmed they complete annual refresher courses for all staff and additional courses for new staff as required. They also said, "If staff have any queries or people's needs change they will ask me for advice." A new member of staff told us, "I haven't had my manual handling training yet so I call for assistance from colleagues if people need support with their mobility." The staff member was undertaking their manual handling training on the day of our inspection.

Staff told us when they started their employment at Heathside they completed training videos and booklets before shadowing an experienced member of staff for one week. This meant they could get to know the people who used the service and their needs. Staff started workbooks that were part of the care certificate with an external training provider. The care certificate is a nationally recognised qualification for new staff working in care. We saw induction checklists had been completed when staff started their employment.

We also spoke with the distance learning co-ordinator who was visiting the home on the day of our inspection. They told us they use workbooks for the courses on dignity and preparing for work in social care for new staff (part of the care certificate). They said, "It is easy to work with Heathside as the staff are kept focused on the workbooks and complete them as agreed."

Staff told us that they received regular supervisions and appraisals with the senior care workers, manager and more recently the training consultant. Records we saw showed that supervisions took place every three to six months. We noted, confirmed by staff, that staff were asked for their comments or suggestions and supervisions included discussions about changes that have occurred and training.

This meant that staff were provided with the skills, knowledge and support to help deliver safe and effective care.

We observed a morning handover meeting between the night shift and the incoming day shift. The handover was used to inform staff of people's wellbeing and any changes that had been noted. Staff told us if they had been off work for an extended period, for example annual leave, they would receive an extended handover from the senior care worker or manager on their return to work.

We saw the morning staff were allocated to work in a specified area of the home to support people to get up when they wanted to. This meant staff knew who they were supporting and all areas of the home had a staff presence. Staff told us they co-ordinated support with their colleagues for the few people who required two staff to support them with transfers and mobility.

We saw a senior carers communication sheet was used to record any information for the senior carers to be aware of; for example new red areas of skin noted by staff or GP appointments requested.

We looked at the systems in place to ensure people's nutritional needs were met. The care records we looked at all contained a risk assessment regarding people's nutritional intake. We saw that people were weighed regularly. Food and fluid intake was recorded for people assessed as being at risk of not eating or

drinking enough. At the time of our inspection these were completed on a new CareDocs computer system. Only one computer terminal was available for staff to access the system, which resulted in the staff completing the food and fluid records at the end of the shift. This made it more difficult for staff to complete the records accurately. We were told that when the system is fully operational hand held devices will be available for staff, which would enable records to be updated throughout the shift. We will check this is in place at our next inspection. We saw evidence of referrals to the dietician and the speech and language team (SALT) where people were at risk of mal-nutrition.

Most people told us they were happy with the quality of the food provided in the home. Comments people made included, "The food's brilliant – it's better than mine!" One person said, "The food's okay; you get a little bit of choice." The chef had details of each person's likes and dislikes and any special requirements, for example a soft diet. The care staff provided any updates on advice received from the SALT team. One relative told us, "The staff adapted to mum's changing needs, they noticed she wasn't swallowing as well so they now liquidise her meat and support her to eat."

Menus were planned in advance and rotated on a four week basis. People were offered a choice and could ask for alternatives if they preferred. We noted the majority of people had made the same choice of meal on the days of our inspection. We saw the kitchen was clean and well stocked. The most recent inspection from the environmental health department had awarded the service a 5 (Very Good) rating.

We observed the lunchtime experience in the dining room. We noted that the atmosphere was relaxed and unhurried. Staff encouraged people to eat as much as possible and provided individual assistance and reassurance to people who required support to eat. We also observed people could have their breakfast when they wanted it, with some people eating breakfast in mid-morning when they had got up. This meant people had choice over when they got up in a morning and when they ate their breakfast.

We also saw that referrals had been made to dieticians and district nurses when required. We spoke with a district nurse who visited the service twice a week. They said staff followed guidance given to support people at risk of developing pressure sores. They told us "One person had a chronic wound. This had nearly healed with the care at Heathside but they went into hospital and the sore returned." We saw that people at risk of developing pressure sores had the appropriate pressure relief mattresses in place provided by the district nurse team. Records were kept of when people were supported to re-position.

Each person was registered with a local GP. Records confirmed the GP's were contacted if people were not well. GP visits were recorded in people's care files. One relative said, "Staff will call the GP when it's needed." This meant that people's health needs were being met by the service.

Is the service caring?

Our findings

All the people who used the service we spoke with said the staff were kind and caring. One said, "The staff are wonderful and very helpful" and another said, "I'm happy with the staff, they know me well and I'm treated very well indeed." A relative told us, "Staff are fantastic and devoted; I wouldn't want mum anywhere else" and another said, "I can't praise the staff enough, mum enjoys the banter with the staff and the home keep me informed of all GP visits or other issues."

Throughout our inspection we observed warm, patient and friendly interactions between staff members and the people who used the service, with appropriate humour being used. We saw staff clearly explaining to people about the care they were going to provide. Staff regularly asked people if they were okay or needed anything. The home had a calm atmosphere throughout our inspection. We observed staff playing cards and dominoes in one of the lounges with people.

A visiting health professional we spoke with said, "The home is always friendly and welcoming. The people I come to see are happy and say nice things about the home to me." We spoke with a visiting hair stylist, trainer and a person who led an activity session twice a week. All were complimentary about the care provided at Heathside. Comments included, "the staff are always friendly", "I visit several different homes and I have recommended Heathside to people I know" and, "People are always clean and well dressed; staff do nails for people."

Staff knew the needs of the people they were supporting and understood the meaning of person centred care. One said, "We ask people what they want to do such as what they want to wear or when they want to get up." Another said, "I encourage people to do things for themselves where they can such as washing themselves or picking their clothes." Staff also described how they maintained people's privacy and dignity when providing personal care. One staff told us, "I treat people how I would want to be treated."

Care records we reviewed included limited information regarding people's interests, their family and social history. This meant the staff may not have the background information to talk with people or support them if they have some memory loss, especially when they first move to the home. However, we observed staff had formed meaningful and caring relationships with the people they supported. Our discussions with staff showed they had a good understanding of the needs of the people they were looking after.

We saw that care records were held securely in the downstairs office; this helped to ensure that the confidentiality of people who used the service was maintained.

We looked at the arrangements in place to help ensure people received the care they wanted at the end of their life. We saw evidence that some people who used the service had end of life care plans in place. The manager told us the home received a lot of support from medical professionals and the dementia crisis team to enable them to support people to remain at Heathside if they want to at the end of their life. One staff member told us they had received some training in end of life care but would like more. We were told this would be part of the new training consultant's role to arrange any additional training required. Staff

told us support was provided for them following a person's death by the managers and their colleagues. A volunteer whose relative had passed away at Heathside said, "[relative's] end of life care was good; they were pain free and comfortable throughout."

We were told that the service has an open door policy and visitors are welcomed. During our inspection we saw a number of visitors coming and going. People we spoke with said they could visit whenever they wanted. We also saw a person visiting from the local church to say prayers with people if they wanted to. Information was also provided for the services being held at the local church so families could support people to attend. We noted that a bible session was held each week. This meant the service was meeting people's spiritual needs.

Is the service responsive?

Our findings

People and relatives told us that staff responded well to their needs. One relative said, "Staff know people's needs." Another said, "There doesn't seem to be a high turnover of staff so they get to know the people they support."

We saw that a pre-admission assessment was completed before people moved to Heathside. This provided initial information for staff to be able to support people when they moved and was developed further as staff got to know the person. Information from the person themselves, social workers, hospital and families where appropriate was used in the assessment. The assessment included any equipment the person would need, for example a supportive mattress or a wheelchair.

We spoke with the relatives of a person who had recently moved to live at Heathside from another care home. They told us they had been able to visit Heathside a few times before they decided to proceed with the move. Their relative had also visited prior to moving. We were told the manager had completed the initial assessment with them and their relative. The manager had also spoken with the manager of the previous care home. A review of the support provided at Heathside had been arranged for six weeks after they had moved in. The relatives said, "The staff had thought about who [relative] might get on with and had got them to sit together at lunchtime."

Staff told us they were able to read the initial assessment before people moved to the home. The manager also gave a verbal handover to staff. This meant staff had sufficient information to support people safely when they moved to Heathside.

We saw the care plans were reviewed each month by the senior care workers. However it was not clear how changes identified in people's needs or risk assessments had been translated into changes in the care plans. For example we saw one person had a pre-admission assessment completed when they moved to Heathside two years ago. It was not clear how their needs and support had changed since they moved to the service. We also saw a 'mental health' assessment had been completed, which rated areas such as mood, memory, agitation. We did not see clear guidance for staff in the 'my care plan' document to support people who had been assessed as having a high rating in these areas. Not all documents had been dated as to when they had been completed. This meant it was not possible to see how current the information was.

This meant not all the records contained complete or up to date guidance for staff to follow when supporting people whose needs had changed. We found this to be a breach of Regulation 17 (2) (c) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Staff told us they were informed of any changes in people's needs at the daily shift hand overs. One person who used the service said, "I'm happy with the staff; they know me well." A relative said, "The staff know what support [relative] needs."

A reviewing officer told us they found the care records to be up to date for the person they had reviewed. We

were told that people and their families were involved in reviewing the care plans and the support they wanted, although this had not been evidenced in the care plans we saw. Two relatives told us they had all been involved in planning their relative's care. A comment from the relatives' survey was, "I'm consulted for every part of [relative's] care."

We saw the service was in the process of implementing a new computer based system for care files called CareDocs. We found there were some discrepancies in the information held in the paper files and the information entered into the CareDocs system. We were told not all staff had received full training for the new system so they may still be using the paper system. It is therefore important that the information on both systems is consistent during the transition to the CareDocs system. Staff we spoke with were positive about the new CareDocs system and were confident using it to look at care plans and record daily notes. The use of the new system will become easier when hand held devices are available for staff to use instead of the one fixed computer terminal in use at the time of our inspection.

We saw a programme of activities had been arranged involving external people visiting the home, including chair based exercise, chair games and reminiscence. We spoke with one person who supported two activity sessions each week. They said, "The staff encourage people to join in each week; there can be up to 15 people taking part." We were told the home had run a project to hatch some chicks in April 2016 which had been enjoyed by the people who used the service.

The provider told us an activity officer had been employed for 15 hours per week and was due to start work at the end of May 2016. This would be in addition to the external activities currently undertaken. This should mean that there will be an increase in the activities available for people to participate in.

We asked the manager how they supported people if they needed to move on from Heathside. The service does not provide nursing care, therefore if people's needs change they may require to move to a service with nursing care. The manager said they receive support from the local medical professionals for people to remain at Heathside if they want to. If people did need to move they would make referrals to the dementia crisis team or the mental health crisis team and the GP. A person's family would also be involved. This should help people to transition to a new service.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We saw the complaints procedure was displayed in the lounge area. Any issue raised was recorded. We saw the service responded promptly to concerns raised and checked with the person raising the issue that they were happy with the outcome. We also saw compliments the service had received. People we spoke with said they would talk to the staff, manager or provider if they were not happy with anything. A relative said, "[Provider] and [manager] are very approachable; anything I mention is dealt with straight away."

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC, who was also one of the providers of the service. They were supported by a manager. We were told the manager was applying to become the registered manager; however at the time of our inspection CQC had not received an application for this. A training consultant, who also had previous experience in a local authority commissioning services, had recently been appointed to support the service with undertaking audits and ensuring staff training was completed.

We were shown the new CareDocs computer system currently being installed. This had a range of care assessments, care plans, life history and risk assessment pages for comprehensive information and guidance to be recorded. It was planned for all people's information to be input onto the new system within the next month. Staff would be trained to use the system during this time. The provider told us staff would then have better access to people's care files as they are currently stored in the basement office. They also said the manager and senior carers would then be able to be more visible within the home as they would be able to access the system from anywhere within the home using dedicated terminals or hand held devices. We will check how the new system is working at our next inspection.

A quarterly newsletter was produced and given to people who used the service and their relatives. We saw the April – June newsletter which reported on the most recent residents' meetings and the results of the surveys undertaken by the service.

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

Weekly audits were completed for the medicines and MAR sheets. Monthly audits were completed for care plans. A daily environmental audit was completed. We saw any issues on the medication and environmental audits were highlighted and actioned. Checks of any equipment, for example wheelchairs and walking frames were completed each month.

We saw incident and accident forms were collated centrally each month and reviewed by the manager. Falls were logged and monitored for multiple falls for the same person and any trends in respect of time of falls or where they had occurred. Where required advice was sought from the occupational therapist and referrals made to the falls team.

Staff we spoke with during the inspection said they enjoyed working at the service and were positive about the provider and the manager. The staff were confident they could approach the provider or manager if they had any concerns and they would be listened to. People who used the service and relatives we spoke with all said that they would talk to the provider or manager if they had any concerns. They told us they were approachable and were confident that any issues would be dealt with promptly.

The service had a set of policies in place to guide staff that were current.

We saw regular residents' meetings were held and minuted. We saw people were asked for their views on the service as part of the meetings. An annual survey was conducted for people who used the service, relatives and professionals involved with the service. The results had been collated. We saw any areas of concern raised at the residents' meetings or through the surveys had been addressed.

We saw minutes from the regular staff meetings that were held to discuss the service and any changes that were being made. Staff told us they were able to raise any issues or suggestions at the meetings. We saw monthly managers' meetings were held; the agenda included monthly tasks to be completed, complaints and quality audits. We were told minutes were not kept for the managers' meetings, with each manager keeping a record of any actions they had to complete.

This meant there were systems in place to monitor the quality of the service and where issues were identified action plans were put in place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks had been assessed. Guidance for staff had not been updated when people's needs or risks changed. Regulation 12(1) and (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care plans had not been updated when people's needs or risk assessments had changed. Regulation 17 (2) (c).