

GCH (Heath Lodge) Limited

Heath Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Heath Lodge on 13, 14 and 16 January 2015 and identified breaches around the following areas, person centred care, obtaining consent, good governance and staffing levels. We rated the home as requiring improvement. We carried out a comprehensive inspection of Heath Lodge on 16 and 25 May 2016. We found continuing breaches of what we previously found, but at this inspection identified concerns around promoting peoples, providing care in a safe manner, protecting people from abuse, and effectively managing people's nutritional needs. We took action using our regulatory powers and urgently imposed a restriction to ensure Heath Lodge took no further admissions. We also placed the service in Special Measures and kept the service under review along with referring our findings to the local authorities safeguarding and commissioning teams.

We carried out a comprehensive inspection Heath Lodge on 31 January 2017, this was unannounced. At this inspection we found that although they had made some improvements, there were still areas that needed further improvement and some areas that remained in breach of regulation. These were in relation to staffing, consent and dignity. You can see what actions we have asked the provider to take at the back of this report.

Heath Lodge is registered to provide accommodation and personal care for up to 67 older people some of whom live with dementia. At the time of our inspection 34 people were living at the service.

Since our last inspection there had been continued changes within the senior management team. The manager who was registered at Heath Lodge had been transferred to another home owned by the provider however had not submitted their application to cancel their registration. A new manager had taken up the post from November 2016, and was in the process of registering. A registered manager is a person who has registered with the Care Quality Commission (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.

People did not experience delays whilst waiting for their care to be provided, however staff were rushed when completing tasks. The manager had recruited a significant number of staff to the home and also performance managed a number of staff out of Heath Lodge as they were not working in a way that ensured people received a satisfactory level of care. They had reduced the number of temporary staff working in the home to negligible levels. People's care plans had been developed to include more up to date information. However, these records still required work to ensure they included all specific information about people's needs and staff did not always read them prior to carrying out care. People's medicines were managed safely and people received their medicine as the prescriber intended.

The provider had not ensured there was effective, well trained and supported leadership on each of the floors of the home. Care staff had not all had the training required, and staff had not received regular supervision of their conduct or practise. People's consent was sought however the service did not

consistently work in accordance with MCA and DoLS legislation. People were happy with the food and drink provided to them and where people were at risk of weight loss, staff took appropriate actions. People were supported by a range of health professionals.

Individual staff members spoke and interacted with people in a kind and friendly manner, and none of the staff observed lacked a caring approach to people. However staff did not always ensure people's social needs were met. People felt able to raise a concern or complaint with staff who they felt would take appropriate action to resolve these. People were provided with regular opportunities to meet so they could discuss improvements in the home or be kept abreast of developments.

People did not always receive high quality care that was well led. The action plan submitted to us following our previous inspection had not been completed and issues identified following local authority reviews of the care had also not been completed. Care records and records relating to the management of the service were incomplete. Staff felt the manager involved them in discussions about the running of the home; however people felt the manager was not always visible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were not consistently protected from the risk of harm.

Staff were aware of how to identify and respond to avoidable harm occurring and knew who to report their concerns to.

People told us that staffing levels had improved, although this had not been effectively monitored by the provider.

People were supported by staff who had undergone a robust recruitment process.

People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not been provided with sufficient opportunities to develop and reflect on their practice.

Mental capacity assessments and best interest decisions were not consistently carried out for those people who may have lacked capacity to make their own decisions.

People's nutritional needs were met, and staff routinely monitored people's weight loss.

People were able to see a range of health professionals as their needs changed.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's dignity was not consistently met across the home.

There was further development planned to ensure that people were consistently involved in planning their care.

People told us that staff were caring and kind when assisting them.

Confidentiality was promoted.

Is the service responsive?

The service was not consistently responsive.

People did not consistently receive personalised care from staff that enabled them to pursue individual hobbies and interests.

People's care plans, although improved, still needed further development.

People told us they felt able to raise concerns or complaints and people were kept informed with developments in the home through regular meetings.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

New systems had been put in place to monitor and improve the quality and safety of the service provided, however these were still being developed fully and previous areas of concern identified at our last inspection had not been improved or acted upon.

Peoples care records were not reflective of their needs and were not updated regularly to reflect these changes.

Staff told us communication had improved with the new management team, however people told us the manager was not always visible within the home.

Staff told us they had regular staff meetings and were able to discuss their views and opinions about the running of the home.

Requires Improvement ●

Heath 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place at Heath Lodge on 31 January 2017 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor whose specialism was people living with dementia and an expert by experience. An expert by experience is someone with personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the action plan sent to us by the provider that told us how they would meet the legal requirements. We reviewed copies of regular monitoring audits we received from the provider, alongside reports from the local authorities serious concerns meetings held in partnership with the provider that set objectives to discuss and improve performance in the home. We reviewed the findings of a service monitoring audit carried out by the local authority and sought additional feedback social care professionals who supported people living in Heath Lodge.

During the inspection we observed staff supporting people who used the service; we spoke with 13 people who used the service and relatives of two people. We spoke with 10 staff members, the manager, the newly appointed regional manager, the provider and two visiting health professionals.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to seven people who used the service and other documents central to people's health and well-being and associated management records.

Is the service safe?

Our findings

At our previous inspection we found people being assisted to transfer using a hoist by staff who were not sufficiently trained to do so and we observed staff using unsafe practices. At this inspection we found some improvements had been made, however there were continued areas of concern.

Staff were knowledgeable about the risks associated with people's daily living. Staff told us they knew people well and as they were working permanently in the home this helped them to be aware of the risks. For example, we found that prior to the new manager starting at Heath Lodge some people had developed pressure ulcers. When we reviewed these wounds we saw that people had the appropriate equipment in place, were repositioned frequently and had regular dressing changes by the district nursing team. Staff then ensured that people were sitting up in the lounge or communal areas, but also that they settled people back in bed after a couple of hours to ensure the pressure was relieved. The staff under the guidance of the management and district nursing teams had successfully healed the majority of wounds and no new pressure ulcers had developed in the home since December 2016.

However, we found that from 16 people on one unit five people's daily records detailed that their skin in different areas was red or purple which could be an indicator that the condition of people's skin was deteriorating. When we looked at the skin integrity care plans we found that staff not always calculated the risk level for people developing pressure ulcers correctly. For example, the skin integrity assessments asked staff to consider if people had any health issues such as a stroke, heart attack or other life limiting conditions, including their specific age. Staff had not consistently taken this into consideration which meant people were assessed as a lower risk than they actually were. We discussed this at the time with the manager and regional manager. We saw from care records that staff relied upon the district nursing teams to order and organise pressure relieving equipment, as opposed to utilising existing equipment that may suffice, for example pressure mattresses. This demonstrated that the management of people's skin was a reactive measure and staff did not consistently provide proactive care through assessment and actions when risks were identified.

Some staff told us that regardless of the inaccurate assessments they didn't always read the care plan and therefore didn't know if risk assessments were detailed. Staff told us they were confident that people's needs or risk levels changed they would be informed via handovers. One staff member told us, "I didn't have time yet to read all the care plans so I don't know what the risk assessments are like, but I do know every resident and what they need and the risk. If anything changes [Unit leader] will let us know straight away." However we observed examples where this lack of awareness placed people at risk of unsafe care.

For example, we observed one person choking whilst having porridge. The unit leader was quick to respond ensuring they were safe and comfortable. However, after they recovered they were given toast with butter and were not closely observed to ensure there was no repeat of the situation. We heard as the person was given their toast staff comment, "[Person] had the same reaction last week." There was no assessment for this person in the care plan from the incident the previous week.

We also found another person's risk assessment recorded that staff should use a standing hoist when transferring them. This person's care needs had been reviewed by their social worker six months prior to our inspection. The social worker recommended for them to be referred to an occupational therapist (OT) so their mobility could be reviewed due to a deterioration in their mobility. The social worker stated in their assessment, "The standing hoist is not safe, [Person] cannot grip well and an OT referral is needed." We saw staff using the standing hoist to transfer this person and when we asked them they were not aware that this should have been reviewed. One staff member told us, "We are using the standing hoist because [person] still has strength in [their] legs, but they at times take off their hands from the hoist and try to fight with us." This person also had a documented medical condition that may cause their legs to give way whilst standing increasing the likelihood of injury. This meant that it was an increased risk when staff were using the stand aid for the person to be injured by falling.

As staff were not aware of the details of the current care plans and the assessments were not always completed accurately, this meant they continued to place people at risk of harm through unsafe care. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "I feel safe here and they look after me well." A second person said, "Things are so much more calm now than a while back, I can sleep knowing I am looked after." The manager was in the process of developing information that they were handing to the residents about identifying harm and abuse. They told us they aimed to discuss this with people and where people found it difficult to read or communicate they were developing a pictorial format.

Staff demonstrated to us their understanding of protecting people from the risk of avoidable harm and abuse. They told us they had received training and the reporting processes in the home regarding safeguarding people had improved. The unit manager said, "It is much better now, I do weekly body maps to ensure people's skin is intact and that they don't have any unexplained bruises. Staff report to me and recording anything unusual." Safeguarding information for staff and visitors was prominently displayed around the home prompting staff and visitors to be vigilant and report any concerns to local safeguarding authorities and CQC.

Staff knew how to report their concerns internally and externally to local safeguarding authorities and they were knowledgeable about whistleblowing procedures. One staff member told us, "I feel people here are safe. I don't really know how this home was before but I think it is good now."

At our previous inspection we found there were insufficient numbers of staff deployed to meet people's needs safely. At this inspection we found the newly recruited manager and regional manager had made significant improvements. For example, agency usage had reduced significantly from one thousand hours per week down to two hundred hours. These agency staff had been replaced with permanent care staff. The manager told us, ""My challenge is to build a team, we were mostly just agency, we have recruited eight carers for days and we need currently two more, at night we have recruited two staff but we need five more. We aim to recruit to best practise levels of 118 percent."

People told us there were enough staff. One person said, "I would like to tell you that this service was very bad last year. There were not enough staff. I felt very unsafe then. However things are very much better now." A second person said, "There are enough staff here both day and night." A third person confirmed this and told us, "Last year there was a lot of agency staff but they have recruited new staff and I feel much happier with things as they are today."

Staff gave a different view and told us there were not always enough staff. They said there were just about enough to meet people's needs and carry out their tasks, such as providing personal care or completing records but not much time to spend with people. One staff member said, "I can't say we are just about right. Most days are ok but when something goes wrong we are struggling. We can meet people's needs but that's about it we cannot spend too much time with people." We observed staff answering calls in a timely way, but they were rushed and whilst completing important care records people interrupted staff on numerous occasions which meant that staff had to stop what they were doing. The manager told us that people's needs were reviewed monthly through a dependency assessment, and a calculation of staffing hours was developed from this tool. However, we found that staff did not complete this tool accurately and consistently, therefore meaning the staffing levels in the home were not based on people's current needs and required further reviewing.

At our previous inspection we found recruitment checks were not thorough or comprehensive. We found improvements had been made at this inspection and found that robust recruitment and selection processes had been implemented demonstrating that appropriate checks had been carried out prior to staff commencing employment. These checks included criminal records checks, written references, and evidence of their identity. This enabled the provider to confirm that staff were suitable for the role to which they were being appointed.

People's medicines were administered according to the prescriber's instructions and managed safely. We observed the unit managers administering people's medicines in a calm and unhurried manner. They explained to people what the medicine was they were taking and were aware of people's preferences, such as taking with a spoon or beaker. Staff told us they had undergone training and competency in the management of medication, however for the two staff administering that day we saw training for one expired on 05 February 2015 and the other it was 21 January 2016. We were provided with a training plan that demonstrated both were due for refresher training shortly.

We looked at the medicine administration records [MAR] and saw each had been completed when medication was given, refusals were clearly documented and when 'As required' medicines were given, it was clearly recorded when and for what reason. For those people who had their medicines administered covertly there was a care plan in place with detailed input from the pharmacist and the GP. Where people who were prescribed antipsychotic medicines to control their mood were being reviewed by the GP or specialist mental health teams at the time of inspection. This was to reduce the number of people unnecessarily and unsafely prescribed such medicines. The visiting health professional said, "We have just finished reviewing [Person] and although they can be quite challenging, I really like the approach of [Unit manager] who doesn't just look for a medication solution, but suggests different behavioural interventions we can try."

Medicines were stored in a locked room in a trolley and locked cupboards. Medicines required to be stored in the fridge were kept in the fridge and temperatures of the fridge and the room were recorded taken daily. Unwanted medicine was collected and stored safely whilst awaiting collection from the pharmacy, and accurate records were maintained when medicines were both received and returned.

Is the service effective?

Our findings

At our previous inspection we found that staff had not all received training to enable them to carry out their role. Induction training for staff had not been delivered effectively. We found that the unit managers who were responsible for reviewing and assessing people's changing needs, developing care plans and referring them for specialist healthcare services had also not received the necessary training. At this inspection we found some improvements had been made, but there was still further improvement needed to meet the minimum requirements.

People told us they thought staff were sufficiently skilled to carry out their roles. One person told us, "This place is effective and looks after me well." A second person said, "I really like the staff I would give them 10 out of 10 for care and everything. All my needs are met by this service."

Staff we spoke to during the inspection told us that they received a full induction when they started working at the home and there was a programme in place which included a nationally recognised qualification to give them the basic skills they required to work with people for their specific roles. However, training records showed that 23 out of 33 staff had not completed this. This induction consists of fundamental areas that staff need to be aware of, such as privacy and dignity and fluids and nutrition. Our inspection found that some of the staff did not demonstrate their awareness of these areas as at times people's dignity was not met and staff had not identified people with skin integrity concerns.

At our last inspection the senior team had not been provided with the necessary training to effectively perform their role, for example with carrying out assessments, and supervising and leading their respective teams in Heath Lodge. We found at this inspection, senior staff still had not undergone sufficient training or development. This lack of specific training meant that the senior team were not aware of how to accurately assess people's needs such as nutrition and pressure care. Where senior staff had not been provided with adequate support to enable them to effectively supervise staff, appraisals and supervision meetings had not been held regularly. This meant that staff had not been effectively supported. However, personal development of staff into first line management was at the time of inspection about to be supported through the delivery of a joint project between the provider and a local training organisation to offer staff a one year leadership development programme.

We looked at the training matrix which the manager updated for us during the inspection to reflect the current training provided. We were also provided with a training plan for the current year that addressed some of the gaps in training provided. We saw that of 32 staff, which included senior and domestic staff, 14 had not undergone safeguarding training and 31 had not received first aid at work training. Only two staff members had undergone training in continence care, which was considered to not be mandatory training alongside other key training such as pressure care also considered to be non-mandatory. Significant gaps were also identified in areas such as infection control, mental capacity and food hygiene. The training plan identified that mental capacity training was booked for March, but not for the other areas. Training for specialised areas such as challenging behaviour, nutrition, end of life and care planning had not been delivered. However, staff had been identified that would be undertaking advanced training to support staff

who will be nominated champions in areas such as nutrition, safeguarding, dementia, infection control, dignity, wound care, and engagement. Some of these champions had begun their training, and it was expected they would then be a point of support and contact for the care staff to refer to, and to also deliver best practise within their areas of specialism.

At our previous inspection we found that staff had not received adequate professional development through supervision and appraisal of their skills and performance. The provider told us that staff would receive their supervision and appraisal by August 2016, however this was delayed again until the end of March this year due to the management changes and because unit managers were not able to carry out this task. This meant that staff continued to not have an effective appraisal of their performance, or have the opportunity to set objectives for the coming year.

The continued failure to ensure that all staff received appropriate professional development relating to their role was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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). At the time of the inspection applications to deprive people of their liberty had been made.

We found that staff were knowledgeable about the principles of the MCA. However best interest processes to help ensure the way people received care and support was in their best interest were not always followed. For example, one person had a best interest decision assessment for using a standing hoist. The decision had been recorded as using the stand hoist, but the process did not evidence how the decision was reached, any other considerations, or who was involved. There were however in previous assessments by the social worker recommendations that the use of the hoist to be reviewed because it was felt to be not safe to use. We were therefore unable to establish how the best interest decision was made and on what criteria the decision was made in the persons' best interest. We also found the manager had reassessed and removed the bed rails from a number of beds in the home. However, once again the alternative options did not appear to clearly be considered, and we found conflicting decisions and practice. For example, one person who lacked capacity had a bed rail in place and also had a sensor mat. The Care Quality Officer was not clear why they would use both, when clearly the sensor mat would have been the least restrictive method. This was an area that requires improvement.

Staff were observed throughout the inspection to seek people's consent and explain how they wanted to assist the person, waiting until the person was happy for them to proceed. Staff acknowledged people's requests to return later. One person told us, "I like to be asked and for people to see that I am happy with things, they do that here now and will always ask me before helping me in any way." However, we saw that consent in people's care plans was not consistently recorded, either for people who were able to sign for themselves, or those who lacked the capacity to do so. In those cases, the appropriate person had not signed, and where people had declared they had legal authority to do so, verification of this had not been seen. This was an area that requires improvement.

People told us the food they were offered was good and was provided in sufficient quantities. One person

said, "I am on special diet and the food is good. It is plenty, I am putting weight on." Staff monitored people`s nutritional intake and people were weighed regularly. Where weight loss was identified this triggered staff to refer the person to the GP and subsequently to the dietician to ensure they had specialist advice in meeting people`s nutritional needs. We spoke with one of the unit managers who were able to show us how they had recently reviewed a person's weight with the GP and considered a variety of nutritional supplements to use. This person was clearly benefiting and their weight had remained stable for a significant period of time. Staff monitored people`s fluid intake with a target level identified and the actual amount of fluids recorded. Peoples allergies were recorded and staff ensured people were provided with appropriate food. For example, one person suffered intolerances to food; therefore staff ensured this person had bread free from ingredients they were intolerant to with meals. However staff told us that people who preferred a vegetarian option had limited choice available to them.

People were supported as required when eating their meals, and staff ensured people maintained their independence when doing so. Staff encouraged people to use the utensils provided, or cut up people's meals to aid them. People were able to use specially adapted equipment so they could manage their own lunch independently. The environment at lunchtime was sociable, friendly, and all staff were seen to assist to ensure the lunch time meal was a seamlessly positive experience. However, when people chose their meal they did so from a photograph. We noted that the photograph for the lunch time meal was not the same as the vegetables provided. For those living with dementia, good practise would be to offer the person a visual choice of both options. Secondly we saw that people were at times prone to becoming restless and not finishing their meal. We asked whether any finger food was left out throughout the day for people to eat who had a tendency to walk a lot. The manager pointed out that fruit was available and put away at the end of the day. We were unable to see where fruit was available and good practise would suggest that staff ensured snacks that had a high calorific content were available for people to pick up as they walked to minimise weight loss for people at risk..

We saw that staff involved health care professionals in people`s care when there was a need for it. Care plans evidenced involvement from GP, dieticians, chiropodists and opticians and people told us they were able to see the GP or health professional when needed. We spoke with one visiting health professional who told us, "I have not been here for a while but it seems to be a lot better, they are not looking to medication to manage people, but looking at social ways they can understand the behaviour."

Is the service caring?

Our findings

At the last inspection, people's dignity was not maintained. People were not dressed in clean clothing and staff did not respond promptly to people to ensure they remained clean, presentable and in a dignified manner. People had their bedroom doors left open when they were still in bed. At this inspection we found improvements had been made, but there were still areas for further improvement.

We saw on the first floor when we arrived eight people sitting in a communal area without socks or slippers. One person had a shorter skirt on with bare legs without tights or socks. We asked the team leader about this and told us people had insufficient clothing including socks. They told us they had identified this as an issue and invited family members for a meeting which was scheduled a day after the inspection to discuss this and request the help of family members to ensure people had enough clothing. However, this issue had been on-going within the home since the previous inspection and had not been resolved until the new manager took action. This meant that people had a lack of appropriate clothing meaning they were unable to change as regularly as needed, particularly where people required additional underwear due to their personal care needs.

We also saw when we arrived one person with an exposed area through their pyjama bottoms in the morning sat in communal areas. The Care Quality lead had walked past this person on occasions during a twenty minute period they were sat in the chair. They had not identified or adjusted the persons clothing to protect their dignity. The manager was subsequently shown and took swift action to resolve this. However, people were not responded to when needed to ensure their dignity was respected at all times.

Throughout the day we did not see further examples of people's dignity not being upheld, however, we had previously identified this as a concern at our last inspection, and found additional examples at this inspection. This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us staff were kind and caring. One person said, "I love them [staff] they are all very kind and they care for me." Another person told us, "The carers are very nice." During breakfast staff were was sharing jokes with one person who then burst out laughing along with the staff, each clearly enjoyed the others company and seemed to know each other very well indeed.

Throughout the inspection staff were seen to be friendly, courteous and smiling when approaching people. Staff adapted their communication and approach to people`s needs, ensuring they maintained eye contact when speaking and moving closer to people who were hard of hearing. We observed a lot of reassurance when people showed signs of distress. For example, one person was seen walking around looking for staff to give them a hug and a kiss on their cheek. Staff promptly responded which clearly made the person happy and content. We saw exactly the same approach for those people who were distressed, which also had the same effect upon them, resulting in people being settled and less agitated. The way people related to staff demonstrated good relationships between them based on respect and trust. In the compliment book there several compliments about staff and their approach. A relative had written. "[Staff] always communicate

with us whatever the time and however small. In the morning we saw a lampshade with a note reading, "Could somebody please ensure that this is put up, [Relative] will love it, thank you." We saw later that afternoon that not only was this done, but staff also had contacted the relative to inform them it had been done.

Staff addressed people using their preferred names and it was clear that staff knew people well. They were knocking on bedroom doors and greeted people when they went in. People's privacy and dignity was promoted. We observed staff closing bedroom doors when they offered personal care and they made sure people looked presentable and well kempt.

The manager has commenced an in house Dignity Network with the first meeting taking place in December 2016. Nominated staff take responsibility for ensuring key messages are cascaded within the home and lead by example, helping staff to identify where practice can improve and raise discussions through meetings. There was a greater visibility of dignity within the home through the display of the Dignity pledge; although we had seen where there remained some areas requiring improvement. We observed a male agency worker taking a female person to the bathroom on their own. After they wheeled the person in the bathroom they went and found a female staff member to help the person use the toilet. This demonstrated that staff were aware of people's dignity and were mindful of people's feelings.

People had their care needs regularly reviewed and we saw in some instances families were involved in planning and reviewing people's care. However, we also noted other examples where people or their relatives had not been involved in developing their care. People's feedback to us confirmed this. One person said, "My care plan is working. I helped write it. It is effective and works well for me. It is reviewed every year. But if things need changing they can be changed immediately." A second person said, "No I don't know when my care is reviewed, I know they are trying to get it done but I haven't been involved yet." At the time of inspection, care plans continued to be reviewed and the manager was in the process of inviting people's relatives to review meetings to develop the care plans further.

Confidentiality was promoted. We saw that all information relating to people was stored securely and safely.

Is the service responsive?

Our findings

At our last inspection, activities we saw on both days of the inspection offered little stimulation to people. There was a lack of meaningful activities offered to people by staff, and people walked around the home in a confused state without any intervention by staff. People said they were unable to communicate with the staff due to English not being a first language. At this inspection we found some improvements had been made but further improvements were still required in some areas.

People told us they felt able to talk to staff and be understood. They also told us that activity in the home had improved but required further development. One person said, "It's nice to be able to actually talk to the staff, I missed conversation but it's improved." A second person said, "I am encouraged to have hobbies and interests. Now I watch Cricket and Football on the television in my own room." A third person however said, "I think at the weekends they could do a lot more, it is a bit dull and not like it is during the week."

There were a range of activities provided by two activity staff. We saw on the day of the inspection people were having their nails done whilst choosing what music they wanted to listen. People who were in the communal areas had staff engage with them and they watched TV and listened to music. We saw staff being asked to dance by a person and they were happy to do so. The activity staff member was clearly enthusiastic and had researched an initiative to 'Pimp my walker.' They were assisting people to decorate their Zimmer frames for example, in bright colours and themes. They were also able to demonstrate to us how people now knew whose walker was whose, and encouraged them to use them, resulting in a significant reduction in falls for one person.

Staff working in Heath Lodge were able to communicate clearly with people, we observed sensitive and kind interactions between staff and people who used the service. Activity had improved following specific training for the activity staff to specifically engage those people who were previously resistant to engaging in activity, such as those people living with dementia. People's rooms were being personalised as per the person's preferences. For example one person's room had been decorated with a football theme and a second with an Elvis theme. Both people were particularly proud of their room.

However, there was still a lack of meaningful activity for people when cared for in their room, or at weekends when activity staff were not present. We received mixed responses from people, some said, "I stay in my room but the staff pop into see me regularly to check me out. They do not stay but they do pop in." Whilst others views were "They are very caring I would give them 7 out of 10 for care." The overall views of people were that the care and communication had improved at Heath Lodge, but that people continued to at times be unstimulated or able to pursue individual hobbies or activities consistently. Therefore this remained an area that required improvement.

Care plans contained information about people's medical conditions, personal care needs, medication, risks to their well-being, MCA and also records when other health or social care professionals visited, and their care reviews. People told us that they felt involved in developing their plans more than they had done previously. One person said, "My Doctor, my Consultant and Family all talk and communicate about my

health and wellbeing."

We found however that the information in the care plans was not always consistent and current. We found that some care plans were inconsistent in providing information to staff about people's likes, dislikes and their preferences regarding the care they needed. For example, some care plans had no detail about when people wanted to get up or go to bed, if they wanted their bedroom door open or closed when they were in bed, if they liked showers or baths or if they had any preference regarding the gender of the staff offering them personal care. However, a new care planning format had been introduced recently and staff were working towards changing to the new format and those copies we reviewed, clearly considered people's likes, dislikes and preferences.

People told us they felt able to raise any concerns or complaints with staff. Not all people were aware of the changes in the management team, but told us regardless that they felt their concerns would be addressed. One person told us, "If things went wrong then I would talk to the staff, who would deal with it there and then, and if not then they would take it higher up." A second person said, "I think they take things like complaints seriously now." The manager told us that when they came into post, there were several historic complaints they needed to address. These were in relation to lost valuables and the laundry. They showed us how they had resolved the complaints, and also then reflected on how they could minimise the likelihood of them recurring. We saw they had adopted the service user guide to make the guidance clearer about valuables for people and had address the laundry concerns by introducing the key worker system, where staff would be responsible for ensuring an allocated person had the appropriate clothing. In addition the manager was updating the complaints policy to ensure it was pictorial, which would help them to explain to people visually how to raise concerns.

Meetings were held for people and their relatives to raise their concerns or complaints about the home and to be kept informed of any developments. The meetings were not particularly well attended, but this was an area the manager was looking at addressing in the future.

Is the service well-led?

Our findings

The manager and regional manager told us when they started working at Heath Lodge there were several challenges they faced. The manager told us, since being in post from November they had identified areas previous management said had been resolved but could not be evidenced, such as training. They told us improvements had been slow due to a number of management changes and a subsequent reorganisation of the senior team since they were in post as staff told them previous leadership wasn't strong. They told us that they resolved historic complaints and had used the opportunity to learn from the issues raised and develop practise, such as implementing the key worker role. They said they had successfully recruited a significant number of staff to the vacant roles in the home and were both very clear about the challenges the home continued to face. The regional manager acknowledged that the home was, "Very fragile at the moment, and still needs a lot of work to get it where we want it to be." However, the recent positive management changes in the home, albeit making some notable improvements had not been able to implement the requirements from our previous inspection, where continual management changes in the home significantly halted progress.

At the last inspection, there was no manager in post. The service was managed by an interim manager, and a regional manager, supported by a quality team and other members of management. We found there had been six managers involved, contributing to a lack of oversight and effective management. Since the last inspection, the home has been under the management of three further home managers. The Quality Team resigned their posts unknown to the provider why they felt the need to resign. The provider told us at the time that the quality team would not be replaced as they felt this led to a lack of ownership around issues in the home. They subsequently recruited a further regional manager, a care consultant, and the current home manager. The three latest managers have demonstrated the positive changes they have brought to the care and governance at Heath Lodge. However, the provider informed us that they had recruited two quality team members due to start in March 2017. With the loss of traction in the home between May and October 2016, and further governance changes set to take place, it was clear that there was not an agreed organisational strategy for oversight and improvement within Heath Lodge, or any of the provider's locations as management arrangements appeared fluid and subject to change.

Following the previous inspection the provider submitted to us an action plan that addressed how they would make the required improvements, and within an agreed timeframe. Several areas of this plan had not been met. For example, our previous inspection found that assessments and daily records were not accurate or completed when required. In the action plan the provider told us that, "Staff to be mentored in the art of documentation. Staff to be given both hand-outs and examples of both daily documentation and care plan evaluation." They told us this training would initially be completed by the end of July 2016, which was then deferred to the end of August 2016, then October 2016, then January 2017 and finally end of February 2017. We continued to find at this inspection that staff did not complete assessments accurately. They further told us in their action plan that annual appraisals would be completed by the end of August 2016, however prior to the inspection; the manager moved this to the end of March 2017 because staff had not received supervision in line with the action plan. To manage the lack of supervision, the provider told us they would, "Provide written Supervisions with all Heads of Department, Unit Managers and Senior Carers.

This will be based on the expectation on how to effectively complete supervisions with their staff." This did not take place.

At our previous inspection we found the unit managers did not have the specialist training to enable them to carry out their role. This was in areas such as supervision and appraisal of staff and completing assessments and care records. We found at this inspection that there were inaccuracies remaining in the assessments, and saw that none of the unit managers had been placed onto these specific training courses to develop their skills. Since being in post, the manager had identified training for these staff to attend, and the regional manager was scheduled to provide training in assessments such as skin integrity and Malnutrition screening tools. However, this had not been completed or arranged until identified by the inspection team.

We asked how the manager monitored the care needs of people when reviewing staffing. They told us that staff completed the dependency in the person's files that assessed their needs and attributed a value to how long it would take to provide care. When asked how they collated this information, they told us they had not done this. This meant that although people's changing needs were monitored, the manager at that time had no system to review the effectiveness of staffing for the whole home. Subsequent to the inspection the provider told us they were reviewing the staffing levels, and that a new dependency system was being implemented. A new home audit tool had been implemented since the last inspection, which gave an overview of areas such as accidents, pressure ulcers developing, safeguarding, complaints and weight loss. It was clear from a glance at this new tool that the provider was able to monitor the home and identify any emerging risks or trends, however, the tool was not always complete. For example, we found that notifications to CQC were not always recorded as identified in the audit tool. We found that there were gaps in areas around training and development that the provider had not identified and responded to, in addition to gaps in care planning and effective mental capacity assessments.

Some care plans continued to be inaccurate at times. When we reviewed the care plan against the care observed we saw for a number of people, the record was not an accurate description of the person. For example, one person was assisted by two staff to transfer from the wheelchair to armchair. The care plan stated that they should use the Zimmer frame; however the person was able to stand up and follow instructions. It was obvious that the person had made significant progress since the care plan was written and that was not an accurate reflection of that persons current mobility needs.

The lack of effective management in Heath Lodge since the last inspection has caused an unnecessary delay to the improvements required. The provider has not ensured that the action plan submitted to CQC is complete, and has not ensured an accurate assessment and record of people's needs is carried out and maintained. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us mixed views about the management of the home; however all were very clear they felt the home was not managed well. One person said, "Its better, the staff seem happier, and the manager is on top of what they need to do." A second person said, "The home feels in a better place, the manager is obviously doing the right things, but we have still yet to meet them." One person's relative said, "I know they have a new manager but I couldn't tell you who they are." They indicated to one staff member as the manager, but this was the administrator. This meant that not all people or relatives felt the manager was visible within the home and is an area that requires improvement.

Staff told us they had regular staff meetings and were able to discuss their views and opinions about the running of the home. One staff member said, "They [managers] have been working hard to make things better, the home feels more friendly and they tell us what is going on and what they expect from us, but also

what we can expect from them." A second staff member said, "[Previous manager] didn't discuss changes with us but [Manager] does and wants us to help them find the answers."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	Regulation 10 (1) (2) (a)
Treatment of disease, disorder or injury	Peoples privacy and dignity was not always promoted or protected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Regulation 11 (1) (2) (3)
Treatment of disease, disorder or injury	The registered person did not act in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 (2) (a)
Treatment of disease, disorder or injury	Staff had not all received appropriate support, training and professional development to enable them to carry out the duties they are employed to perform