

Leonard Cheshire Disability

Heatherley - Care Home with Nursing Physical Disabilities

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 was an unannounced inspection which took place on 10 January 2017.

Heatherley is a home providing a range of services (including nursing care). The home is registered for up to 40 adults with physical disabilities. People live in either the main building or one of six self-contained bungalows within the grounds. People who live in the bungalows use the facilities in the main building during the day. At the time of the inspection 37 people lived at the service. People living at Heatherley may have an acquired brain injury, stroke, cerebral palsy or multiple sclerosis. All people living at the service are wheelchair users and the majority require a hoist to assist in moving them.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Heatherley was last inspected on 22 December 2014 and 3 February 2015 when it was given an overall rating of 'Requires Improvement.' Three breaches of Regulations were identified and requirement notices were issued. These related to infection control, staffing and records. At this inspection we found that the requirement notices were met and improvements had been made in all areas. Systems for the management of infection control had been reviewed and staff followed safe procedures. Many aspects of the environment had been altered to promote good infection control. These included changes to equipment and facilities. Audits had been completed to monitor safe systems of work were being followed. Staff levels had increased and additional staff allocated of a breakfast time in order that sufficient staff were available to support people. We did observe a period of time when there was no staff presence in the lounge. We have made a recommendation about this in the main body of our report. There had been a complete review of the record keeping procedures at the service. People's care records were very organised, easy to follow and accurate.

Everyone that we spoke with said that the registered manager was a good role model. Quality assurance systems were in place to monitor the quality of service provided. However, the registered provider had not ensured action was always taken promptly when shortfalls were identified. Many fire doors and surrounds were badly damaged and could impact on their effectiveness in the event of a fire. Other doors were also damaged and had not been repaired or replaced despite these issues being identified over three months ago. This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) 2014.

Information of what to do in the event of needing to make a complaint was displayed in the home. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place. Some people felt that concerns were not always responded to in a way they would like. We have made a recommendation about this in the main body of our report.

People said that they felt safe. Staff had received safeguarding training and were able to explain the

reporting procedures they would follow if they thought people were at risk of harm. Potential risks to people were assessed and information was available for staff which helped keep people safe.

Staff had received training relevant to the needs of people who lived at the service. Staff said they were fully supported by the registered manager. They received group and one to one supervision. Recruitment checks were completed to ensure staff were safe to support people.

People said that they consented to the care they received. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People said that they were happy with the medical care and attention they received. People's health needs and medicines were managed effectively. People's needs were assessed and care and treatment was planned and delivered to reflect their individual care plan.

People's dietary needs were met. There were a variety of choices available to people at all mealtimes.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. Servicing and checks of equipment and facilities had taken place that included hoists, wheelchair weighing scales, gas appliances and water.

People said that they were treated with kindness and respect. In the main, we observed interactions by staff to people that were warm, positive, respectful and friendly whilst remaining professional. Staff understood the importance of respecting people's privacy and dignity.

People said that they were happy with the choice of activities on offer and that they were supported to maintain links with people who were important to them. They also said that they were consulted and involved in making decisions about their care and support.

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.

There were now enough staff on duty to meet people's needs. The deployment of staff would benefit from review to ensure staff were available to support people in communal areas at all times.

Infection control processes and practices were now safe and offered protection to people.

Risks were assessed and managed well, with care plans and risk assessments providing information and guidance to staff.

Staff underwent recruitment checks to make sure that they were safe to support people before they started work.

People told us they felt safe. Staff understood the importance of protecting people from harm and abuse. Safeguarding procedures were in place that offered protection to people.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. They were now provided with training and support that ensured they could meet people's needs.

People consented to the care they received. Heatherley was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The service followed the requirements of the Mental Capacity Act 2005.

People were supported to eat a choice of meals that promoted good health.

People told us that they were happy with the medical care and attention they received. People's health and care needs were managed effectively.

Is the service caring?

Good ●

The service was caring.

People said staff treated them with kindness.

People were supported to express their views and to be involved in making decisions about their care and support.

People were treated with dignity and respect. Staff were able to explain how they promoted people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and treatment was provided in response to their individual needs and preferences.

An activity programme was in place and people expressed satisfaction with the range of activities available.

Relationships had been formed with the local community through volunteering and fundraising activities.

People felt able to raise concerns and were aware of the complaints procedure. Processes would benefit from review to ensure people felt listened to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems were being used to identify risks to people and to monitor the quality of service they received. Repairs to the environment had not always been addressed promptly and some had the potential to impact on people's safety or wellbeing.

The registered manager promoted a positive culture which was open and inclusive.

Records were now accurate, up to date and relevant.

People spoke highly of the registered manager and said that the home was well-led. Staff felt supported by the registered manager and were clear about their roles and responsibilities.

Heatherley - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was unannounced. The inspection team consisted of two inspectors and a specialist nurse advisor. The specialist nurse advisor had clinical experience and knowledge of the health and welfare needs of people who lived at the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with nine people who lived at the service. We spoke with the registered manager, two nurses, four care staff, the volunteer co-ordinator and the administration supervisor. Prior to the inspection we made contact with five external health and social care professionals. None of these responded to our request for information.

We spent time observing the care and support that people received in the lounges and communal areas of

the home during the morning, at lunchtime and during the afternoon. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the service was managed. These included three people's care records in full and specific care plans for six other people. We also looked at staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, menus, policies and procedures and accident and incident reports.

Is the service safe?

Our findings

At our last inspection in December 2014 and February 2015 two requirement notices were issued. These related to infection control and staffing. At this inspection we found that steps had been taken and the requirement notices were met.

Infection control processes ensured people lived in a clean environment. Since our last inspection staff had been provided with infection control training and their competency assessed by the infection control lead for the service. This included observations of hand hygiene procedures. During our inspection we observed that staff washed their hands before supporting people and serving food.

Additional hand gel dispensers had been put in place, taps had been replaced on sluice sinks and pull cords for lights and emergency call bells had been replaced with anti-bacterial cords. Wooden handrails had been replaced with plastic ones, flooring replaced in some areas of the service and a sluice room had been refurbished. In addition, the infection control lead for the service had completed monthly audits, and a deep cleaning regime and domestic cleaning schedule had been introduced. The improvements helped reduce the risks of infection spreading.

People's views on staffing levels varied. One person said, "I think they have enough carers but maybe an extra one might be better." A second person said, "Call bell response time varies. Depends how busy they are." A third person said, "A lot of agency. Some have been here before but others haven't." A fourth person gave an example of using the call bell and said, "Staff responded quite quickly."

On the day of our inspection, there were sufficient staff on duty and people received assistance and support when they needed it. For example, we observed at one point there were six staff serving drinks during a morning activity. At lunch there were 11 staff supporting people. On another occasion a person used the call bell and a member of staff responded within one minute. We did observe one instance when two people with high levels needs were left for 35 minutes in the lounge and no staff were present. One of the people was kicking the footrest of their wheelchair continually which upset the other person. We spoke with the person about if they were normally left along and they said, "Yes, that I will say."

It is recommended that the registered provider reviews the deployment of staff to ensure their availability in communal areas.

Staff on duty included 12 care staff and two nurses during the morning and 10 care and two nurses during the afternoon. We were informed and records confirmed that there was a management presence at the service at least five days per week. In addition to staff employed at the service, a large team of volunteers gave their time. Volunteers did not provide care to people. They drove people to appointments and events and helped with activities and fundraising. Separate kitchen and domestic staff were also employed so that care staff could focus on supporting people.

The registered manager told us that staffing levels were reviewed if there were changes in a person's needs.

Since our last inspection two additional staff have been allocated and a breakfast shift introduced in order that there are sufficient staff available to support people to eat of a morning. The registered manager had attempted to recruit staff for a supper support shift but explained they had "Not been able to successfully."

Recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. We did note that one staff file contained one reference when the provider's policy stated two were required. Nurses told us that their registration to practice was regularly checked by the registered manager to ensure that they were allowed to practice. Criminal record checks were also completed for volunteers who gave their time to people who lived at the service.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One person said, "I feel safe. In the night they ask me if I want my bungalow locked and they always lock it." A second person said, "I feel safe as long as I can reach my call system."

Systems and processes were in place to safeguard people from harm. Staff had undertaken adult safeguarding training. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy.

The registered manager demonstrated knowledge and understanding of safeguarding people and her responsibilities to report concerns to the relevant agencies. She had notified the local authority and CQC when concerned about the safety or welfare of people. Information was available to staff about the reporting procedures if they had concerns about people's welfare and safety.

Medicines were managed safely. There was regular training provided in medicines management. Records confirmed that checks on staff competency were undertaken to ensure their practice was safe.

The administration of medicines followed guidance from the Royal Pharmaceutical Society. Staff did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. MAR charts were complete and contained relevant information about the administration of certain drugs, for example in the management of painkillers. Staff were knowledgeable about the medicines they were giving. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Regular audits were completed to ensure the safe and effective management of medicines. These included checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of.

There were protocols in place for 'As and when required' medicines and records showed that they were adhered to and reviewed regularly. Some people required medicines via a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We saw that medicines given via PEG were managed safely. PEGs were regularly flushed to avoid blockage and the site of the PEGs were regularly cleaned and checked for signs of infection and inflammation. The syringes were changed at least weekly and when required. We saw people have their PEGs flushed and the nurse followed safe procedures.

People's needs were assessed and potential health and welfare risks were managed safely. One person told us that the service had mobility cars for people to use and that, "They make sure the driver have training in buckling you in before you can go." Potential risks to people were assessed and information was available

for staff which helped keep people safe. This included assessments in relation to falls, pressure areas, malnutrition and moving and handling. One person's records specified they should be supported to turn in bed to relieve pressure on their skin. They were supported to do so every two hours. Staff had signed a chart to confirm that they had done this. A wound to the person's skin had been appropriately documented and showed the wound had healed. Notes were supported by photographs to confirm the improvement. Staff knew how to obtain advice about the prevention and management of pressure ulcers from the local NHS tissue viability nurse.

When incident and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. An electronic monitoring system was in place that ensured events were reviewed and monitored by the registered provider's quality team. When required, health and safety alerts were then issued to the registered providers services to enable organisational learning from events.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. When a member of staff saw that a person look awkward in their wheelchair they took them to their room immediately to be repositioned. Since our last inspection the physiotherapy room at the service had been fitted with an 'H Frame' hoist that offered greater flexibility with equipment location and moving and handling. As well as a large number of rooms with ceiling hoists, mobile hoists were available and people had their own slings that were regularly checked. Servicing and checks of equipment and facilities had taken place that included hoists, wheelchair weighing scales, gas appliances and water.

People were kept safe in the event of an emergency. A 'Service Emergency Plan' was in place that could be used in the event of power failure and evacuation meaning the disruption to people's care and welfare would be minimised.

Is the service effective?

Our findings

People said that staff had the skills and knowledge to meet their needs. One person said, "Staff are well trained." A second person said, "I think staff are well trained, they know what they are doing."

At our last inspection in December 2014 and February 2015 a requirement notice was issued for staff support. At this inspection we found that steps had been taken and the requirement notice was met.

Staff were skilled and experienced to care and support people to have a good quality of life. New staff completed an induction when first employed that included shadowing other staff until they were assessed as competent. During induction, training was also provided so that new staff understood their role and responsibilities. This included fire safety, first aid, confidentiality, equality and diversity, moving and handling and health and safety.

Since our last inspection the registered manager had reviewed the training requirements of staff and they had been provided with training specific to the needs of people who lived at the service. This included Acquired Brain Injury training, swallowing difficulties and assisting people with nutritional and hydration needs, communication training, multiple sclerosis and catheter care. One member of staff said, "The training is really thorough." A second member of staff said, "The training I have had since joining the company has equipped me with the skills I require to deal with the care of people here and also to deal with emergencies such as fire and people having epileptic fits." A third member of staff said, "As well as the training we have a dietician, SALT, physiotherapist and occupational therapist that have taught us how to give care, like consistency of food and use of equipment."

Staff received support to understand their roles and responsibilities through quarterly one to one supervision and an annual appraisal. These are opportunities where staff can discuss their performance and development needs. Staff said that they were fully supported. All of the staff we spoke with had received recent, formal supervision or a yearly appraisal. One member of staff said, "I have three monthly supervision."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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). DoLS application had been submitted to the authorising authority for people who required these and two had been authorised at the time of our inspection.

The registered manager and staff demonstrated understanding of consent and when best interest meetings should be held to ensure that decisions were made that protected people's rights whilst keeping them safe. Staff completed mental capacity and DoLS training during induction and refresher training annually. Staff could tell us the implications of DoLS for the people they were supporting. Mental capacity assessments had been completed and best interest meetings held and recorded.

People's views on the food were varied. One person said, "Food is alright. We always get two choices." A second person said, "Food today was quite watery." A third person said, "Enjoyed food." A fourth person said, "Food has gone downhill. Spaghetti was watery." Our observations at lunchtime confirmed the comments made by people. The observation and comments of some people were in contrast to the 2016 satisfaction survey findings. This informed us that people who lived at the service were 100% satisfied with the meals provided.

We observed the lunchtime dining experience and found that people received appropriate support based on their individual needs. There was a relaxed atmosphere, with staff chatting to people and giving the time people needed time to eat. Lunch was spaghetti bolognese with green beans or falafel. In addition, alternatives were offered when people did not want the choices on the menu. One person had a sandwich and crisps. Another person had an omelette. Staff respected someone's wishes and gave them a large amount of salad cream on their food when this was requested. Tables could be raised to different heights depending on who was sitting there and their posture. This supported wheelchair users to eat comfortably. There was a list identifying people who required support with their meals and staff recorded their names on the list to show who they supported. This helped to ensure people received timely and effective support.

Care records showed that Speech and Language Therapists (SALT) assessed people's eating and drinking needs and dieticians were involved to ensure that nutritional needs were met. Staff were aware of people's nutritional needs and followed guidance for eating and drinking that was in place. Food and fluid intake charts were completed where relevant. Fluid balance charts showed that the target amount was identified and the fluid was totalled at the end of 24 hours. The people with fluid balance charts showed no sign of dehydration.

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. The registered manager involved a wide range of external health and social care professionals in the care of people. These included GP, dentist, SALT, physiotherapist, dietician and occupational therapist. Everyone who lived at the service was a wheelchair user. There was a dedicated physiotherapy room at the service. This was used three days a week by people who resided at the service and once a week by people who lived in the community to help maintain their mobility. One person told us, "I have light physio three times a week. I see that I am progressing. It makes you want to do more if you can."

Staff told us that there were effective arrangements to ensure that risk management guidelines were understood and implemented. A nurse explained, "We have made arrangements so that the occupational therapist, the physiotherapists, the tissue viability nurse, the diabetic nurse provide us with guidelines so that we get it right and show us what to do. I also check that people are doing the right thing by having regular supervision and being on the floor." There was evidence in people's care plans that recommendations from professionals were acted upon to ensure people received effective care and support.

Is the service caring?

Our findings

People said that staff treated them with kindness. One person said, "I find it very nice. Everyone is very friendly and caring." A second person said, "They are very caring. If you consider there are a lot of temporary staff. Every one of those temporary staff are just as caring." A third person said, "We have good relationships with staff, we laugh." A fourth person said, "Staff are lovely and nice." A fifth person said, "The staff are nice, friendly and patient. I have my moments and I have always found them helpful when I am stressed. They respect my rights."

Staff were respectful and kind to people living at the service. We observed instances of genuine warmth between staff and people. Time was given to one person when a member of staff asked what drink they wanted. The person had time to process the question and answer. The staff member obviously understood the person's communication needs as this took a bit of time. On another occasion a member of staff was seen to accidentally knock a person's wheelchair at lunch. They immediately apologised and affectionately touched the person on the upper arm.

People said that they were treated with dignity and respect. One person said, "I'm definitely treated with dignity and respect and staff respect my privacy when my husband visits."

Staff understood the importance of respecting people's privacy and dignity and received training in these areas. One member of staff said, "The way I respect people's privacy and dignity is to ensure that firstly I always involve them in everything and I don't judge them. I always assume that they understand everything I say and do. And I always try to be kind. And lastly I follow the way they like things done by checking their care plans."

Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were appropriately dressed. Men were shaved and some women wore items of jewellery that complimented their chosen clothing. There were two boxes of tissues on each table in the dining room. Staff used these and were very good at maintaining people's appearance while eating.

People said that they were involved in making decisions about their care as much as they wanted to be. One person said, "I do get a say in my support." A second person said, "If there is anything we want to be done differently we have a choice and we can say." A third person said, "They are very good and trying to involve us in things."

Regular residents meetings were held where people's views were obtained. These included menus and the decoration of the home. When people's views had been sought about the quality of service provided via the annual satisfaction survey involvement had been identified as an area for improvement. Since then, people's care plans had been reviewed with their involvement. One person told us, "They show us support plans with us and ask if anything has changed or do we want anything to be changed."

People had an allocated key worker who spent dedicated time with a person to get to know them, their

preferences, likes and dislikes. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives.

People's bedrooms were personalised and decorated in line with their likes and wishes. Visitors were made welcome and invited to social events at the service. This helped people maintain relationships with people who mattered to them. Bungalows that formed part of the service offered couples the opportunity to live together and to continue their relationship.

Is the service responsive?

Our findings

People said that they received responsive care based on their individual needs. One person said, "They try not to leave anyone out. No matter how disabled you are they try and fit you in." Another person told us how they had recently moved into one of the bungalows. They said that they had a problem with their mattress which meant they could not turn and reach the call bell. They had reported this and arrangements had been made to change the mattress the next day.

The relative of one person had written to the registered manager and praised the support they received. They said that they had observed that their family member had increased self-confidence and self-esteem since moving to the service. Another relative had also written to the registered manager praising the nursing staff for their actions to meet their family member's health care needs. As a result, the person had not needed to stay in hospital.

Staff were responsive to the needs and requests of people. For example, one person asked for a straw for their drink and got one immediately. Another person asked if a table could be moved so they could manoeuvre, which again was responded to immediately.

People's needs were assessed and care and treatment was planned and delivered to reflect their individual needs. Care plans were legible, person centred and securely stored. People's choices and preferences were documented. Care plans contained information about people's care needs and actions required in order to provide safe and responsive care. For example, one person had managed to master their wheel chair. They were then given a wheelchair that allow them to be tilted forward so they could be independent with their personal care. The progress the person had made with their mobility had given them hope that they may be able to stand and walk again. In response to this referrals had been made to the physiotherapist and neurologist.

People expressed satisfaction with activities provided at the service. One person said, "I mainly do puzzles and they always play scrabble and other board games. There are about three art teachers that come in each Wednesday, which is quite nice." A second person said, "We have a disco and a variety of entertainers." A third person said, "We also have shopping days where we go shopping. You can go in a group of three or on your own with one of the drivers. We have access to a car." A fourth person said that an arts academy and orchestra had visited the service and "Things like that make you feel a bit special."

People appeared to enjoy the activities that took place on the day of our inspection. A table top sale took place, a name game and then a quiz on a game console. During May people took part in a competition arranged by the registered provider to design a birthday card for the Queen's 90th birthday. The winning card was sent to the Queen on behalf of the organisation. There was a large activities area in the main building which included a kitchen and art room. People were seen accessing facilities and participating in activities in the activities area. We noted that parts of the activities area were worn and inaccessible to people who lived at the service as they were wheelchair users. This meant that the environment was not as pleasant as it could be and that people relied on staff to access items located in cupboards and on shelves. The registered

manager was aware of this and that funding was being explored to address this.

There was a computer room at the service with a number of computers available for people to use for educational and social purposes. We saw people using these facilities throughout our inspection. One person told us, "I like going on the computer and I get time to do this."

Relationships had been formed with the local community through volunteering and fundraising activities. A local supermarket provided a Christmas tree and a pre-Christmas coffee morning with mince pies and gifts for people who lived at the service. Pupils, parents and teachers from a local school attended events at the service. Fundraising events by volunteers and groups that included the Lions Club and the Girl Guides had taken place. Volunteers drove one of the services vehicles so that two people who lived at the service could go and do their own banking. For another person, they drove them to a theatre to watch a play. During September people who lived at the service entered the Copthorne Church 'Flower and Produce' competition and came second with their entry of 'Woodland Fairy Crown.' One volunteer told us, "I love the activities. I volunteer myself – I do the Facebook page, I'm on the health and safety committee and fundraising committee. We are currently raising money for a garden project."

People were supported to attend religious services of their choosing. One person said, "Two visitors come here today to give me holy communion." The service had four vehicles that people could use to attend church services in the wider community. In addition, a vicar visited the service on a weekly basis and held a service for people who did not wish to attend a church service.

People were supported to raise concerns and complaints. One person said, "I feel I can complain if I need to." "The manager is good. She is open to any comments." A second person said, "I've made a couple of complaints. I was happy with the outcomes." Two people said that further work was needed in this area. One person said, "I did initially complain but doesn't always make a difference. It sometimes falls on deaf ears. You report something and nothing gets done." A second person told us of an incident they had reported. They said, "Since I reported it I have heard nothing." We discussed this with the registered manager who was able to show us documentation that other agencies were also involved and that the investigation was not yet concluded. The registered manager agreed that the person should be kept up to date with this in order that they were fully informed.

Information of what to do in the event of needing to make a complaint was displayed in the service. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC. There was a system in place for responding to complaints.

The registered manager explained that she regularly spoke with people. She said this enabled people to raise issues at an early stage in order that they could be resolved and that as a result formal complaints were not made. The registered manager gave an example ' "A resident might say they don't like what's on offer at supper so we offer alternatives straight away. This stops formal complaints."

It is recommended that the registered provider reviews complaint processes to ensure people feel listened to.

Is the service well-led?

Our findings

People said that the service was well-led and that the registered manager was approachable. One person said, "I think it's run well." A second person said, "Senior management are accessible." A third person said, "Manager has brought in a lot of improvements. She has improved the place." An agency member of staff said, "I love working at this place. I am well supported by the staff. The work is hard and challenging, but made easier by good team work. The coordinator has made a world of improvement since she joined the service. She is a breath of fresh air. Staff have a lot of respect for her. She is a good clinical leader."

Quality assurance processes helped to ensure that quality standards were maintained and legislation complied with. Regular audits included infection control, medicines, accident and incidents and health and safety. Action plans were in place for areas that required improvements. Environmental actions that required the involvement of other departments within the organisation had impacted on the promptness to address repairs to doors within the service. Actions that the registered manager had authority to undertake had been acted upon promptly.

Although there was evidence that maintenance and repair works were undertaken to ensure the environment was safe some matters had been outstanding for three months or longer. The health and safety checks completed in September 2016 identified that 'Exterior doors to activities, laundry and dining room all in need of replacement. Replacement doors needed room 43 and the green wing bathroom, dining room, salon.' The registered manager confirmed these matters were still outstanding as they required actions outside of her remit.

There was a risk to people's health and safety that had not been addressed by the provider. When walking around the main building we observed that 16 fire doors and surrounds were badly damaged and as a result had the potential to impact on their effectiveness in the event of a fire. We were informed that a schedule of works was being prepared and replacement was likely to be the end of March/April but that this was not confirmed.

The above evidence demonstrates that fire doors at the service were not properly maintained. This is a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) 2014.

We informed the registered manager that we would share this information with Surrey Fire and Rescue Services as the lead agency responsible for fire safety matters as they may wish to explore this further.

As a result of our inspection in December 2014 and February 2015 a requirement notice was issued in relation to record keeping. At this inspection we found that sufficient steps had been taken and the requirement notice was met.

Since our last inspection there had been a complete review of people's care planning documentation to ensure that information was accurate, up to date and relevant. All out of date records had been archived. People's records were well organised. Mental capacity assessments and information about potential

restraints such as lap belts and bedrails was now recorded and stored within people's individual care files. Care plans and assessments had been reviewed.

The registered manager was aware of the need to create a positive culture at Heatherley and had taken steps to ensure this was inclusive and empowering. Everyone that we spoke with said that the registered manager was a good role model. One member of staff said, "I totally love my boss. She is so supportive of residents and staff. A really good human being."

The registered manager understood the importance of involving and informing people and their representatives in decisions about the service. People were included on staff interview panels and formed part of the health and safety committee. Records and discussions with staff confirmed that staff meetings took place and people were encouraged to be actively involved in making decisions about the service provided.

People's views had been sought about the quality of service provided, the findings analysed and a report published in 2016. The report was detailed and informative. It broke down the numbers of people who responded, rankings against each question and in comparison to the registered provider's other locations. Of the 26 people who completed a questionnaire 92% said that the service helped them to have a better quality of life. Activities and involvement were identified as areas for improvement. An action plan was put in place and steps had been taken. Transport opportunities had been reviewed so that people could have more social outings and care packages had been reviewed with the involvement of people.

Staff were motivated and told us that they felt fully supported and that they received regular support and advice from the registered manager. Some staff told us they were concerned about proposed changes to their terms and conditions of employment. The registered manager had advised staff about support they could access which showed a commitment by the registered manager to support staff during this time.

The registered manager understood the importance of ensuring staff had access to information and support that was relevant to them providing care and support to people. Specialist support and advice was available to staff that included learning and development and safeguarding. This was provided by different departments operated by the registered provider. Staff were aware of the registered provider's whistle blowing procedures and how these offered protection to people. Policies and procedures were accessible to staff if they needed to refer to these. An employee assistance programme was in place that staff could access support from if they wanted to.

Prior to our inspection the registered manager completed and returned the PIR as we requested. The PIR was accurate, reflected the evidence gained during our inspection and demonstrated that the registered manager was open and transparent about what the service did well and areas where improvement would benefit people.

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 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had not ensured all aspects of the premises were properly maintained.