

Silverdale Care Homes Limited

Healey Lodge Nursing Home

Inspection report

114 Manchester Road
Burnley
Lancashire
BB11 4HS

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20 December 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Healey Lodge Nursing Home on the 19 and 20 December 2016. The first day was unannounced.

Healey Lodge Nursing Home provides accommodation and care and support for up to twenty four people older and younger people including people living with a dementia or learning disability. There were 23 people accommodated in the home at the time of the inspection.

The service was also registered to provide nursing care but at the time of our visit nursing care was not being provided due to difficulties recruiting suitable nursing staff. An application had been forwarded to Care Quality Commission (CQC) to remove this activity and to change the name of the service to reflect this.

Healey Lodge Nursing Home is located on the outskirts of the town of Burnley, Lancashire and is on a main bus route. Accommodation is provided on two floors. Shops, pubs, churches, the library and other amenities are within walking distance. There are surrounding gardens with a patio and seating areas. A car park is available for visitors.

The service did not have a registered manager in post. The previous registered manager left the service in April 2015. A registered manager is a person who has registered with CQC 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 had been in post since May 2016 and an application to register her with the CQC had been forwarded in November 2016.

At the previous inspection on 24 and 25 June 2015 we found the service was not meeting all the standards assessed. We found shortfalls in the management of medicines, maintaining the environment, provision of induction and training for staff, responding to people's concerns and operating effective quality assurance and auditing systems. We also made recommendations regarding the provision of supervision and support for staff, recruitment processes, infection control practices and obtaining people's consent. We asked the provider to take action to make improvements and to send us an action plan. The provider complied with our request. During this inspection we found the required improvements had been made.

From December 2015 a number of safeguarding concerns had been raised about the care people were receiving, the management of the home, cleanliness of the home, the lack of suitable nursing staff and the high reliance on agency staff. At that time a decision was made by the provider to cease providing nursing care. The service worked with local commissioners until care reassessments were completed or until alternative suitable placements could be found for people that could meet their needs. The medicines management team, infection control team and local authority commissioners have worked with management and staff to support them to make improvements. In October 2016 we were told they were satisfied sufficient improvements had been made.

During this inspection people told us they did not have any concerns about the way they or their relatives were cared for. They were happy with the care and support provided and told us they felt safe and well cared for.

Staff could describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People considered there were enough suitably skilled staff to support them when they needed any help and they received support in a timely and unhurried way. The manager followed a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people. Arrangements were in place to make sure staff were trained and supervised at all times.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

We found people lived in a clean, pleasant and homely environment and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them.

Each person had an individual care plan that was sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and they were involved in decisions and discussions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs had changed.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. We observed good relationships between people. From our observations it was clear staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities. The atmosphere in the home was happy and relaxed; we overheard friendly banter and laughter during our visit.

Activities were appropriate to individual needs and people were happy to participate in activities both inside and outside the home. People told us they enjoyed the meals. They were provided with a nutritionally balanced diet that catered for their dietary needs.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. People had no complaints, were aware of how to raise their concerns and were confident they would be listened to.

People using the service, relatives and staff considered the service was managed well and they had confidence in the manager. There were effective systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe recruitment processes had been followed.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training and supervision.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were trained and supervised in their work.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they had access to healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the service they received

and with the caring approach taken by staff.

Staff responded to people in a good humoured, caring and considerate manner and we observed good relationships between people.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home.

Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were very well supported to keep in contact with relatives and friends who were welcomed and involved in home life. People were supported to take part in suitable activities.

Each person had a care plan that was personal to them which included information about the care and support they needed. Staff were knowledgeable about people's needs and preferences. Some people were aware of their care plan and had been involved in the review of their care.

People had access to information about how to complain and were confident the manager would address their concerns appropriately.

Is the service well-led?

Good ●

The service was well led.

People made positive comments about the management and leadership arrangements at the service. They confirmed improvements had been made.

Effective systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Healey Lodge Nursing 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 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 19 and 20 December 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and commissioning team for information about the service. We received positive feedback.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider, the manager, two care staff, the laundry person and the activities person. We spoke with seven people living in the home and with three relatives. We also spoke with a visiting healthcare professional.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits. We looked at the results from the most recent customer satisfaction survey and at the report following the recent Health Watch visit.

We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for or about the numbers of staff available. They said, "It is very nice here. It will never be like home but I am safe and looked after and help is always at hand if I need it" and "Staff are very good. I have never seen anything that's not right." A visitor said, "I am confident that I can go home and [my relative] will be safe and comfortable." People made very positive comments about the staff. They described them as being 'fantastic', 'professional', 'dedicated' and 'caring'. One member of staff said, "There are enough staff who really work hard."

During the inspection we observed people were comfortable around staff and were happy when staff approached them. In all areas of the home we observed staff interaction with people was kind, friendly and patient.

At our last inspection of 24 and 25 June 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. We found there were no records to support nursing staff who administered medicines had received appropriate training and checks on their practice had not been undertaken to ensure they were competent. Records did not show people had consented to their medication being managed by the service or whether they were able, or wished to, self-medicate. Guidance for medicines prescribed 'when required' was not always clearly recorded to make sure these medicines were offered consistently and external medicines were being applied by care staff but signed as given by nursing staff.

During this inspection we found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We observed people's medicines were given at the correct time and in the correct manner with encouragement as needed. People confirmed they were given their medicines when they needed them.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. Care staff who were responsible for the safe management of people's medicines had received appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

The Medication Administration Records (MAR) charts we looked at were accurate, clear and up to date. Medicines were clearly labelled and codes had been used for non-administration of regular medicines. There were records to support 'carried forward' amounts from the previous month which helped to monitor whether medicines were being given properly. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register. We checked two people's controlled drugs and found they corresponded accurately with the register.

Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. The community pharmacist had also undertaken regular audits; appropriate action had been taken when shortfalls had been noted.

At our last inspection of 24 and 25 June 2015 we found there were shortfalls in infection prevention and control matters. Not all staff had been provided with appropriate training and a lead person in this area had not been identified. During this inspection we looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean and generally odour free. Following the last inspection the infection control lead nurse had visited the service and provided the manager with advice and support. We noted that any recommendations made had been actioned.

Infection control policies and procedures were available. Records showed staff had received infection control training. There was a designated infection control lead who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and pedal operated waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available and we observed staff using them appropriately. There were contractual arrangements for the safe disposal of waste.

A domestic and a laundry person worked each day. Cleaning schedules were completed and we were told sufficient cleaning products and cleaning equipment were available. There were effective audit systems in place to support good practice and to help maintain good standards of cleanliness. One person living in the home told us, "My room is lovely and clean and my clothes are laundered very nicely." A visitor said, "The cleanliness has improved a lot."

At our last inspection of 24 and 25 June 2015 we found safe and fair recruitment policy and procedures had not always been followed. During this inspection we looked at the recruitment records of three members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People living in the home, their visitors and staff told us there were sufficient numbers of staff available at all times. We noted staff were always available in the lounge/dining areas and that any calls for assistance were promptly responded to. We looked at the staffing rotas and found a designated senior carer was in charge at all times with three care staff throughout the day and one senior carer and two care staff at night. A cook, cleaner and a laundry staff were available every day. An activities person and a maintenance person were available for pre-arranged days each week. The manager was available five days each week. Staff and people spoken with confirmed the manager was available throughout the day and there was an on call system in place for any out of hours emergencies. Staff told us there were enough staff, they had a good team and they worked well with each other.

Any shortfalls due to leave or sickness were covered by existing staff which ensured people were cared for by staff who knew them. We noted agency care staff were being used to cover shifts only in an emergency. The home had received confirmation from the agency that they were fit and safe to work in the home. The manager showed us a staffing tool used to determine the correct numbers of staff in the home.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was easily accessible to staff, people living in the home and to visitors to the home. A senior member of staff was the designated Safeguarding Champion; she had been provided with additional training and would provide other staff with updates and daily support and advice.

We discussed safeguarding procedures with staff. They were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. They told us they had received safeguarding vulnerable adults training and the records we looked at confirmed this. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, dependency, falls and moving and handling.

Where necessary, behaviour support plans had been developed to provide staff with guidance to safely manage any behaviour which challenged others and the service. Staff had received training and advice to ensure they had the guidance and support they needed to provide safe care. Supporting documentation was in place such as behaviour and incident records which were regularly checked by the manager which meant there was continuing oversight on risk management.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the manager and follow up action, such as referral to a GP or other health care agency was clearly recorded in the care plans.

We saw equipment was safe and had been serviced. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation. People had a personal emergency evacuation plan which recorded information about their mobility and responsiveness in the event of a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with emergencies and to support them with the safe movement of people.

There was a key code access to leave the home and visitors were asked to sign in and out of the home. This helped keep people safe from unwanted visitors.

The environmental health officer had recently (December 2016) awarded the service a five star rating of 'Good' for food safety and hygiene.

Is the service effective?

Our findings

People told us they were happy with the service they received at Healey Lodge Nursing Home. People felt staff were skilled to meet their needs. They said, "It's a good place; the staff know what they are doing" and "I couldn't have wished for a nicer place or nicer people." A visitor said, "I am more than happy with the care. Staff are open and friendly and everyone gets on well together." A healthcare professional told us they had no concerns about the staff knowledge and skills.

At our last inspection of 24 and 25 June 2015 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to keep all areas of the home in good order. At that time we found a number of areas in need of improvement including stained and damaged carpets, leaky and stained ceilings and damaged furniture and woodwork. There was a development plan but timescales for action were unclear.

During this inspection we looked around the home and found a pleasant and homely environment for people. We noted improvements had been undertaken since our last inspection such as new furniture and furnishings, repairs and redecoration. Stained and damaged ceilings had been repaired and painted. We were told there had been some repairs to the roof undertaken and that there had been no significant leaks as noted at our last inspection. The provider told us further repair work to the roof was under discussion. The management team were able to describe planned improvements and a development plan with clear timescales was available to support this. A system of reporting required repairs and maintenance was in place. A member of staff said, "The environment has improved. Repairs get done much more quickly."

People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. We noted one person's bedroom was decorated with familiar wall coverings and colours and the furniture was set out in a similar way to replicate their old room as far as possible. This helped to ensure and promote a sense of comfort and familiarity and showed that management and staff considered people's needs and individuality. Photographs or personal items were outside some people's bedrooms to help them to recognise their own room.

People could have keys to their bedrooms. All bedrooms provided single occupancy, some with en-suite facilities. Suitably equipped bathrooms and toilets were within easy access of communal areas and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. A patio area with seating and flower beds with views over the gardens was available. At the last customer satisfaction survey people living in the home had asked for improvements to be made; the management team had assured people this would be done.

At our last inspection of 24 and 25 June 2015 we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide appropriate induction and mandatory training for new staff.

During this inspection we looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their training and felt they had the training they needed. They said, "We all get lots of training which keeps us up to date" and "[Manager] makes sure we have the training and support that we need."

Training was provided in areas such as moving and handling, fire prevention, dementia, end of life care, health and safety and food hygiene. Staff had attended additional training to support them with the care of people's skin. Records showed all staff had enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff had either completed a nationally recognised qualification in care or were currently working towards one. The service had provided additional training and development to support 'Champions' in areas such as safeguarding vulnerable adults, nutrition, infection control, dignity and lifestyle and activity. Designated staff would provide other staff with updates, advice and support in their chosen area of expertise.

Records showed new staff received a basic induction into the routines and practices of the home. This included a period of time working with more experienced staff until the manager and the new member of staff confirmed their confidence and competence to work as part of the team. Staff described the induction process and told us they had found it useful.

Records showed agency care staff were at times used to cover any urgent shortfalls in staffing. We were told the home used the same agency staff to provide continuity of care. Records showed agency staff were provided with a basic induction to the home and the layout of the building dependant on their role.

At our last inspection of 24 and 25 June 2015 we found staff were not receiving regular support or supervision. During this inspection staff told us they were well supported by the management team and they were provided with regular one to one supervision and an annual appraisal of their work performance. We noted staff attended regular meetings; they told us they were able to express their views and opinions. Staff said, "We are asked for our opinions and they listen to us" and "I feel I can approach [manager] to discuss anything."

Staff told us regular handover meetings, handover sheets and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told us the team worked well together and communication was good.

We looked at how the service addressed people's mental capacity. 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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The manager and staff expressed a good understanding of the processes relating to MCA and DoLS and had received training in this subject. At the time of the inspection DoLS applications had been made in respect of fifteen people and two

authorisations had been approved. This would help ensure people were safe and their best interests were considered.

At our last inspection of 24 and 25 June 2015 we found people's capacity to make choices and decisions about their lives was not always clearly recorded in the care plans. During this visit we observed people being asked to give their consent to care and treatment by staff. Staff told us they understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed and useful information about their preferences and choices was recorded. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that the appropriate consent forms were in place and records showed discussions had taken place with relatives, the person the DNAR related to, and the person's GP. The information around DNAR decisions was easily available to ensure people's end of life wishes would be upheld.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Records indicated people were offered meal choices and that alternatives to the menu had been provided. People told us the kitchen and care staff knew what their food likes and dislikes were. People told us they enjoyed the meals. They told us, "The meals are very good and there is always a choice. I would never go hungry", "I prefer small portions and they know this", "I enjoy the meals and I always get enough to eat. If I don't like or don't fancy what is on the menu they offer me something else", "I can have something to eat and drink before bed and during the night if I wake up; they are very good here and the cook is excellent" and "The food is very good. I have no complaints about the meals at all. They talk to us about the menu and make changes if they are asked to."

During our visit we observed breakfast and lunch being served. We noted breakfasts were served when people were ready. One person said, "Some days I fancy a lie in; they always make me something when I'm ready. I can have my breakfast in bed if I want. It is up to me." The dining tables were appropriately set and condiments and drinks were available. Adapted cutlery and crockery was provided to maintain people's dignity and independence. People were able to dine in other areas of the home if they preferred and with their visitors if they wished. People told us they could have as much as they wanted and we observed people being asked if they wanted any more. People requiring support to eat their food such as meat cutting up were given this in a dignified way.

The meals looked appetising, attractively served and hot and the portions were ample. The dining experience was very much a social affair with friendly chatter, laughter and banter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. We noted drinks and snacks were offered throughout the day.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and kept under review and they received additional support and routine screening when needed. People were registered with a GP and their healthcare needs were considered within the care planning process. From our discussions and review of records we found the staff had developed good links with

health care professionals and specialists to help make sure people received co-ordinated and effective care.

We spoke with a healthcare professional who told us staff made prompt and appropriate referrals, staff acted on their advice and were knowledgeable about people's healthcare needs. The service had access to remote clinical consultations which meant staff could access prompt professional advice and support at any time and avoid, where possible, unnecessary hospital admissions. People using the service and their visitors considered health care was managed well.

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring and friendly. People told us, "The staff make sure I have everything I need" and "They care about me." Visitor's comments included, "Staff always have a smile on their face. It is a great place", "I don't feel uncomfortable when I come here. Everyone is very friendly. It's a good atmosphere and the food always smells great", "They are good people they care and they have a laugh with people" and "The staff are really good. They are caring and considerate of everyone here." Staff told us they thought the care was good and would recommend the home to others.

People were encouraged to maintain relationships with family and friends and confirmed there were no restrictions placed on visiting. Visitors said they were made welcome in the home and confirmed they were invited to be involved in social events such as the planned Christmas events. We observed people visiting were treated in a friendly and respectful way and being asked if they would like to visit their relative in the communal areas or in the person's bedroom.

During our visit we observed staff responding to people in a good humoured, caring and considerate manner and we observed very good relationships between people. People who required support received this in a timely and unhurried way. The atmosphere in the home was calm, relaxed and happy and we observed staff knew people and their visitors well. During our visit we heard a great deal of friendly banter and meaningful conversations between staff and people living in the home and their visitors. We saw people dancing and also heard people singing and laughing.

Staff spoke about people and to people in a respectful and friendly way. Information was available about people's personal preferences and choices which helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in a care setting. Staff were seen knocking on people's doors and waiting for a response before entering and closing doors when care was being delivered. We noted some people used signs on their bedroom doors to indicate they did not wish to be disturbed. We were told staff were respectful of this. We noted guidance and information about maintaining people's rights to be treated with dignity and respect was displayed in the communal areas. One poster said, 'Older people are not pipes, slippers and blue rinses'. One person said, "That one made me laugh."

All staff had been instructed on maintaining confidentiality of information and were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed how their right to confidentiality would be respected.

People told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home. People said, "I can mostly do as I please. I realise I need to consider other people that live here but otherwise it is very laid back" and "They listen to me and help me to do what I want." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain

their independence. One staff member said, "People can do what they want and we will work around them."

We observed staff taking time to ensure people's needs and requests were understood and listened to. We noted staff checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed. One person said, "I like to rest on my bed at time. Staff are very caring and thoughtful. They always pop their heads around the door to see if I want anything."

We noted one person living with dementia became unsettled and upset. The staff had devised a daily diary for her which listed the things she enjoyed doing each day. We observed staff offering reassurance and responding to her in a kind and patient manner whilst discussing the content of the diary with her at various times during the day.

There was information about advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and through customer satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions about areas important to them such as meal times, activities and refurbishment plans. A monthly newsletter helped to keep people informed about upcoming events, new staff, changes in the home and activities and celebrations.

People had been involved in reviews and discussions about their care and support and visitors told us they were kept up to date with any changes to their relative's health or well-being. One visitor told us, "I am kept up to date about everything. I am very involved and am confident they would let me know about any changes." Records showed people and their visitors had been encouraged to be involved in care plan reviews.

People and their relatives were provided with information about the service and a welcome pack which set out the core values of the service and gave people useful information about the service they should expect. We were told an easy read version could be made available if needed. Some of the information needed to be updated to reflect recent changes in the home. We discussed this with the manager and were told this would be actioned.

Is the service responsive?

Our findings

People were complementary about the staff and their willingness to help them. People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the management team. They said, "I like to keep myself to myself but staff ask if everything is alright with me" and "I am very happy here but would tell them if I wasn't. I could do that without any problems." Visitors said, "I can raise anything with staff or management."

At our last inspection of 24 and 25 June 2015 we found a breach of Regulation 16 of the Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act on people's concerns and complaints.

During this inspection we looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and other external organisations including social services, local commissioners and the local government ombudsman. The complaints procedure was displayed in the entrance of the home and in the information guide. We also noted easy read and pictorial complaints information was displayed in the communal areas. People were told 'A complaint is not a negative'.

Records showed there had been three complaints made direct to the service in the last 12 months. Records showed appropriate and timely action had been taken to respond to the complaints and that people were satisfied with the response. The information had been shared with the provider and discussed with staff to help improve the service. We saw nine complimentary comments had been received about the service in the past 12 months. One person said, 'Thank you for providing professional care and attention'.

Before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Records showed information had been gathered from various sources about all aspects of the person's needs. The manager told us the district nursing staff and specialist nurse practitioners were also consulted prior to a person's admission. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home. One visitor described how they had visited the home and staff had been able to show them around the service and respond to their questions. They said, "We knew it was the right place straight away."

We looked at the arrangements in place to plan and deliver people's care. People had an individual care plan which was underpinned by a series of risk assessments. We found the information was sufficiently detailed about their likes, dislikes, preferences and routines to help ensure the person received personalised care and support in a way they both wanted and needed. A one page summary had been developed and provided with existing staff and agency staff with a quick over view of people's needs and of what was important to people. The information had been reviewed and updated on a monthly basis or in line with changing needs.

Daily records were maintained of how each person had spent their day and these were written in a respectful way. Visitors and people using the service told us they were kept up to date and involved in decisions about their care and support. Some people told us they were aware of their care plan and everyone we spoke with said they had been involved in discussions about their care.

Staff were kept well informed about the care of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift and the use of communication diaries and handover sheets.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

From our discussions, observations and from the records maintained we could see that people were able to participate in a range of suitable activities, outings and entertainments either in small groups or on a one to one basis. The service employed an activities coordinator who was visible around the home. On the day of our visit the church choir attended to sing Christmas carols and we noted people being accompanied on walks into town or walking independently around the gardens.

An activities programme was displayed. We saw people could enjoy activities such as bingo, shopping, crafts, movie nights and sing a longs. Christmas themed activities were taking place such as fancy dress, jumper day, fairs and a pantomime visit was being arranged. One person told us, "We do lots of different things. We change our minds if we want to do something else [activities person] sorts it out." A member of staff said, "There is always something going on" and "We all join in with our ideas. [Activities person] is very creative and keeps everyone interested."

Is the service well-led?

Our findings

People made positive comments about the management arrangements at Healey Lodge Nursing Home. Visitors said, "The manager keeps a close check on things" and "It is very well run." Staff told us, "Things are much better. There is a much better atmosphere. I have confidence in [manager] and I can ask for anything I need", "We know what we are doing and what is expected of us. Things run much smoother" and "I feel I can speak up now. It has improved and there is a better atmosphere." A health professional told us, "There is a good management team. They have worked hard to improve things. There is a nice atmosphere."

At the time of our inspection the service did not have a registered manager in post. The previous registered manager left the service in April 2015. A manager had been in post since May 2016. She had worked as registered manager at another service within the organisation and an application to register her at Healey Lodge with the CQC had been forwarded in November 2016. The manager had good experience of working in the care sector and had recently achieved level 5 national vocational qualification in management.

The manager was supported by the director of the organisation and was in daily contact with them. People made positive comments about the manager. She was described as being 'fair' and 'approachable'. People told us there was a positive and open atmosphere at the home. We noted the manager had an 'open door' policy to promote ongoing communication and openness. Staff told us the provider visited regularly and that they were able to speak with him. One staff said, "I didn't know who he was before but he is really friendly."

From the information provided in the Provider Information Return (PIR), it was clear the manager was aware of achievements so far and of any improvements needed and planned for the future. We noted the manager had acted on any recommendations made by other agencies including Health Watch UK, the medicines management team, the local authority monitoring team and infection control lead nurse.

During our last inspection of 24 and 25 June 2015 we found a breach of Regulation 17 HSCA (RA) Regulations 2014. The provider had failed to operate effective quality assurance and auditing systems. We found a number of shortfalls needing attention which meant the monitoring and auditing processes had not been effective.

During this inspection we found effective systems had been introduced to assess and monitor the quality of the service in areas such as medicines management, staffing, records, food safety, staffing, care, safeguarding, nutrition, care planning and the environment. End of shift handover checks and regular walk round checks by the manager or senior staff on duty were completed to ensure dignity, and standards were maintained. We saw shortfalls had been identified and appropriate timescales for action had been set and followed up.

We were told a management consultant had been employed to undertake quality and compliance visits. They would visit the home at regular intervals to provide the manager with support and advice and to undertake checks on her practice to ensure standards of quality in the home were maintained. We saw

examples of recent monitoring visits. The findings had been fully discussed with the manager and any areas for improvement were included in an action plan with clear timescales set.

People were encouraged to voice their opinions informally through daily discussions with staff and management and during meetings. People told us they attended meetings and were encouraged to be involved in the running of the home and were kept up to date with any changes such as menu changes, improvements to the home and activities.

People using the service, their relatives and staff were asked to complete an annual satisfaction survey to help monitor their satisfaction with the service provided. Results of the recent survey (September 2016) showed satisfaction with the service and were displayed on the notice board as 'What you said' and 'what we did'. The management team reviewed the results of the surveys to help improve practice and there was evidence they listened to people's views. For example people had raised concerns about worn armchairs and we saw that a number of armchairs had been replaced.

Staff told us they were happy in their work. They told us there was good communication in the home and they were well supported by the manager. Staff were aware of who to contact in the event of any emergency or concerns. All staff had been provided with job descriptions, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

We observed a good working relationship between the manager and staff. Staff meetings were held and staff told us they were able to voice their opinions and share their views. They said they were listened to and were confident that appropriate action would be taken. Areas discussed included conduct, safeguarding, people's care and support, cleanliness and choices.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the manager had appropriately submitted notifications to CQC.

During the inspection we discussed progress with the ongoing applications submitted to CQC to register the current manager, to de register the nursing care activity and to change the name of the service.