Leonard Cheshire Disability

Heatherley - Care Home with Nursing Physical Disabilities

Inspection report

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Date of inspection visit:
17 December 2018

Date of publication:
12 February 2019

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

This inspection took place on 17 December 2018 and was unannounced. Heatherley - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 40 people living at the service.

Heatherley - Care Home with Nursing Physical Disabilities is a care home that provides a range of services including nursing care and in-house physiotherapy treatment. The home is registered to provide support for up to 41 adults with physical disabilities. People live either in the main building or in one of six self-contained bungalows located within the grounds. People who live in the bungalows use the facilities in the main building any time of day or night. People living at Heatherley may have an acquired brain injury, stroke, cerebral palsy or multiple sclerosis.

At the time of our inspection there was an experienced 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.

At our last inspection of the service on 10 January 2017 we rated the service overall as 'Good' and 'Requires Improvement' in Well-led. This was because repairs to the home environment had not always been addressed promptly and some had the potential to impact on people's safety or wellbeing. Following the inspection, the provider submitted an action plan detailing the action they had taken to address the breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) 2014. At this inspection we found improvements had been made and the breach of regulation had been met.

Risks to people were assessed and managed safely. Medicines were managed, administered and stored safely. People were protected from the risk of abuse and staff knew what action to take to ensure people's safety. There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs and preferences were met. People had access to health and social care professionals when required and staff worked well with health and social care

professionals to meet their needs.

People were treated respectfully and staff ensured their privacy and dignity was maintained. People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. People were involved in making decisions about their care. There was a range of activities available to meet people's interests and needs. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis.

There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered. The provider worked in partnership with the local community and other professionals to ensure people received appropriate levels of care and support to meet their needs.

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

Risks to people's health and well-being were assessed and reviewed to ensure people's safety.

There were systems in place to safeguard people from possible harm or abuse and staff were aware of the action to take.

There were systems in place for the monitoring, investigating and learning from incidents and accidents.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

Medicines were stored, managed and administered safely.

There were systems in place to manage emergencies and to reduce the risk of infection.

Is the service effective?

Good

The service was effective

There were processes in place to ensure staff new to the service were provided with an induction.

Staff were supported to do their job and received training, supervision and appraisals.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005).

People's physical, mental, emotional and social needs were assessed before they moved into the home.

The home environment was suitably maintained and adapted to meet people's needs.

People were supported to eat a well-balanced diet and cultural and nutritional preferences were met.

People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring

People were supported to maintain relationships that were important to them.

There were established caring relationships between staff, people and their relatives.

People were able to express their views and were provided with information about the service.

People's diverse needs were met and staff were committed to supporting people to meet their needs.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive

People's diverse needs were assessed and met.

People were involved in making decisions about their care.

There was a range of activities available to meet people's interests and needs.

The service provided care and support to people at the end of their lives.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led

There were systems in place to monitor the quality of the service provided.

There was a positive caring culture within the home. Staff spoke positively about the registered manager.

Staff worked well as a team, communicated clearly and supported each other where needed.

People's views about the service were sought and considered.

The provider worked in partnership with the local community and other professionals to ensure people were supported to meet their needs.

Heatherley - Care Home with Nursing Physical Disabilities

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 checked whether the provider was 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 the 17 December 2018 and was unannounced. The inspection was carried out by one inspector, an assistant inspector and a specialist nurse advisor. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and incidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

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 used this information to help inform our inspection planning.

We spoke with 12 people using the service and four visiting relatives. We also spoke with 14 members of staff including the provider's regional manager, registered manager, nursing staff, physiotherapist, team leaders, support workers, activity staff, the chef and domestic staff. We looked at 12 people's care plans and care records, five staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures. Following our inspection, the provider and registered manager also sent us information we requested.

People living at the home had varying levels of communication so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

Good

Is the service safe?

Our findings

People and their relatives had mixed views about the staffing levels within the home. Comments included, "They're [staff] good, well trained. The only trouble is when regular staff are not here they'll bring somebody who is new or agency staff. It can be quite important to always have regular staff to be able to advise new staff", "Yes, I think so, we could always do with more but there is always someone around", "Whenever I visit there always appears to be", "Staff are always very busy but they come when they can", "Yes I think there is enough staff, some people are demanding", and, "I don't have to wait to long for someone to come, they [staff] are very good."

Staff we spoke with told us that staffing levels were consistent but at set times during the day they were very busy. One member of staff said, "We have fourteen staff on the shift. The mornings are very busy and one of the main duties are to see that residents get their breakfast on time. We try to give people at least thirty minutes but if there are accidents it takes longer, which means it takes longer to get to see the next resident." Another member of staff commented, "I think we are staffed ok. I do find the time to talk to people especially those who do not have families around and I talk to people who can't vocalise through the use of communication tablets."

During the course of our inspection we observed there were enough staff on duty and deployed throughout the home to meet people's care and support needs promptly. The registered manager showed us staffing rota's and told us that they reviewed staffing levels according to people's needs. We noted that staffing level ratios and rotas corresponded with staff that were on duty. In addition to employed staff the home used voluntary staff to help support during specific tasks such as at mealtimes and when carrying out activities.

We observed that call bells were responded to quickly when activated by people. The registered manager told us that most calls were responded to within ten minutes of activation which was their set target. If a call bell was ringing for more than ten minutes which they said did not happen frequently they would conduct an analysis to establish the cause of the delay and address any issues with staff. There were systems in place to monitor the call bell system and we looked at a call bell monitoring form for the 14 December 2018. It showed that for the period from the 16 November to the 16 December 2018 there was a total of 3230 calls, of this number there were seven calls which were delayed responses. We saw that action was taken to address these and this was discussed with staff.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included their full employment history and explanations for any gaps in employment, employment references, proof of right to work in the UK, health declarations, proof of identification and evidence that criminal record checks had been carried out.

People and their relatives told us they felt the home environment was safe and clean and they felt safe with staff that supported them. Comments included, "They [staff] keep it clean here, they clean the bungalow as well", "It always looks and smells nice when I visit", "Staff do their best, they are always carful when they help me", and, "Of course I feel safe. Staff make sure I'm not at risk of anything and help me when I need it."

People were protected from the risk of abuse. There were up to date policies and procedures in place for safeguarding adults and staff we spoke with had a good awareness and understanding of what they needed to do to ensure people were safe from harm and potential abuse. One member of staff commented, "Firstly, I would report any concerns to the manager. If I knew they hadn't done anything about the concern I would then take it higher." Records confirmed that staff received up to date safeguarding training to ensure they had the skills and ability to take appropriate actions and staff were aware of the procedures and had access to contact details for the local authority safeguarding team. Safeguarding information was displayed around the home for staff and people's reference. Safeguarding records we looked at included local and regional safeguarding policies and procedures and a safeguarding monitoring tool to learn from any on-going enquiries and to assist in managing any concerns if required.

Accidents and incidents were recorded, monitored, acted on appropriately and preventative systems were in place to learn from incidents and to ensure people were kept safe. Records showed accidents and incidents were reviewed to look for any patterns and trends to minimise the risk or reoccurrence. Regular analysis was conducted to look at the factors that contributed to accidents or incidents and records also showed that health and social care professionals such as GP's and emergency service were referred to when required. Staff we spoke with knew what action they should take in the event of a medical emergency and described the training they had received which prepared them to respond to emergencies appropriately.

There were arrangements in place to deal with foreseeable emergencies and to protect people from the risk of infections. Records confirmed that staff received training on fire safety and the home had a fire risk assessment in place with regular fire drills carried out. People had individual emergency evacuation plans in place which highlighted the level of support they would need to evacuate the building safely in the event of an emergency. One member of staff told us, "We have training so we know what to do if we need to evacuate. We take people out to the front lawn where the assembly area is, we have done this on several occasions. We go to fire points and get people out." Throughout our inspection we noted the home environment was clean, free from odours and was appropriately maintained. Alcohol gel dispensers and liquid hand soaps were available to protect people from unnecessary infections and hand hygiene audits were completed on a regular basis to ensure this. The provider completed regular thematic audits which included monitoring areas such as hand hygiene, the home environment, cleanliness of the kitchen area, laundry, disposal of waste, spillage and or contamination and personal protective equipment (PPE). One member of staff commented, "There are good infection control signs up all around the home, alcohol gel in the corridors and PPE when we need it. [staff member] is the person we go to if there is a concern or outbreaks of illness to report."

There were systems in place to monitor, maintain and manage gas and electrical systems and appliances and water safety within the home. Equipment such as hoists, baths, mobility aids and call bells were cleaned and serviced regularly to ensure they were functioning correctly and safe for use. Pressure mattress settings were checked and recorded by staff on a regular basis to ensure they were at the correct pressure for individuals and in proper working order. Staff told us there was an adequate supply of equipment to meet people's needs. One member of staff commented, "People need specialised equipment here to promote their independence so it's important that equipment is available and is working right. Equipment is never shared to make sure there is no cross infection."

Risks to people were identified, assessed and reviewed to help keep them safe. Risk assessments demonstrated people and their relatives where appropriate were involved in planning and developing their care needs and risks and positive risk taking was encouraged and supported so not to impinge or restrict people's human rights. Risk assessments were conducted in areas such as nutrition, hydration, choking, skin integrity, mobility, moving and handling, communication, medicines management and for specialised

medical areas such as asthma, chronic obstructive pulmonary disease, percutaneous endoscopic gastrostomy (PEG) and epilepsy management. Risk assessments contained detailed guidance for staff and the actions they should take to support people safely whilst ensuring their well-being. For example, one risk assessment documented the individual triggers the person may experience for the onset of an epileptic seizure and provided staff with guidance on rescue medicine administration and aftercare treatment following a seizure. This enabled staff to provide care and support to people in a consistent and safe manner.

Medicines were stored, administered and managed safely. People received their medicines from staff who were suitably trained to do so and who had regular assessments of their skills and knowledge to ensure they remained competent to administer medicines safely. We observed nursing staff administered medicines to people in a patient and kind manner. People's medicines records were organised, complete and up to date. They included important information such as allergies and a photograph of individuals for correct identification. Where people were prescribed medicines that required specific monitoring, for example, with regular blood tests, additional information was available to staff and included warning signs to look for. Medicines were stored securely, including topical creams and controlled drugs. Nursing staff told us they conducted regular medicines audits and said the electronic medicines records system worked well and reduced errors and avoided any confusion. There were up to date medicines procedures in place and medicines error incident reporting systems to report medicines errors if and when they occurred. One nursing staff told us that lessons had been learnt when one medicine error occurred in 2017.

Good

Is the service effective?

Our findings

People's care needs, risks and preferences were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments considered and reflected individuals personal histories to help develop personalised care plans. Care plans included information about people's health and wellbeing and demonstrated their involvement and their relatives where appropriate. One person told us, "When I first came here I said that it's not for me but I've grown to love it here. There are decent staff. I find it good and the staff do things if you ask them to." Another person commented, "I came in the beginning as my social worker found it. I came and met the manager, I wasn't too sure at first but I came back and had a look around and decided that this was the right place to be. My family can come here at any time, my [relative] was here recently and I was thinking they were becoming too comfortable, [relative] treats it like home."

People told us they felt staff had the right knowledge and skills to provide appropriate care and support to meet their needs. Comments included, "Yes, they [staff] are good", "Most staff are very good and know what to do", "I think they [staff] get lots of good training, they know how to help me", and, "Yes, staff are good and the nurses are knowledgeable."

Staff told us and records confirmed that they completed an induction when they started work and received up to date training. One member of staff said, "I had an induction when I started. I had shadowing shifts and was asked if I'm ok going on the floor, if not I could always ask for another week or so. I was shadowing someone that really knew the job well and the routines, so I could learn with the person I worked with. We have refresher training and some that are mandatory. Also, if there are other training areas that we think will help us we can always attend." Another member of staff told us, "Yes I had a good induction. We also have good training for our own safety and the people we support like risk assessments, health and safety, infection control and dignity and respect. We have training to know how to do the job properly. It's refreshed every six months or some after one year."

We looked at the provider's training matrix which showed mandatory and specialised training including behaviour support awareness, choking, communication, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS), dementia awareness, fire safety, health and safety, infection control, medicines, moving and handling, nutrition and health and safeguarding amongst others. At the time of our inspection we noted the home had met their training target of 92.5 percent. Staff told us they felt supported in their roles and received regular supervision. One member of staff commented, "My line manager is very good. I see them every day and I see the manager most days as well. Yes, I feel supported." Supervision and appraisal meetings and observations were recorded and signed by both the staff member and their line manager. Records confirmed that regular supervisions were conducted and supervision topics included core value objectives, key learning points and training needs amongst others.

People were supported by staff that understood consent and gained consent from people and were knowledgeable about the MCA. People confirmed that staff sought their consent before supporting them. Comments included, "Staff always ask me", "I'm very much in control", and, "I make my own decisions and

staff respect that." Staff we spoke with demonstrated good knowledge of the MCA and DoLS including people's right to make informed decisions independently, but, where necessary to act in someone's best interests. The 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. Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty for their safety, where this was assessed as required. Where these applications had been authorised, we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People were supported to maintain their health and well-being and when required were referred to health and social care professionals for intervention and support. Information and guidance from visiting health and social care professionals were retained in people's care plans to ensure staff were aware of people's presenting health and social care needs. Multi professional disciplinary teams included GPs, social workers, district nurses, physiotherapists, occupational therapists, chiropodists, speech and language therapists, opticians, mental health workers and clinical specialist nurses amongst others. Care plans demonstrated people were involved in the planning and meeting of their health care needs and general health records were kept such as sight and hearing tests, health screening tests and flu vaccines.

People's dietary needs and preferences were met and respected and people received their meals and support where required promptly. People told us they were happy with the menus and food served at the home and their choices were respected. We visited the kitchen and observed it was clean and well organised. The home was awarded a rating of five by the food standards agency in November 2017, which is the highest possible rating. The food standards agency is responsible for protecting people's health in relation to food. The chef was knowledgeable about individual's dietary needs and requirements and how people were supported at meal times. They showed us people's meal time information such as food preferences, cultural requirements and consistency of food and drinks for example normal, soft or pureed foods. The chef told us that some people required feeding using percutaneous endoscopic gastrostomy (feeding tube) which nursing staff assisted with. They told us they met regularly with staff who advised them when people's dietary needs changed or following meetings with the speech and language teams (SALT) to ensure people received the correct meals and support.

The chef told us and we saw they served meals in the dining room from hot trolleys which enabled them to receive direct feedback from people about the food. They told us they used a rolling seasonal menu for meal planning, but these could be changed according to what people wanted. We noted that each table in the dining room had 'eating and drinking advice sheets'. These included people's names, the international standardised terminology and definitions for texture modified foods and thickened liquids for people with dysphagia (IDDSI framework) and a thickener guide for staff to refer to. Everyone had a picture, a summary of information regarding food, fluids, the assistance required at meal times, equipment required and extra personal information. We saw that this information was regularly updated to reflect people's change in

needs. People at high risk of choking had risk assessments in place detailing how they should be supported safely at meal times. Staff we spoke with were very knowledgeable about people's nutritional needs and preferences. One member of staff told us, "One person is a vegan, so they have almond milk, no cow's milk. They have a different routine. They like to grow their own vegetables so I made a patch for them so they can grow their own veg outside their room." Another member of staff said, "There is a speech and language therapist who visits often, they are here today. They check people's charts on the tables to say what their needs are and how to support them with their meals especially with soft diets."

We observed the lunchtime meal in the dining room. The atmosphere was relaxed and there were enough staff to support people promptly when required. Staff communicated effectively with people about the choices on offer and people had a choice of drink to accompany their meal for example, a selection of juices, wine, beer or ales. People's independence at mealtimes was promoted through the use of specialised dining equipment such as height adjustable tables and adaptive cutlery. Food was served promptly and where required we observed staff supported some people with their meals on a one to one basis and people received their specialised diets where appropriate, for example soft or cultural diets.

The home environment assisted in the promotion of people's independence, was responsive in meeting their needs safely and specialist equipment was readily available to people when needed. For example, with the use of ceiling hoists, electronic wheelchairs, electronic systems that enabled effective communication, adapted spacious rooms and bungalows and bathing facilities. There was also a computer room that had an 'eye gaze' system that allows people to use computer programmes who are unable to verbalise, in house staff training room well-appointed with training equipment, three adapted vehicles to support people to venture out, a newly built spacious activities room and an in-house physiotherapy room with specialist equipment to maximise people's abilities.

We spoke with the physiotherapist who told us, "Physiotherapy sessions are well attended and are open to everyone as it is important mentally and physically. The room has been renovated and we are now able to run a stroke club for an outside group and funds from this are used for the home. We have well-built hoists and washing facilities which are an added advantage as we are now able to see more people with the assistance of helpers." During our visit to the physiotherapy room we observed one person being assisted with physiotherapy interventions. The person appeared comfortable and had a good rapport with the physiotherapist. There were also two other people waiting to be assisted with their physiotherapy programmes and treatment. One person told us, "Physiotherapy has helped me so much and it's very good that we have this facility here."

Good

Is the service caring?

Our findings

People told us staff respected, supported and encouraged their independence as much as possible. One person said, "I find it very nice here, the staff are good and the manager is really good. I get physiotherapy here and everything really more or less works out quite well." Another person told us, "I like it here as I feel I have my independence but with staff around if I need them to help me."

We observed that staff and the registered manager showed great enthusiasm in promoting people's independence and worked and celebrated with them to achieve their desired goals. For example, whilst speaking to the registered manager in the office they noticed one person who had worked hard to walk independently was walking with aids in the corridor. The registered manager ran out to congratulate the person who explained that they were rarely able to go for walks and that staff and the in-house physiotherapist had made a big difference for them to be able to achieve this. One member of staff told us, "Encouraging people to do as much as possible is our aim. We try to encourage people to complete tasks independently if it's safe to do so."

People were involved in decisions about their day to day care, were supported to express their views through varied means of communication and were provided with information about the service that met their needs. One person told us, "I'm one of the resident's representatives. I speak on everybody's behalf. Heatherley has a social media page and I'm one of the editors. I have a voice recognition laptop." Another person commented, "I'm very much involved in my care, if there's something I don't like or want to change, it happens. We have meetings and we can discuss any issues or changes we want. The manager is supportive of this." The registered manager told us that people were provided with information about the service on admission to the home in a format that met their needs and regular meetings were held to ensure and promote people's voice.

Throughout the course of our inspection we observed people had positive, respectful relationships with staff and staff demonstrated a strong commitment to providing compassionate care and support. Staff knew the people they supported and had good knowledge of their personalities, behaviour and communication needs. They were aware of individual's daily routines, preferences and the things that were important to them. One member of staff told us, "I'm a keyworker to three people. This is an opportunity for me to really get to know them. I do things with them like ensuring their rooms are tidy, that they have the toiletries they need and I will sort out any outings for them." Another member of staff told us, "We always ask people how they would like things to be done, you can't treat everyone equally as everyone is different, treat everyone as an individual. Always ask, everyone has a choice with what they want and what they would like. Some people can't verbalise but we can communicate with them by body language. Everyone has a different routine." A third member of staff told us, "One person doesn't like to have two staff supporting them if they don't make eye contact as they feel afraid. We have to make sure we give eye contact to make them feel safe and comfortable."

People told us staff maintained their dignity and privacy and respected and assessed any diverse needs and preferences. One person said, "People from the Roman Catholic church visit to come and give me

communion every week." Another person told us, "Staff do respect my dignity when helping me with personal care." A member of staff told us, "When we are in people's room we close windows, curtains and keep the door closed. When we are supporting people to wash I make sure they are covered. I always give people a choice on what they want to wear, some people can't communicate verbally but can communicate with their eyes, we choose clothes according to their wish." Care plans included information about people's cultural requirements and spiritual beliefs and we observed that staff were committed to supporting people to meet their needs. Care plans considered and documented the support people may require in regard to any protected characteristics under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. Throughout our inspection we observed staff spoke to people and their relatives in a respectful manner, addressed them by their preferred name and knocked on people's doors before entering.

People were supported to maintain relationships with their family, friends and to make new friends with people living in the home. One person told us, "My family visit often and they can stay with me if they want to." Another person commented, "We all get along well here. My [relative] visits regularly." We observed that visitors to the home were made to feel welcomed when they visited. Bungalows that were located within the grounds and that formed part of the service offered couples the opportunity to live or stay together to promote and enable their relationships. The home had systems in place which promoted and supported people to remain in contact with people that mattered to them. For example, people had access to an adapted computer room where people were able to use the internet to send and receive e mails or to make video calls to relatives and friends who were unable to visit.

Good

Is the service responsive?

Our findings

People received care which met their individual needs and preferences. One person commented, "Definitely, I feel my needs are met here. We can look at our care plans anytime we want or add things to them." Personalised care plans were in place and developed based on assessments of people's needs and risks. Records contained personal information which was gathered from individuals, their relatives where appropriate and professionals involved in their care. Care plans documented the support people required and contained guidance for staff to support people appropriately in areas such as personal care, nutrition and hydration, mobility, skin integrity, communication, work learning and leisure, cognition and medicines amongst others. For example, one care plan documented the equipment needed to maintain the person's safety, mobility and independence. This included pictures of equipment for staff direction. Care plans and records were reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs. Daily records were also kept by staff about people's day to day well-being to ensure that people's planned care met their needs.

The home was proactive in ensuring good communication and information was displayed around the home for people in accessible formats in line with the Accessible Information Standard. The Accessible Information Standard ensures that services must identify, record, flag, share and meet people's information and communication needs. The registered manager told us they had access to different communication formats to ensure everyone's needs were met. We noted there were various notice boards displayed around the home and these included lots of information about the home, activities, events and local services, such as information on how the home worked to be more inclusive in meeting the needs of Lesbian Gay Bisexual and Transgender (LGBT) people.

People's diverse needs, human rights and independence was supported and respected. Care plans and assessments considered the support people may require in regard to any protected characteristics under the Equality Act 2010. Care plans and records reflected individual's preferences, social and cultural diversity. Staff received training in equality and diversity and demonstrated a good understanding of individual's needs. One member of staff told us, "We respect everyone, we respect everyone's views and preferences." Another member of staff commented, "Here at Heatherley we try to accommodate everyone. If someone was Christian and wanted to go to church on a Sunday we try to arrange transport and if there's someone who wants to wear something different we would support that. We all accept everyone for who they are, everyone is different and we all respect each other."

Staff worked in partnership with health and social care professionals to ensure people's physical and mental health needs and preferences were met. For example, care plans and records showed that staff worked with visiting GP's, speech and language therapists, social workers, community mental health teams and with palliative care teams to ensure people's end of life care needs were respected and met. Staff were trained and provided appropriate support to people at the end of their lives and care plans included information about individuals end of life preferences where they had chosen to discuss this. We saw that some people had 'Do Not Attempt Resuscitation' orders in place where they, and or their relatives, where appropriate, had agreed with a healthcare professional that this was in their best interests.

People were supported and encouraged to take part in a range of activities and jobs that were meaningful to them and that met their need for social interaction and stimulation. People told us they enjoyed the activities on offer. One person told us they enjoyed playing scrabble and were very good at it. They said the activity coordinator had encouraged them to start mouth drawing and they had participated with them to encourage confidence. They informed us they had been actively doing this for the past two years and really enjoyed it. Another person told us, "I really like the art classes we have. The artist visits us and I have done lots of the art work you see on the walls. We do art on the computers." During our inspection we observed group activities in the lounge which included Christmas carolling with musical instruments that people were playing, art, games, making Christmas decorations and in the evening a local school visited to sing Christmas carols and read poems. Throughout the day we also saw people were supported by staff to go out in one of the homes many adapted vehicles. The registered manager had a painting created by a resident hung on the wall in their office. The home had several animals including a parrot which we observed people and visitors enjoyed speaking to and five chickens that people helped to look after.

People told us they knew how to make a complaint and would do so confidently if necessary. Comments included, "If I'm unhappy with the service the first person I go to is the manager", "I'm happy here and don't really have any complaints but if I did I know something would be done", and, "Yes, I have complained and they resolved it. Since the managers been here she is able to get things done." There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The policy included information on what people could expect if they raised any concerns and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy.

Good

Is the service well-led?

Our findings

At our last inspection of the service on 10 January 2017 we found a breach of regulations as repairs to the home environment including fire doors had not always been addressed promptly and some had the potential to impact on people's safety or wellbeing. Following that inspection, the provider submitted an action plan detailing the action they were taking to address the breach of regulation.

At this inspection we found improvements had been made and the breach of regulation had been met. There were governance systems in place to monitor, assess and improve the quality of the service. Records demonstrated that regular checks and audits were conducted in a range of areas to ensure the service was safe, managed well and people received good standards of care. Audits and checks undertaken focused on areas such as health and safety, infection control, medicines, accidents and incidents and the home environment amongst others. We saw that internal doors that required replacing had been replenished and fire doors and surrounds that were damaged had been replaced with new ones to ensure their effectiveness in the event of a fire. We noted that all work requiring action as detailed on the provider's action plan had been completed promptly following our last inspection.

In addition to internal monthly and/or more frequently conducted home audits the provider also had regular in-depth inspection visit reports conducted. We saw that a provider focus inspection report was conducted in October 2018 and was based on the key principles of CQC inspections, actions and ratings. This showed that actions required following our last inspection of the service had been completed and subsequent work was undertaken in some areas that required further improvement.

People spoke positively about the care and support they received and were complimentary about the staff and management of the home. Comments included, "I think they [staff] are all nice and they do very well", "I like it here very much", "The manager does a good job and staff are nice", "Since the manager's been here this place has got a lot better and cleaner", and, "The manager is nice and you can talk to her. Staff are good, I like living here."

At the time of our inspection there was an experienced registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating. They demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. During our inspection we observed that the registered manager was available within the home to people, visitors and staff.

Staff we spoke with told us the registered manager was supportive and promoted the provider's values which they endorsed and respected. One member of staff commented, "I feel really good in my work, I like the place, everyone is treated fairly, you don't feel discriminated against and there is no difference in work. When something's going wrong we report mostly to the deputy manager, she treats everyone the same, that's the thing I really like here." Another member of staff told us, "I think we create a fantastic atmosphere

here, I like to think we do for people whether they want to be loud and noisy, quiet and want to do more things for themselves. We try to provide everybody with good care and support. We are always open to suggestions and we do our upmost to make everyone as happy as we possibly can, we do try."

There were systems in place to recognise and acknowledge excellence in the work place. Where staff had provided good standards of care their efforts were recognised and celebrated through an employee reward scheme. The registered manager told us that they had a 'Staff of the Month' award whereby staff received a personalised glass ornament which had their names engraved on it. They expressed that the staff work extremely hard and a small gesture really boosted the morale of the team. They told us "Residents and the staffing team nominate staff for the awards in any department. Residents present the award to the staff, they will come and tell us who's been fantastic. The team have nominated the nurses this month."

Throughout our inspection we observed that staff were motivated in their roles and were passionate about providing good care and support to people. Staff worked well as a team, communicated clearly with each other at meetings and offered support to one another when required. There were good lines of communication within the home and staff told us they regularly attended meetings to ensure they carried out their jobs well. One member of staff said, "Yes, I believe we have one this Thursday. At staff meetings we discuss the running of the home and people's care. It gives us the time if we have any concerns to bring them up with management. Everyone has a good chance to say something if they want to say it. People who miss the staff meetings have a copy of the minutes so they know what's going on."

The provider sought the views of people and their relatives through regular residents meetings, surveys and through the use of a feedback book located in the reception area. One person told us, "Yes they come with residents surveys and always ask for our feedback. They action everything." We looked at the minutes of residents meeting held and saw items for discussion included areas such as, lunch and meal times, resident's welfare fund and the home environment. Meetings were minuted and actions required were completed and recorded by each agenda item for people's reference.

The home worked in partnership with health and social care professionals to meet people's needs and developed relationships with other organisations and with the local community. The registered manager told us that they worked closely with local community services and other groups and benefited from visits by local schools who spent time with people and performed for them. One member of staff told us, "We work closely with lots of different professionals here as people have such varied needs. We have an occupational therapist and also a speech and language therapist that visits from a local hospital. When we need someone to be assessed by other professionals we contact them."