Heathfield Care (Ashford) Limited

Heathfield Residential Home

Inspection report

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Ashford
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Ratings

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

Overall summary

The inspection visit was carried out on 07 April 2015 and was unannounced. The previous inspection was carried out in September 2013, and there were no concerns.

Heathfield Residential Home provides accommodation and personal care for up to 34 older people, all in single rooms. There were 32 people in residence on the day of the inspection.

The service is run by a registered manager, who was present on the day of the inspection visit. 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No applications had been made to the DoLS department for depriving people of their liberty for their own safety.

Summary of findings

Staff had been trained in safeguarding adults, and discussions with them confirmed that they understood the different types of abuse, and knew the action to take in the event of any suspicion of abuse. Staff were aware of the service's whistle-blowing policy, and were confident they could raise any concerns with the registered manager, or with outside agencies if they needed to do so.

The service had policies and procedures in place in the event of emergencies such as fire. A fire risk assessment had been carried out by an authorised fire officer. Each person had individual risk assessments in their own care plans which identified if there was a risk of falls, or a risk of coming down the stairs from a first floor room. Other risks included risks of bathing, walking independently, self-medicating and being unable to use a call bell. Processes had been put in place to minimise risks, such as thermostats to control hot water temperatures, and frequent checks for anyone who could not use a call bell.

The premises were well maintained throughout, and were clean and free from unpleasant odours in all areas.

There were sufficient numbers of staff to meet people's individual needs without rushing them. People spoke highly of the staff and said they were "Always there for me", "Caring", and "Helpful". The service had robust recruitment procedures in place to check that staff were suitable for their job roles.

Staff were given a detailed induction, and the probationary period included essential training such as fire safety and infection control. Staff training records showed that staff were kept up to date with these subjects with refresher training, and were able to receive training in additional subjects such as dementia care. Most care staff had completed formal qualifications, or were in the process of doing so. Records of supervision and appraisals confirmed that staff were working to appropriate standards and were supported by the registered manager and the deputy managers. Staff were encouraged to attend meetings, and to take their part in the development of the service.

People were given clear information about the service during their pre-admission assessment and as part of the admission process. Each room was provided with a file of documents so that people could look up any information they required. Staff discussed people's care planning with them, and care plans were reviewed monthly. People or their representatives signed their consent to their care plans and risk assessments to confirm their agreement.

People were asked for their food and drink preferences, and said that the menus were varied, and were often discussed with them. They said that the food was good, and they had plenty of choice. People knew that they could request a snack at any time, and were actively offered hot and cold drinks throughout the day.

The registered manager and care staff maintained good links with the local GP practices, and contacted the GPs and district nurses as needed. Referrals were made to other health professionals such as dieticians and dentists when necessary. Care plans included a pre-prepared information sheet to go with people to hospital in the event of an emergency. Medicines were safely stored, and were administered by senior care staff who had been trained in this.

Staff attended to people quickly in response to their call bells. They had friendly and caring attitudes, and treated people with dignity and respect. People said that the staff were "Very good" and looked after them well. People felt that staff "Went beyond" what they expected. Staff were informed about people's previous lifestyles, their families and their hobbies and interests, and knew if people liked to join in with social gatherings, or if they preferred to sit quietly on their own. They were encouraged to follow their own preferences and to retain their independence. Daily activities were carried out by care staff, and included games, singing, quizzes and individual attention.

People were confident that the staff listened to them, and that they could raise any concerns. They knew that they could speak with the registered manager at any time, and that she would deal with any 'niggles' as well as any serious complaints. The complaints procedure was accessible in each person's room.

The registered manager had a visible presence in the home, and people were invited to express their opinions at any time. Quality assurance processes included the use of questionnaires for people, relatives and staff. The registered manager analysed these and followed up any comments. This included informing staff of positive comments, as well as taking action to manage any

Summary of findings

negative comments. People were invited to attend residents' meetings as a further opportunity to share their feelings and ideas. Changes were made in accordance with people's views, giving them confidence in the process, and an assurance that their voices were heard.

The registered manager kept up to date with changes in legislation and attended events with other registered managers to keep her own practice up to date.

Records were appropriately maintained, and were stored so as to protect people's confidentiality.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People said they felt safe and secure. Environmental and individual risk assessments were carried out, and action was taken to minimise the assessed risks.

The service had appropriate staff recruitment procedures in place to check that staff were suitable for their job roles. Staffing levels were maintained to ensure that people's needs were met.

Staff were trained in safeguarding and emergency procedures. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff had suitable levels of knowledge and training to carry out their jobs effectively.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005, and ensured that people who lacked mental capacity were appropriately supported if complex decisions were needed about their health and welfare.

The service provided a variety of food and drinks to provide people with a nutritious diet. Staff were knowledgeable about people's health needs and ensured these were met.

Is the service caring?

Good

The service was caring. Staff showed friendly and caring attitudes, and treated people with respect and kindness.

People were encouraged and enabled to retain their independence. Staff supported people to follow their preferred lifestyles, and cared for people as if they were their own relatives.

Staff communicated effectively with people and their relatives, keeping them informed of any changes about the service or their health needs.

Is the service responsive?

Good

The service was responsive. People were encouraged to be involved with all aspects of their care planning.

The registered manager ensured that a variety of individual and group activities and entertainment were available for people's enjoyment.

There were procedures in place to ensure that people's concerns or complaints were listened to, and were responded to appropriately. Learning from complaints was used to bring about on-going improvements to the service.

Is the service well-led?

Good

The service was well-led. The registered manager led the staff in providing an ethos of continual appraisal of the home and its development.

The registered manager kept up to date with changes in legislation, and how these applied in the home.

Summary of findings

There were reliable systems in place to monitor the service's progress and quality using audits and questionnaires. Records were kept up to date and were accurately maintained.

Heathfield Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 07 April 2015 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC) A notification is information about important events which the service is required to tell us about the law. We contacted two health and social care professionals for their views of the service after the inspection.

We viewed all areas of the service, and talked with 12 people who were receiving care. Conversations took place with individual people in their own rooms, and with individual or groups of people in the lounge and dining areas. We also had conversations with two relatives and seven members of staff, including care staff, the cook on duty, and a deputy manager, as well as with the registered manager and the provider.

During the inspection visit, we reviewed a variety of documents. These included three people's care plans. We viewed three staff recruitment files, staff induction and training records, staffing rotas for four weeks, medicine administration records, health and safety records, environmental risk assessments, activities records, quality assurance questionnaires from February 2015, minutes for staff meetings, audits, the service users' guide, and some of the home's policies and procedures.

Good

Is the service safe?

Our findings

People said that they felt safe and secure in the home. One person said "I feel safe here, I am not frightened; I only have to ring the bell and someone will come".

The service had a wireless call alarm system in place which meant that people's call bells could be carried around with them. The service also provided pendant alarms if these were appropriate for people, so they knew they could call for assistance wherever they needed to. A relative commented in questionnaire feedback, "We appreciate the additional alarms put in place to ensure people's safety". Another had responded to a question about people's safety as "Safe? Absolutely".

Staff training records showed that all of the staff had received training in safeguarding adults during 2014. Staff confirmed their understanding of the different types of abuse and what action to take if they suspected abuse might have taken place. The registered manager was familiar with the processes to follow if any abuse was suspected in the home; and how to contact the local authority safeguarding team. Staff said that the registered manager was always available to them if they had any concerns to discuss. The service had a copy of the Kent and Medway 'Multi-agency safeguarding protocols and guidance', which was available to staff. This contained contact names and details for other services such as the Social Services safeguarding team, so that staff knew they could access external bodies for advice or information if they felt they needed to do so.

Some people had small amounts of personal money locked up in the home. Each person's money was kept separately, and individual records were maintained for each item of expenditure. Staff retained all of the receipts, and amounts were checked by the registered manager or a deputy manager at regular intervals. Other people did not have money kept in the home, but their next of kin was invoiced with the amounts of expenditure. Staff were not permitted to accept any substantial gifts, or gifts of money. These processes prevented people from being subjected to any financial abuse.

The service had emergency procedures in place which were recorded in a fire risk assessment folder. This included a staff register to show that staff had attended fire instruction and fire drills. It also contained details of escape routes, and how to evacuate people from the immediate vicinity of a fire. The evacuation procedures were explained, and stated that people should be moved to the next fire zone on the same level. Other environmental risk assessments were up to date, and included checking risks for different areas of the home, such as individual bedrooms, communal areas, kitchen and bathrooms. These were routinely checked for hazards such as trailing wires, and obstacles to fire escape routes. Hot water temperatures and radiators were controlled by thermostats, and a contracted company checked that these were working correctly. Legionella checks were carried out, and checks for electrical and gas safety.

The provider had contracts with different companies to check safety of services including fire equipment, hoisting equipment, laundry services and for removal of waste.

Any accidents or incidents were reported to the senior person on duty, and assessed by the registered manager. Accident and incident reports had been clearly completed with relevant details. The registered manager evaluated these to check if any further action could be taken to prevent and minimise risks. People had individual risk assessments in their care plans, which identified specific risks such as risks of falls, risk of using the stairs, and risk of developing pressure sores. Other risks were associated with memory loss, relating to other people in the home, and the ability to use a call bell. Staff carried out regular night checks, although some people did not wish to be disturbed at night by staff checking them. This was discussed individually and people signed to show their agreement that they did not wish to be checked during the night. People had keys to their own rooms if they wished to do so, and might lock their doors at night. This situation was also risk assessed. Staff were able to enter rooms in case of emergency. Risk assessments were reviewed monthly.

Care staff were visible and available to people throughout the inspection. There were five care staff, and a deputy manager on duty on the day of the inspection, as well as the registered manager. Changes had been made to the system in response to staff comments, whereby two of the care staff started the day shift at the earlier time of 7am, as they had recognised this was a busy time when many people required assistance. Other care staff commenced duties at 8am. One of the care staff was allocated to stay in the lounge area during the mornings, so that people knew that help was on hand while other care staff were

Good

Is the service safe?

supporting people to get washed and dressed. Another system in place was to have all of the cleaning staff trained as care staff. There were three cleaning staff on duty each day, but if a member of care staff was off sick, one of the cleaning staff could carry out care duties. This still left two cleaning staff to carry out housekeeping and domestic duties for that day. The registered manager had commenced an on-call system for care staff as well. This provided an extra staff member if needed, for example, if more than one staff member was off sick, or if someone needed escorting to hospital in an emergency. Seven care staff each had one specified day in the week when they acted as on call. The allocated days were discussed and changed from time to time to be fair to the staff members. There were also sufficient numbers of care staff to cover for annual leave, and staff training sessions.

The registered manager kept people's individual needs under assessment, and staffing numbers were assessed in relation to these. Care staff were allocated to different areas of the home each day, so that they knew who they were responsible for. There were two deputy managers and senior care staff as well as the registered manager. This ensured that there was always a senior staff member on duty. Relatives told us, "We do not have to look for staff, they come to talk to us".

Staff recruitment procedures were thorough, and included required checks, such as checking the applicant had provided a full employment history; proof of their identity; satisfactory written references; and a Disclosure and Barring Service (DBS) criminal record check. New staff were taken through an induction programme and essential training. They were given a copy of the terms and conditions of employment, which included staff disciplinary procedures and grievance procedures.

Senior staff were trained in medicines management and administration. Medicines were stored in a locked trolley and a locked storage room. Most medicines were administered using a monitored dosage system, whereby each item of medicine was provided for each dose in a blister pack by the pharmacist. Safe storage systems were maintained, including daily checks of the temperature of the room where medicines were stored, and of the medicines fridge. This ensured that medicines were being stored at the correct temperatures.

One of the deputy managers carried out oversight of the medicines' management, and ensured items were ordered in time and did not go out of stock. Systems were in place for the correct management of waste medicines, and clear records were kept.

Each person had a medicines administration record (MAR chart), which was accompanied by their photograph. Any allergies were highlighted. Clear instructions were provided for people prescribed with 'as necessary' medicines, showing when these should be offered. The MAR charts had two staff signatures for any handwritten entries, showing that the staff had carefully checked any additional items sent in from the pharmacy. Bottles of medicines and eye drops had been dated on opening, which showed staff's awareness that these items had a limited shelf life. MAR charts had been neatly and accurately completed.

Good

Is the service effective?

Our findings

People said that the staff cared for them well, and knew their jobs, indicating that staff were appropriately trained and supervised.

Staff training records showed that staff received essential training at the start of their employment, and then received regular updates. These subjects included infection control, moving and handling, fire safety, health and safety, safeguarding adults and first aid. Staff had a mixture of face to face training and on-line training. This enabled them to discuss training courses together, and also allowed them to carry out training at their own pace. Individual staff supervision sessions included discussions about the training programmes, which identified if staff had understood the training and if the training was at the right level. Staff were asked to evaluate their induction and training programmes, so that there were ongoing methods to check the suitability of the training. Other training subjects were available, such as nutrition and hydration, care of the dying, and dementia care. Care staff had mostly completed formal training, such as National Vocational Qualifications, Qualification Credit Frameworks (QCF), or diplomas to levels 2 or 3 in health and social care. (These are work based awards that are achieved through assessment and training. To achieve them, candidates must prove that they have the competence to carry out their job to the required standard).

Staff members had individual supervision sessions with a named senior staff member, so they knew who was mentoring them. Supervisions were carried out every two months, and dates had been allocated throughout the year. All staff had a yearly appraisal, which included a self-appraisal. This helped staff to think about their own career and development, and identified additional training needs.

Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Senior staff carried out mental capacity assessments to ensure that people could fully understand the relevant information when they needed to make decisions. People sometimes lacked full mental capacity to make difficult decisions about their care, but were able to make day to day choices such as the clothes they wanted to wear or menu choices. Staff promoted people's independence, but had arrangements in place for supporting people if complex decisions were needed in regards to their care and treatment. This included meetings with their next of kin, representative or advocate, and with health and social care professionals, to make decisions on their behalf and in their best interests. There was no-one in the service who was assessed as needing to be deprived of their liberty for their own safety, and therefore no applications had been necessary for DoLS authorisations. DoLS concerns making decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this.

People said that staff gave them clear information and discussed things with them. This included their daily choices of food and drink. People were provided with choices at each meal, and the menus provided a range of foods for a nutritious diet. The cook was familiar with people's likes and dislikes, and with people's different dietary needs. People said that the food was good. It was well presented and there was sufficient variety to promote choice. People were able to have breakfast when they wished, and some were having their breakfast at different times during the morning according to their choice.

Mid-morning and mid-afternoon drinks were served with biscuits and home-made cakes, and fruit was always available. People knew they could have a snack at any time, and some liked to have sandwiches during the evening or at night. Lunch time was clearly enjoyable for many people, judging by the conversation on each table. It was a relaxed time, and staff did not rush anyone. They ensured that people were provided with their choice of drink, and empty glasses were noticed and refills offered. Some people needed assistance with eating and drinking, and staff helped them in a discreet and sensitive manner. Staff willingly and pleasantly met requests to change people's drinks or food, even when one person had started their meal and changed their mind and asked for the other main course.

People's nutritional needs were discussed when they were admitted to the home, and the registered manager ensured that the cooks were informed of any specific dietary needs. People's weights were taken monthly or more frequently if there was a concern. The cooks provided people with fortified diets if they had low weights or were frail.

People were able to retain the services of their own GP if this was agreed with local practices, and a GP practice in the vicinity provided health support for anyone who moved

Good

Is the service effective?

into the home from out of the area. The registered manager said that the staff had a good rapport with this practice, and with community nurses who were based there. Community nurses visited to carry out nursing care such as wound dressings, flu injections and blood tests. Referrals were made to other health professionals as needed, such as dieticians, physiotherapists and occupational therapists. Care plans showed that people had regular check-ups with an optician, and had been visited by a dentist. The registered manager or deputy managers contacted hospice nurses if additional nursing support was needed for people receiving end of life care. Care plans included a pre-prepared information sheet to go with people to hospital in the event of a medical emergency. People were always accompanied to hospital by staff until a relative or friend was available to escort them.

The premises were suitably designed for the care of older people. The original older building had had a large extension added. This included spacious corridors, and extra communal areas. It was well maintained, and was decorated to a high modern standard. All of the bedrooms were for single use, and 21 bedrooms had en-suite toilets and wash hand basins. There were three large lounge areas and a dining room, which provided people with a choice of where to sit. Garden areas included a decking area where people liked to sit, as well as a lawn and shrubs. The registered manager's office included a quiet area for meetings with people's relatives or health and social care professionals. The service provided bathing and shower facilities, and assisted toilets on each floor.

Good

Is the service caring?

Our findings

People and their relatives spoke very positively about the service. Two people said, “We would have absolutely no hesitation in recommending Heathfield to anyone”; and others said they were “Happy and content”, “The staff are very good”, “We have choice”, and “I liking living here”. Other comments included, “The staff are very helpful and nothing is too much trouble”; and, “The staff are friendly and I like living here. I ring the buzzer if I am not feeling well in the night and they come up instantly and deal with it”. Relatives had commented in recent questionnaires, “My relative thoroughly enjoys her life here”; “My relative says that staff are very caring”; “Staff always treat residents with kindness”; “I have never seen anything here but compassion and respect”; and, “I am very satisfied with the all-round care given to my mother”. One relative told us that their family member’s blood pressure medicines had been reduced, and was convinced that it was because their relative was happy and settled, and this had had a positive effect on their blood pressure.

People’s care plans showed that the staff had a clear understanding of person-centred care, as people’s care records included their life histories and their social backgrounds, and staff promoted their individual wishes. For example, care plans showed the times that people usually liked to get up and have their breakfast, and when they liked to go to bed. This matched our observations, as some people who preferred to get up later were having their breakfast mid-morning, whereas those who preferred an earlier start had already had their breakfast.

People’s care plans included their specific interests, such as reading, knitting, cooking and domestic activities, and we saw several people reading books. Staff spoke knowledgeably about people’s preferences, and knew those who liked to spend time in their own rooms, those who liked to socialise or go out, and those who liked to join in with group activities. They talked about providing choice for people as part of their everyday role; including choice in getting up, going to bed, clothes to wear, food choices, and whether or not they might wish to join in any activities. A staff member said, “Our role is to make people feel comfortable and provide them with as much independence as possible, and help each person feel at home”.

People were called by their choice of name, and were asked if they had a preference for care from male or female staff. They were encouraged to make their own choices, and this was evidenced by people sitting where they wanted to, and choosing their own hot or cold drinks. Some had newspapers or magazines, and others were happy sitting and chatting together. People told us they appreciated the hairdresser visiting every week. They said that staff spent individual time chatting with them, and carried out their nail care which they also appreciated. A member of care staff told us, “Here it is all based around the residents, and if the residents are happy”. Another staff member said, “We treat people how we would want our own relatives to be treated.” This was reflected in people’s responses, as they said they felt “Staff really care for us”.

The service made people feel welcome on their arrival in the home, by introducing them to a member of the care staff who would be their key worker. These were responsible for coordinating people’s day to day needs, and ensuring they were properly cared for. People had a photograph of their key worker in a small frame in their room, and a comment inviting people to ring their bell for tea or coffee when they had visitors present. Visitors were also invited to make their own hot drinks if they wished to do so, and there was a kitchenette adjacent to the main kitchen for this. 100% of relatives who had replied to recent quality assurance questionnaires had said that they were ‘Made to feel welcome’. A file of information about the home was provided in each person’s room for them to access, and this was thoughtfully provided in large print to promote easier reading. This included a service user’s guide with details about the home, the complaints procedure, and copy of the menus for the next month.

Staff were knowledgeable about people’s different lifestyles and care needs, and noticed when they needed assistance. One person got up from the dining table and started to walk away, and a staff member noticed she had not used her Zimmer frame, although it had been within her reach. The staff member immediately approached her to support her, and encouraged her to wait while her Zimmer frame was brought so that she could move more safely. People said that staff really knew what they liked and how they liked things to be done. For example, one person enjoyed having their breakfast mid-morning, and others liked to have a beer or a glass of wine every day before lunch. Staff went out of their way to make people feel at home and to

Good

Is the service caring?

feel cared for, with extra ideas to help people feel special. For example, everyone had been given an Easter egg on Easter Sunday; a rose on Valentine's Day; and ladies had been given a gift for Mother's Day.

People said that they liked their rooms, and these were personalised according to their choice. Each room was decorated individually, and had colour co-ordinated fittings and furnishings. People could request the colour for their room before admission if they wished to do so, as bedrooms were usually decorated between use.

Staff respected people's privacy and dignity, and asked them discreetly if they wished to use the toilet. People were able to choose if they wanted a bath or a shower, and were supported with their personal care as needed. Staff encouraged people to retain their independence, and care plans showed comments such as, 'Can walk with a frame, but observe discreetly when mobilising, as is at risk of falls'. Some people did not wish to be disturbed by staff checking on them during the night. Staff respected their wishes, and people were advised of any assessed risks to their health and welfare. Some people liked to have a snack during the night, and sandwiches and other snacks were always available for them. One person said "I can get a snack or drink at anytime; and my son makes himself a coffee".

The staff team showed care and support towards people at the end of their lives. Where possible, people who did not wish to go to hospital were able to stay in their own rooms with support from staff who knew them and cared for them. Staff would sit with people if they wished, if they did not have relatives present.

Good

Is the service responsive?

Our findings

Care plans contained details of people's life histories and interests, so that staff could get to know people's characters and treat them accordingly. Staff told us that some people liked "A laugh and a joke" but they knew which people liked this and would respond to them, and those who would not. One person told us laughing (and with a twinkle in their eye), "Oh the staff are dreadful here!" and proceeded to laugh and joke with care staff nearby. Another person said, "They know what help I need and are always there for me". People and their relatives confirmed that they were involved in their care planning, and one person said that the registered manager had resolved an issue that had been a matter of concern to them.

People's care plans were discussed with them when they moved into the home, and were reviewed each month. Their relatives were invited to take part in care planning and reviews if the person wished them to do so. Staff had discussed all aspects of people's care and risk assessments with them, and people had signed their consent to their care and support. The registered manager and a deputy manager carried out assessments for people before admission, to ensure that the service could meet the person's needs. Care plans were brief but focused, and were individualised for each person. They presented the information in a style which was easy for care staff to view and become familiar with the person's needs as quickly as possible.

Care plans contained information about all aspects of care, such as people's personal hygiene needs, nutrition, continence, medicines, mobility and mental state. Any changes were discussed with the person or their representative, if they did not wish to take part in their own care planning. Relatives said that the staff kept them well informed about any changes, such as if a person became ill or had a fall. Staff wrote daily reports for each person, with several entries per day. These provided a clear picture of the person's day and their health needs. Entries were appropriately signed, timed and dated.

The service ensured that people had access to call bells, using a wireless system and pendant alarms. This helped people to know they could access staff at any time.

Staff encouraged people to follow their individual interests and hobbies. Care staff supported people every day with their preferred activities, such as playing games, reading newspapers, reminiscence, and just having a chat over a cup of tea or coffee. The registered manager provided a full programme of on-going interest and entertainment. This included visits from 'Music for health'; singers; a theatre company who carried out plays and a Christmas pantomime; and a person who played bingo, and who brought in a proper bingo machine and prizes. Special events were arranged, such as a cheese and wine evening; garden parties, and a Hallowe'en supper. An aromatherapist visited the home regularly, and people found this helped them to relax. A local Vicar visited to carry out a Church service for those who wished to attend; and other ministers such as a Roman Catholic priest were invited to visit people of specific faiths.

The staff ran a non-profit making 'trolley shop', so that people had the opportunity to buy items of their choice, such as toiletries, sweets, and greetings cards. Some people went out with their relatives, and the registered manager arranged other opportunities for people to go out shopping or to places of interest.

People were confident that the registered manager and staff listened to any small concerns and dealt with them appropriately. One said that they knew if they had any serious complaints that these would also be dealt with, but said, "I have no complaints". A relative told us how they had discussed their concerns with the registered manager about their family member being at risk of falling out of bed. The registered manager had listened to them, and had put specific equipment in place to support the person's care needs. This reassured the relative that their views were listened to and taken into account.

The complaints procedure was included with documentation in each person's room, and included contact names and addresses for other services, such as Social Services and the Care Quality Commission. The complaints procedure stated that the registered manager would complete any investigations and respond to people with the result within 28 days. Only one complaint was on file, and this was about a person's cup of tea being 'too hot'. This demonstrated that even small complaints were taken seriously.

The registered manager informed people on admission that she had an open door policy, and it was evident that people knew her well and felt comfortable talking with her. Staff were informed about how to deal with any

Good

Is the service responsive?

complaints, and one said that if it was a small thing they would try to sort it out but if that was not possible then they would immediately take the complaint to the manager.

Good

Is the service well-led?

Our findings

People and their relatives said that the registered manager led the home well. One said "There is excellent team work and leadership". Staff knew the culture and values of the home, and that they should always consider that "The residents come first". All staff spoken with were very positive about working in Heathfield and were positive about the registered manager and the running of the home. One staff member said "Here it is all based around the residents. Our well-being matters but it is secondary to the residents who come first". Another staff member said "I am 100% supported, the management are helpful and approachable".

The staff all said how happy they were working at Heathfield and that they could approach the registered manager and the provider with anything. One staff member described the manager as "She is approachable, she listens, and she sorts out problems fairly". Another said, "I was made to feel welcome and I am able to ask questions. I feel very supported". A third staff member said, "I am happy in my job, I love it here. I am well supported by everyone and I can always go to the manager and the provider". Several staff described Heathfield as "The best place".

The registered manager was supported by the provider, who visited the home frequently and who was known by the staff and people living in the home. They had a relaxed working relationship, and the registered manager said that the provider ensured that any necessary equipment or other needs in the home would be provided. The registered manager was also supported by two deputy managers that she was training in further management duties, and senior care staff. This ensured that there was always a senior person on duty and in charge of the home. The registered manager sometimes visited the home at night, and ensured that she knew how well all the staff were carrying out their duties.

The service had achieved the Investors in People (IIP) award. IIP is a management framework for high performance through people, and the accreditation is recognised as a mark of excellence.

Policies and procedures were stored in files which were accessible to the staff, and these were clearly written and were kept up to date. The registered manager carried out regular audits as a means of assessing the on-going quality of the service. This included care plan checks, environmental checks, and medicines' audits. One of the providers carried out monthly reviews to independently assess the quality of the service. These visits included talking with people and their relatives, talking with staff, viewing the environment, and assessing some of the documentation.

The registered manager kept in contact with other professional bodies, including the local Clinical Commissioning Group (CCG), which involves planning and buying services by assessing the needs of the population, as well as managing care service providers. The registered manager also attended meetings with the CCG, and kept up to date with changes in legislation.

People were encouraged to share their views at any time, and were formally asked for their views using questionnaires. Two of these surveys had been carried out during the past few months, one of which was just for meals, and the other for all aspects of life in the home. The results for both surveys were very positive. The survey for the whole service had been carried out in January 2015, and followed the Care Quality Commission format for assessing the service. Out of 17 responses, 100% of people thought that the service was providing safe, effective, caring responsive and well-led care. Questions included, Is your relative permitted to remain as independent as possible? 'and, 'Are you made to feel welcome?' to which 100% had replied 'Yes'. One person had commented on the survey form, "I feel the home is extremely well run. The staff are friendly and take good care of my relative." Another person had written, "I would like to say a big thank you to all the wonderful staff who look after my Mum."

Surveys were used as a means to make improvements to the service, and the survey about the meals had prompted a review of the menus in February 2015, and further discussion at residents' meetings. People's food likes and dislikes had been updated, and the registered manager said that the menus had had a "Major overhaul".

Staff were encouraged to voice their views about the service, and had a staff survey to rate the service according to the Care Quality Commission ratings. Their comments on survey forms included, "The home is committed to developing its employees"; "The management shows an

Good

Is the service well-led?

open culture which allows staff to feel supported and raise any concerns"; "We understand our jobs and what Heathfield is trying to achieve"; and "I was given the support I needed to do my job effectively".

Records were seen to contain relevant and up to date information. Care plans were brief, but were focused on the care of each individual person. Daily reports were clearly recorded, and provided a picture of each person's day. Staff recruitment files showed there were good processes in place, and staff training records showed that staff were kept up to date in essential training and refresher courses. Records were stored so as to protect people's confidentiality.