

Mr & Mrs A J Gidman

Heathfield Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 9 and 16 November 2018 and was unannounced.

Heathfield Lodge is a residential 'care home' which provides accommodation and personal care for up to 26 older people, including people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Heathfield Lodge is large Victorian property with accommodation located over three floors. The upper floors are accessible via a passenger lift. There are two dining areas on the ground floor and a large lounge. A garden area is located at the rear of the building and parking at the front. At the time of the inspection 21 people were living at the service.

There was a registered manager in post. 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. During the inspection we found the registered manager to be open, transparent and receptive to the feedback provided.

At the last inspection which took place in October 2017 we identified breaches of Regulations 12, 17 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Heathfield Lodge was awarded an overall rating of 'Requires Improvement'. Following the inspection, we asked the registered provider to complete an action plan to tell us what changes they would make and by when. During this inspection, we looked to see if the registered provider had made the necessary improvements.

At the last inspection, we found the registered provider was in breach of regulation in relation to 'Safe Care and Treatment'. Medication management processes were not safely in place and the health and safety of people living at Heathfield Lodge was being compromised. During this inspection we found that the registered provider was no longer in breach of this regulation in relation to 'Safe Care and treatment'. However, this area of care could be further developed.

We have recommended that the registered provider reviews the medication processes to maintain the level of safe care people receive.

At the last inspection, we found the registered provider was in breach of regulation in relation to 'Good Governance'. The systems which were in place did not effectively monitor and assess the quality and safety of care people received. During this inspection we looked at the governance systems, audits and checks which were in place and found that improvements had been made. Although the registered provider was no longer in breach of regulation in relation to 'Good governance' further developments could be made in

relation to this area of care.

We have recommended that the registered provider reviews some of the quality assurance systems to further improve the quality and safety of care being provided.

At the last inspection, we found that the registered provider was in breach of regulation in relation to the 'display of performance assessments'. The registered provider was not clearly displaying the previous inspection ratings which must be displayed for people, visitors and staff to see. During this inspection we found that the registered provider was clearly displaying the ratings from the last inspection and therefore was no longer in breach of this regulation.

Risk assessments were in place for people who lived at Heathfield Lodge. People's level of risk was identified from the outset and measures were put in place to keep people safe. Staff were familiar with people's risks, they told us they received regular updates in relation to people's health and well-being.

People told us they felt safe living at Heathfield Lodge. Staff were familiar with safeguarding and whistleblowing procedures. The registered provider had necessary policies in place for staff to follow.

Recruitment was safely managed. People who were employed had undergone the necessary recruitment checks. Pre-employment and Disclosure Barring System checks (DBS) were carried out and appropriate references were sought prior to employment commencing.

Staffing levels were safely managed. We received positive feedback about the amount of staff employed at the home; people told us they received the support they required in a responsive and timely manner.

Accidents and incidents were monitored. There was an accident and incident reporting policy in place, staff routinely completed accident and incident documentation and risks were safely managed.

The registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. People's capacity was assessed from the outset and records contained the relevant information in relation to the persons capacity and Deprivation of Liberty Safeguards (DoLS).

Staff received regular supervision and were supported with training, learning and development opportunities. Staff told us they received support on a day to day basis.

People's nutrition and hydration support needs were effectively managed. Appropriate referrals were made to external healthcare professionals and any guidance which was provided was incorporated within care plans.

We received positive feedback about the quality and standard of food people received. People shared their suggestions in relation to likes, dislikes and preferences and kitchen staff were familiar with people's dietary support needs.

People were treated with dignity and respect. Staff provided kind, sincere and compassionate care. We received positive feedback from people and relatives about the care people received from Heathfield Lodge staff.

A person-centred approach to care was evident. Care records had improved since the last inspection; records were tailored around the needs of the person and staff demonstrated their understanding of the

people they supported.

The registered provider had a complaints policy in place; people and relatives were familiar with the complaints process and how to raise any concerns.

We received positive feedback about the range of activities that were taking place. There was no dedicated activities co-ordinator in place at Heathfield however, staff ensured there was always a schedule of activities for people to participate in.

The registered manager was aware of their regulatory responsibilities. The registered manager notified CQC of events and incidents that occurred in the home in accordance with statutory requirements.

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.

We recommend that medication procedures are further reviewed to maintain the quality of care people receive.

People received their medication from staff who were sufficiently trained and had their competency assessed.

People's level of risk was safely managed and support measures were in place to mitigate risk.

Staff were safely recruited and appropriate pre-employment checks were completed.

Is the service effective?

Good ●

The service was effective.

The registered provider was complying with the principles of the Mental Capacity Act, 2005.

Staff were supported on a daily basis; they received regular supervision as well as training, learning and development opportunities.

People's nutrition and hydration needs were assessed and supported from the outset.

Is the service caring?

Good ●

The service was caring.

Staff were observed providing kind, compassionate and sincere care.

People were treated with dignity and respect.

For people that did not have any friends or family to represent them, details of local advocacy services were available.

Is the service responsive?

Good ●

The service was responsive.

Staff were familiar with the likes, preferences and wishes of the people they supported. Care records demonstrated a person-centred approach to care.

The registered provider had a complaints policy and process in place.

A range of activities were scheduled for people to participate in on a weekly basis.

People received support around their end of life care, preferences and wishes.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We have recommended that the registered provider reviews their quality assurance systems to ensure the quality and safety of care people receive is well-maintained.

Feedback regarding the management of the service was positive. Actions had been taken to improve areas of concern identified at the last inspection.

The registered provider had a range of different policies and procedures in place. Staff were familiar with the importance of complying with such policies.

Heathfield Lodge

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 9 and 16 November 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, an 'Expert by Experience' and a 'Specialist Advisor'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and a Specialist Advisor is a person who has professional experience and knowledge of the care which is being provided.

Prior to the inspection we reviewed the information we held in relation to Heathfield Lodge. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

A Provider Information Return (PIR) was also reviewed prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used this information to formulate a planning tool, this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke with the registered provider, registered manager, five members of staff, maintenance co-ordinator, nine people who lived at the home, two visiting relatives and one kitchen assistant.

We looked at the care files of five people receiving support from Heathfield Lodge, four staff recruitment files, policies and procedures, medicine administration processes, compliments and complaints and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms and bathrooms of some of the people who lived at Heathfield Lodge as well as lounge and dining areas.

In addition, a Short Observational Framework for Inspection (SOFI) tool was used. SOFI provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

At the last inspection which took place in October 2017, we found that the registered provider was in breach of regulation in relation to the provision of 'Safe Care and Treatment' people received. The safe domain was rated 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

At the previous inspection, we found that people's safety was compromised and there was unnecessary exposure to risk. We found fire doors propped open, some bedroom doors did not have automatic closure devices fitted whilst others did not fully close. This meant that people were not protected in the event of a fire. During this inspection we saw that the fire doors were operating effectively and people were not exposed to any unnecessary risk.

At the previous inspection we identified concerns in relation to fire safety procedures. During this inspection, we saw that people had the relevant personal emergency evacuation plans (PEEPs) in place. PEEPs identify the level of support and assistance people need in the event of an emergency. We also saw that emergency evacuation equipment was available and accessible in specific areas of the home to ensure people could be evacuated in the safest possible way.

Medication administration processes were safely in place. People received their medication from staff who had been trained and regularly had their competency assessed. The medication room was locked and secure. Fridge and room temperatures were monitored and recorded daily, although we identified several missing temperature checks over weekend periods. If medicines are not stored at the right temperature, this can adversely affect how they work. We raised this with the registered provider and registered manager during the inspection who confirmed that they would review their temperature monitoring processes.

We checked administration processes for prescription medications and PRN medications (as and when required medications). We found that processes were safely in place and staff were familiar with the importance of complying with the medication administration policy. Medication administration records (MARs) were checked to see if the stock balance of medication correlated with the actual balance of medication. Although we found the stock balances were correct, we found several missing signatures on the MARs we saw.

Controlled drugs (CDs) were safely managed. CDs are prescription medicines that have controls in place under the Misuse of Drugs legislation. The CD register was well-maintained and CDs were stored appropriately in a locked cupboard. Topical (cream) preparations were safely managed. Topical preparation information was found on Topical MARs (T-MARs) and staff completed the T-MAR appropriately.

There was an up to date medication administration policy in place. This contained important information and guidance in relation to ordering and storage, administration, disposal, controlled drugs and self-administration. Routine audits were completed and although there had been improvements since the last inspection, some of the areas we identified were not addressed during the routine audits which were carried out.

The registered provider was no longer in breach of Regulation 12 in relation to 'Safe Care and Treatment'. However, we do recommend that medication processes are further reviewed to ensure safe care and treatment is maintained.

There was dedicated domestic staff employed at the home who were responsible for ensuring people lived in a safe and well-maintained environment. Routine health and safety audits were completed; audits concentrated on specific areas of the home and to ensure the quality and standards of the environment were monitored and assessed.

Essential health and safety processes had improved since the last inspection. Checks and audits included, portable appliance testing (PAT), water temperatures, fire safety procedures, emergency lighting and legionella testing. We also saw that the relevant regulatory checks were in place for gas and electric compliance.

Accidents and incidents were reviewed during the inspection. The registered manager maintained a record of all accidents/incidents which occurred at the home. Trends were established but it wasn't clear how the analysis of the trends were managed as a measure of keeping people safe. We discussed our findings with the registered manager; on the second day of the inspection a newly revised accident/incident analysis document had been created. This meant that the process of reviewing accidents and incident had been strengthened and people's safety was safely monitored.

Recruitment was safely managed. Staff files we checked contained appropriate references, photographic identification, application forms with detailed employment history as well as a Disclosure and Barring System (DBS) checks. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

During the last inspection we identified some concerns in relation to night time staffing levels. During this inspection, we identified that staffing levels were sufficient to meet the needs of the people who were living at Heathfield. We received positive comments about staffing levels and the support people received. Comments included, "There is always someone available. I only have to touch [the call bell] and someone's there for you, day and night", "There's always someone to turn to, night or day. People are seen to the minute [the staff] can. Also, someone comes around in the middle of the night to check you're ok" and "As soon as I ring the bell there's someone there in two to three minutes."

People's level of risk was appropriately assessed from the outset. Levels of risk were routinely monitored and reviewed. Risk assessments we checked included, nutrition and hydration, moving and handling, mobility, risk of falls, personal care, medication and skin vulnerability. Risk assessments contained information and guidance for staff to follow in order to keep people safe. Staff told us that the information recorded in care records were up to date, contained consistent information and were regularly updated. This meant that people received the most relevant care in relation to the care they needed.

People told us they felt safe living at Heathfield Lodge. Comments we received included, "All's well here, I feel safe and happy", "[The staff] pop in at night to see that you're safe. You never feel alone", "The carers are marvellous with me" and "I think it's marvellous [at the home], so relaxed, and all the staff are happy."

Staff explained their understanding of safeguarding and whistleblowing procedures and the importance of reporting any concerns. There was a safeguarding and whistleblowing policy in place and staff had received the necessary safeguarding adults training. Safeguarding incidents were sent to the local authority and CQC as required. This meant that people were protected from avoidable harm and abuse.

Is the service effective?

Our findings

We received positive feedback about the level of effective care people received. Comments included, "I'd say [the carers] are as good as any qualified staff, like nurses", "There is always someone available. I only have to touch [the call bell] and someone's there for you, day and night", and "It's just like living in your own home."

We checked to see if the registered provider was complying with the principles of the Mental Capacity Act (MCA) 2005. 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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that people's capacity was routinely assessed. The registered manager obtained people's consent to care and treatment, where people couldn't provide consent, the relevant 'best interest' meetings and decision took place and the appropriate Deprivation of Liberty Safeguards (DoLS) were submitted to the Local Authority.

Records contained the relevant information in relation to people's capacity and any restrictions which were in place. Staff received the appropriate training in relation to MCA and DoLS and understood the importance of complying with the principles which needed to be followed.

Staff told us they felt supported by the registered manager on a daily basis. Staff received regular supervisions and had access to training, learning and developmental opportunities. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have.

Staff received mandatory training in relation to safeguarding adults, fire safety and evacuation, medication administration, moving and handling, infection control, health and safety DoLS and MCS. Staff were also supported with specialist training; this equipped staff with the relevant skills and competencies to provide the care that was required. For example, 'End of Life' training was provided to staff, this enabled them to understand and appreciate the importance of providing end of life care in a dignified and respectful way.

Staff who didn't have the relevant qualifications were enrolled on to 'The Care certificate'. The Care Certificate was introduced by the Government in 2015 and is a set of minimum standards that should be covered as part of induction training of new care workers. This meant that staff were expected to develop their skills, levels and competencies in relation to the quality and safety of care people should receive.

Records showed that people were supported by external health care professionals and received a holistic level of support in relation to their health and well-being. People were supported by GPs, mental health teams, optician, dieticians, district nurses and social workers. Records contained updated information and any necessary guidance was followed by staff and incorporated into care plans and risk assessments.

People's nutritional and hydration support needs were assessed and routinely monitored. Senior carers completed different clinical tools as a way of monitoring and measuring the health and well-being of people living at Heathfield Lodge. Weight charts were completed accordingly, malnutrition universal screening tools (MUST), waterlow assessments (to monitor vulnerable skin) and appropriate referrals were made to healthcare professionals when needed.

During the inspection we observed the quality and standard of food people received. Meals were well-presented and people were offered a variety of meals on a daily basis. Kitchen staff were familiar with different dietary support needs and people told us their preferences and likes were accommodated. Comments we received about the quality of food included, "There's always plenty to choose from", "I've really enjoyed that (quiche and salad) and now I'm going to have a nice bit of that melon", "The food is all what it should be, plenty of vegetables, plenty of meat or fish, and a couple of choices each time", "You're always getting tea and biscuits. The food's marvellous, I think I've put on a couple of pounds."

Is the service caring?

Our findings

We received positive comments about the level of care people received. Comments included, "You are treated with the height of respect", "It's very nice here and the staff are all very nice; very kind", "People seem happy here generally; the staff are all very pleasant and very helpful" and "If you get a bit weepy, [the carers] come and chat to you and give you a big hug. The staff are very tolerant and patient."

People and relatives told us that staff provided dignified and respectful care. We also observed staff providing care in a manner that was kind, caring and compassionate. People told us, "I like to have my privacy, so I see to myself [for personal care]. Staff knock and wait, while you have your bath, and you shout 'come in' if you're ready for them", "I do feel I can [be private] when I like. [The staff] never just walk in; they knock and wait for you to say hello" and "If anyone does want to come in they always knock two or three times."

A SOFI tool was completed to observe interactions between staff and people who were living at Heathfield. We observed warm and kind interactions. The atmosphere throughout the course of the inspection was friendly, calm and inviting. Age specific music was playing in the lounge area and staff were seen to be engaging and interacting with people in a friendly and familiar way. People were addressed by their preferred names and staff were responsive to people's support needs in a timely manner.

Staff were familiar with people's needs, wishes and preferences. Care records contained an 'Important information about me' document. This document provided staff with specific information about different areas of care and support that needed to be tailored around the person. People also received support from consistent and regular staff which meant that positive relationships could also be developed over time.

People were supported to remain as independent as possible. Records we checked demonstrated how staff 'encouraged', 'supported' and 'assisted' people to remain independent but in the safest possible way. People told us, "I have a paper delivered here five days a week but at weekends they don't deliver and I can go myself [to get the paper]", "I'm a very independent person; I have a stick to get about and I can do some things for myself."

People were treated equally. People's protected characteristics (such as age, gender, religion and disabilities) were established from the outset and support measures were appropriately in place. For instance, people had the opportunity to practice their faith and were supported with any disability support needs from the outset.

For people who did not have any friends or family to represent them, details of local advocacy services were made available. Advocates represent people when specific choices and decisions need to be made in relation to their health and support needs. The registered manager told us they would support people to access these services should it be required.

We checked to see if people's confidential and sensitive information was securely stored and protected in

line with General Data Protection Regulation (GDPR). During the inspection we did find some personal information in the dining room of people who lived at Heathfield. We raised this with the registered manager who responded to our concerns and immediately removed the information. All other records were securely stored in a locked office was not unnecessarily shared with others.

We checked the 'Service User' guide that people (and relatives) received from the outset. The guide contained information in relation to quality and safety of care, values and objectives, staff information, facilities and accommodation, meals, healthcare, activities, complaints and security. This meant that people could familiarise themselves with different aspects of the care they could expect to receive.

Is the service responsive?

Our findings

During this inspection we checked to see if people received responsive care in relation to their support needs. Comments we received included, "I think it's marvellous", "All the staff are polite, and they ask you do you want such and such doing, or can they give you a hand (support), and you can say no if you don't want it" and "[Staff] are very courteous, even though they're busy. They take their time, and check that you're happy with what they're doing for you. One relative said, "There's always someone around to talk to."

During this inspection we found improvements had been made to care records that were in place. Documentation was completed and the level of support and areas of risk were assessed from the outset. Care plans and risk assessments were created and staff were able to provide a responsive level of care tailored to around the needs of each person. Records we checked were up to date and demonstrated a person-centred approach to care. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the registered provider.

Care records contained 'Important Information about me.' This provided staff with detailed information in relation to people's character, preferences, likes, enjoyments and interests. Records we checked contained information such as, '[Person] is very nice, does like to walk around the building, loves music and will always be there for any entertainment, will have a dance', 'Has a cup with saucer, normal cutlery, will have poached eggs at any time', 'likes to go to bed at 9pm' and 'Likes brandy, milk, lemonade, Horlicks.' The level of detail provided staff with a good level of information that enabled them to provide care and support in a way that was tailored around the person.

We saw that bedrooms were decorated and personalised as people wished them to be. The registered manager told us that when people moved into Heathfield Lodge, people and relatives were involved in decisions and choices that needed to be made in relation to personalising bedrooms and personal spaces. People could 'choose' how their rooms were decorated, what colour scheme they wished to have and rooms were filled with decorative/personalised items.

The registered provider had an up to date complaints policy in place. People and relatives were provided with information in relation to the complaints process from the outset and people told us they would feel confident raising any complaints/concerns with the registered manager. At the time of the inspection, there were no complaints being responded to.

We checked to see the variety of different activities that were scheduled for people to participate in. There were no dedicated activities co-ordinators in post however, the registered manager informed us that the staff team as a whole arranged weekly activities. Activities were arranged around the likes, and preferences of people who lived at Heathfield Lodge. Comments we received about the activities included, "We have singers and they're marvellous; we had one yesterday to do with Paul McCartney. We have some good entertainment", "I love reading and they do have books here. Also, one of the carers has given me books. Sometimes there's Bingo or a quiz", "There's a nice garden downstairs in fine weather. A lot of people have used that garden" and "We've had a couple of nice entertainers, and [the staff] put music on for us. If you

need a chat they'll have one."

We asked the registered manager if 'End of life' care was provided to people who had been assessed as being at the end stages of their life. Care records contained advanced (end of life) care plans, these indicated how the person 'wished' to be cared for and specific preferences and choices which needed to be respected by staff. Staff also received end of life training and expressed their understanding of supporting and respecting people's end of life wishes.

Is the service well-led?

Our findings

At the last inspection, we found that the registered provider was in breach of regulation in relation to 'Good Governance' and 'Failure to Display' previous inspection ratings. The well-led domain was rated as 'Requires Improvement.' During this inspection we looked to see if improvements had been made.

We checked to see how the registered provider maintained oversight of the provision of care people received. Management meetings were held between the registered manager and the registered provider. Minutes we reviewed contained information in relation to service developments, new processes and systems, infection control, quality assurance, staff training and on-going refurbishments. The registered manager told us that they felt supported by the registered provider; that they were committed to providing good quality care. The registered provider confirmed that they visited the home on a regular basis to review the quality and safety of care being provided.

We reviewed different quality assurance systems the registered provider had in place. The quality and safety of care people received was monitored and assessed through a number of different weekly, monthly and annual audits and checks. Audits and checks were completed in areas such as medication administration, staff performance and competencies, health and safety, risk management, maintenance management, accident and incidents and fire procedures. This enabled the registered manager to monitor and improve the care people received.

Although we identified that improvements had been made since the last inspection, we also recognised that further developments could be made in this area of care. For example, medication audits did not identify missing temperature checks or missing signatures and GDPRs were not always complied with.

The registered provider was no longer in breach of regulation 17 in relation to 'Good Governance'. We do however recommend that a further review of quality assurance systems is carried out to ensure the quality and safety of care people receive is regularly monitored and assessed.

From April 2015 it became a legal requirement for registered providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

The ratings from the previous inspection were clearly displayed as required. A full copy of the previous inspection report including the ratings were on display on in the foyer of the home.

The registered provider was no longer in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection there was a registered manager in post. They had been registered with CQC since October 2010. The registered manager was aware of their regulatory responsibilities and the statutory

notifications that needed to be submitted to CQC in relation to significant events and incidents. This meant that CQC were able to accurately monitor, assess and review information we received in relation to the safety of people who were living at Heathfield Lodge.

We received positive feedback about the level of leadership and management at Heathfield Lodge. Comments we received included, "I've never been so happy working anywhere", "I like [manager] firm but fair which is good, very approachable, I get the support that's needed", "[Manager] is able to manage the service, very approachable, I feel listened to", "Friendly atmosphere, all the staff are approachable and [manager] is always there if you need her" and "It's well managed, the team rally around and do extra hours, it's like a family, we all muck in (gets involved), [manager] mucks in too when needed."

We checked to see if people had the opportunity to express their thoughts, views and suggestions around the provision of care people received. Surveys were circulated to people (and their relatives) in relation to the quality and safety of care and if any improvements could be made.

The registered provider circulated an 'Employee Satisfaction Survey'. Comments we reviewed were positive and included, 'I enjoy the involvement in making decision to improve the condition of the house, I feel the home has improved quite a lot', 'I have a good relationship with the management and colleagues', 'yes I do feel supported', 'I am very happy with my work, I have all the support from staff and my manager', 'I can approach [manager] with any concerns' and 'Manager is very proactive.'

Communication processes were reviewed during the inspection. Staff told us there were different methods of communication as a measure of keeping everyone informed and involved in the care people received. Staff told us there were daily handovers amongst the staff team, a communication and message book and an incident recording book. This meant that staff were updated on any recent events/incidents involving people who were living at Heathfield Lodge and were informed of changes in relation to people's health and well-being.

We saw evidence of staff meetings and resident/relative meetings during the inspection. Meeting minutes we reviewed contained information in relation to CQC inspections and quality of care, activities, confidentiality, staff morale and staffing levels. Staff told us they found the staff meetings useful and provided them with important information about different aspects of the home. Resident meeting discussions included, activities and entertainment, new key work system, refurbishment of the home and bedrooms, health and safety, fire procedures and healthcare and family visits.

The registered provider had a range of different policies and procedures in place. The policies we checked contained the most up to date and relevant guidance and information for staff to follow. Staff were familiar with different policies such as safeguarding and the protection of vulnerable adults, whistleblowing, complaints, equality and diversity, supervision and infection control procedures.

The registered provider had an up to date 'Business Continuity Plan' (BCP) in place. The BCP was a reference tool for staff to follow in the event of an emergency situation. This contained essential information and guidance for staff to follow in specific critical situations. This meant that the safety of people receiving care and support was continuously monitored.