

# Anchor Trust

# Heathside

## Inspection report

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Date of inspection visit:  
05 April 2017

Date of publication:  
05 May 2017

## Ratings

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

# Summary of findings

## Overall summary

Heathside provides accommodation and personal care for up to 51 older people, some of whom are living with dementia. There were 41 people living at the service at the time of our inspection.

This was an unannounced inspection which took place on 5 April 2017.

There was a manager in post who was going through the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The manager assisted us with our inspection.

We carried out an inspection to this home on 2 and 11 March 2016. At that inspection we found breaches in the regulations in relation to consent, recruitment, person-centred care and good governance. Following that inspection the registered provider sent us an action plan informing us of how they planned to address our concerns. We found at this inspection all areas had been addressed and things had improved immensely.

People were safe because there were enough staff on duty to meet their needs. Risks to people had been assessed and measures implemented to reduce these risks. Accidents and incidents were monitored and action taken to try to prevent reoccurrence. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly and medicines were managed safely. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

People were cared for by kind, attentive staff who clearly had a good relationship with people and the atmosphere in the home was calm and relaxed with staff speaking to people in a respectful yet friendly manner. Although some agency staff were used the manager endeavoured to use the same agency staff for consistency. Staff knew the needs of the people they supported and provided care in a consistent way. People were supported to stay healthy and to obtain medical treatment if they needed it. Relatives told us they felt welcomed into the home.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when decisions that affected them were made and applications for DoLS authorisations had been submitted where

restrictions were imposed upon people to keep them safe.

People enjoyed the food provided and could have alternatives to the menu if they wished. People's nutritional needs had been assessed when they moved into the home and were kept under review. Staff ensured that people who required assistance to eat and drink received this support.

People had access to a range of activities within their individual unit and in the communal areas. Work was on-going to develop meaningful, creative and individualised activities for people recognising their preferred pastimes.

The manager provided good leadership in the home. Staff told us they felt supported by the manager and he had had a positive impact on Heathside. They felt involved in the running of the home as regular staff meetings were held. Relatives told us the service was well run and that the new manager was open and approachable. They said he had always resolved any concerns they had. Staff said they worked well as a team to ensure people received the care they needed.

The provider had an effective quality assurance system to ensure that key areas of the service were monitored effectively. This included obtaining the views of people and relatives and using these views to make positive changes.

## 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 sufficient staff deployed to meet people's needs in a safe and timely way.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Accidents and incidents were recorded and monitored and risk assessments in place to help keep people safe from harm. Staff were aware of their responsibilities in relation to safeguarding.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who felt supported and had appropriate support and training for their roles.

The manager and staff understood their responsibilities in relation to the MCA and DoLS.

People's nutritional needs were assessed and individual dietary needs were met.

People were supported to stay healthy and to obtain treatment when they needed it.

### Is the service caring?

Good 

The service was caring.

Staff were kind, compassionate and sensitive to people's needs.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff encouraged people to maintain their independence and relationships with those close to them.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

Care plans had been regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

There was a complaints policy in place should people be unhappy about aspect of their care.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Everyone felt the new manager had had a positive impact on Heathside.

People and relatives were encouraged to give their views on the service provided and staff were involved in the running of the home.

The provider had implemented effective systems of quality monitoring and auditing.

# Heathside

## Detailed findings

### Background to this inspection

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

This inspection took place on 5 April 2017 and was unannounced. The inspection was carried out by three inspectors and an expert by experience. An expert by experience is someone who has personal experience of caring for someone who uses this type of service.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the registered provider. The PIR 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 did not note any concerns or risks that we needed to focus on in the PIR. We also contacted one health and social care professional.

During the inspection we spoke with 13 people, three relatives and a visitor. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with twelve staff, including the manager and the provider's district manager as well as one social care professional. We looked at the care records of nine people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection of the service took place on 2 and 11 March 2016 where we identified concerns in relation to consent, staff recruitment, person-centred care and good governance.

# Is the service safe?

## Our findings

People told us they felt safe at the service because of the security, kind staff and approachable management. One person said, "Yes, very safe. Locked doors, people about to look out for you." Another told us, "This is my home now. I am safe because everyone is so nice and kind." A third said, "I'd rather be here than at home – two falls, two broken hips at home. I feel safe here." A relative said, "We chose this home because it felt like a good home. There seems to be more staff now." A second relative told us, "I feel she's safe in the respect that when I come in there is rarely no staff in the lounge area."

At our inspection in March 2016 we found a breach of regulation in relation to safe recruitment processes being in place. We found at this inspection all the necessary documentation and checks were in staff recruitment files.

People were protected by the provider's recruitment procedures. Applicants had submitted an online application form and attended a face-to-face interview. There was evidence that applicants had provided proof of identity and details of two referees. The provider had obtained written references and a DBS certificate for each member of staff. A DBS is a criminal record check to check whether new staff are suitable to work in this type of setting.

At our inspection in March 2016, we made a recommendation to the registered provider to review their deployment of staff as we found and had heard that staffing levels were not always sufficient to care for people promptly. We found at this inspection things had improved.

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were always available when they needed them. We were told two staff members were on each unit and two team leaders on duty each day. Staff were visible in communal areas and during lunch we saw there were enough staff to serve meals to people promptly and support those who required it to eat. We observed people received care in an unhurried way and when people required support they received it without having to wait. One person told us staff came quickly when they used their call bell. One person said, "There is always someone around if you need any help" and another person told us, "The staff are always there if you need them." A third said, "Pretty quick coming to help, even in the early hours." Other comments included, "Only need to press the bell and people come quickly" and, "Not waiting long for anybody if I call them."

Relatives told us that there were enough staff and that the new manager had made an impact on staff retention. One relative told us, "There are always staff around if she needs anything." A staff member told us, "There's less agency now, which has helped. The agency we do have are excellent though." They told us that although mornings were busy once everyone was up and about they had time to chat to people. One staff member told us at times a third staff member may be needed on the unit but the team leader would help. They said, "It's a lot better than it was, before the manager arrived it was often just one staff on each unit." Another commented, "We have a lot of staff now, we can spend more time with people. If someone needs to be taken out somewhere or even just to smoke, we can ask staff to come from other units (and they do)." We were told by a further staff member, "Time, so people can have a nice long bath – really nice." A social care

professional told us, "Staff are always visible."

The manager ensured that staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records. One person told us, "I know I could talk to anyone if (there were) problems."

People had assessments in place to identify any risks and the actions necessary to minimise the likelihood of harm. One person was at risk of falls and staff had put a falls prevention plan in place which outlined the measures staff should implement to minimise the risk of this person falling. One person was at risk of depression and low moods and at times refused their medicines or food. Staff were given guidance on how to encourage and support this person through these periods and to discuss any concerns with a senior member of staff. Another person could not have grapefruit because of the medicines they were on and staff were aware of this and reminded them of it when they were making their menu choices. Where people smoked there was a risk assessment in place and additional measures such as the use of a fire retardant tabard. Other risk assessments included a person's skin integrity and their nutritional needs. People told us they could do the things they wanted even if it meant an element of risk. One person said, "If I want to get about I need a carer with me. They will take me where I want to go." Another told us, "I can do the things I like. I can walk around."

Staff aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. One person had a fall and went to hospital. On their return their bed was lowered and a crash mat put in place. There were low numbers of accidents/incidents in the home as a result of the measures staff had taken to help keep people safe.

Staff were aware of the procedures to be followed in the event of a fire. A personal emergency evacuation plan (PEEP) had been developed for each person, which identified the support they would need in the event of a fire. For example, one person was unable to mobilise so would require staff to evacuate them and another reflected that although they were mobile they would need escorting and reassurance. Regular health and safety checks were carried out which included monthly fire door checks, quarterly call bell system servicing, weekly alarm testing and regular fire drills.

At our inspection in March 2016 we made a recommendation to the registered provider to ensure safe medicines management procedures were followed by staff. We had no concerns in relation to medicines management at this inspection.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and staff signatures were listed so they could be recognised in the event of a query on a person's Medicines Administration Record (MAR). Staff told us they had undertaken a competency assessment where their knowledge was checked and said they updated their medicines training annually via eLearning. There were appropriate arrangements for the ordering and disposal of medicines and bottled medicines were labelled with the opening date. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked people's MARs during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and guidelines about how they received their medicines.



People who required PRN (as required) medicines had guidelines in place which detailed why they may require the PRN, signs to indicate they required it, the dosage and maximum dose in a 24-hour period. There were also topical cream (medicines in cream format) charts which clearly identified where creams were to be applied.

At our inspection in March 2016 we made a recommendation to the registered provider to ensure that people lived in an environment that was clean. At this inspection we had no concerns.

People lived in a suitably clean environment. We saw that the laundry room and sluice rooms were clean and tidy. The building itself was clean and free from odours. Bathrooms were in good working order and carpets, rooms and shared areas were clean. We noted no food was left on units after lunch and the temperature within the home was appropriate. One person told us, "Very clean, pleased about that." Another said, "Nice and clean. Nothing is too much trouble and the cleaner is very nice."

# Is the service effective?

## Our findings

At our inspection in March 2016 we found that staff had not been following the principals of the Mental Capacity Act 2005 (MCA). We found at this inspection things had improved.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any aspect of their care and where people had capacity they had signed their own consent to care. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the manager involved people's families to support them in making decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the home independently. One person said, "Always ask about things first." A second told us, "Nothing is done before checking with me."

People were cared for by staff who had the skills and knowledge they needed to provide effective support. One person said, "Staff are on the ball. They know exactly what to do." A second told us, "Staff always know what I need; I think they do lots of training." Staff confirmed they had received training in areas such as food safety, safeguarding, dementia and health and safety. The manager told us mandatory training attendance was monitored and evidenced that staff at Heathside had the highest rate of compliance in relation to this of all the Anchor Trust homes. One staff member told us, "The training has improved since (manager) came." Another said, "We have updates all the time. When we are out of date they don't let us work – we always have training before it's due." A third said they felt supported by their immediate line manager stating, "He's brilliant, he's very supportive." Another staff member told us, "(The team leader) makes sure we're on top of it (training)."

New staff attended an induction when they started work. The induction introduced staff to the aims and objectives of organisation and included mandatory training and shadowing more experienced staff. New staff also completed the Care Certificate (a nationally recognised set of qualifications for employees working in the care sector). A staff member told us, "This was my first job in social care. I got a very good induction. There was a lot of support for me, like training. My colleagues and managers are all so supportive and helpful. I come to work with a smile."

Staff told us they felt well supported in their roles and said they had access to the training they needed to do their jobs. They said they had regular one-to-one supervision, which gave them the opportunity to discuss their performance and training and development needs. This was confirmed by the records we checked. One staff member said, "We discuss how I'm getting on, do I need any training, the welfare of the residents. They (managers) listen to me."

People told us they were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "It's great. We have fresh veg every day and you can have whatever you want for breakfast. If I tell the carers I don't like something, they'll phone the kitchen and they'll send down something I do like." Another told us, "It's good. I'm very fond of vegetables and there's plenty of fresh veg." Other comments included, "Like the English food – they do nice meat pies here," "Food very good. I'm a funny eater and the chef will do something different. There is a cooked breakfast if you want," "I enjoy the food very much" and, "Food quality excellent. The chef is accommodating and cheerful. I've been to a food tasting session for the new menu."

Hydration was taken seriously with staff ensuring that people had access to drinks, both in their rooms and communal areas. Drinks were available from hydration stations set up in each part of the building and we saw people being encouraged to drink. One person said, "Plenty to drink." Another told us, "Drinks and snacks all day."

We observed that staff communicated information about people's dietary needs and preferences to kitchen staff. This information was recorded and displayed in the kitchen. The manager told us they aimed to improve opportunities for people to give feedback about the food they ate, they said the chef visited the units to speak with people after meals and we saw this happen. We read comments left by people for the chef and saw these were all positive and the menu had been developed with the input of people living in the home. The chef demonstrated a good knowledge of people's individual dietary needs, such as allergies and texture-modified diets and had received guidance on the preparation of specialist diets. Where people were at risk of inadequate nutrition or hydration, food and fluid charts had been implemented and maintained. One person was on a high protein diet and this was clear in their care plan.

People had choice over their meals. Staff told us some people preferred to eat small amounts regularly rather than large meals and we observed people helped themselves from the 'hydration stations' (trays of food which included cake or fruit left out for people). One member of staff noticed a person appeared tired at lunchtime and was not eating their meal. They offered to take the person to their room to rest and put their meal aside to reheat whenever they wanted it. Some people chose to eat in the communal dining area in the unit and others chose to remain in their room. One person preferred to eat their meals later in the evening and staff accommodated them with this. This same person regularly went to the kitchen to ask for particular foods. Where people needed support to eat and drink, we observed that staff provided this. We also saw relatives were able to join their family members for meals. Lunch was an enjoyable experience for people and we heard people chat to each other throughout their meal.

The care records we checked demonstrated that people were referred to specialist healthcare professionals if necessary, such as the GP, optician, Speech and Language Therapy team or physiotherapist. We observed an optician visit during the day to bring two people new glasses. Staff accompanied them and between them they chatted to people about their glasses checking they were happy with them. One person told us staff arranged an appointment with the doctor if they felt unwell. We noted one person had been visited by the district nurse (DN) after some redness had appeared on their back. The DN had left guidance for staff in relation to the application of creams which we noted staff were following. Another person was supported to go to accident and emergency in relation to a problem with their catheter. A third person had on-going

support from the community psychiatric nurse (CPN) and the care plan was clear that staff should report changes in their behaviour. We noted in March that staff had recorded this person's behaviour and body language had changed and they had become withdrawn. The CPN was called and visited and the person improved without the need for a change of their medication. One person told us, "I have seen the doctor. You get to see one if you want." Another told us, "I see a chiropodist and the optician." A relative told us, "They (staff) are very good at getting the doctor if she needs it."

# Is the service caring?

## Our findings

The people we spoke with were happy with all aspects of their care. They said staff were kind, friendly and helpful. One person told us, "They're all lovely. I've made friends with quite a few of them. The carers give me a lot of their time; I enjoy having a chat with them. They'll come and see me on their break if I fancy a chat." Another said, "I love it here. I love all the carers. They're busy but they find the time to come and see me for a chat." Other comments included, "Feels like a very good, nice home to live in. Caring staff," "Brilliant staff so kind and caring," and "Looking after me very well – very happy." A relative told us, "They're lovely – they are very caring."

At our inspection in March 2016 we found a breach of regulation in dignity as staff did not always show people dignity and respect. We had no similar concerns at this inspection.

People were shown respect and care. We saw staff knocking on people's doors and waiting to be invited in before entering. One person said, "They (staff) always knock and wait, lots of privacy if you want it." Another said, "Staff respect me, listen to what I want and have time for me." A third told us staff always knocked on their door. We heard staff speak with people respectfully and saw that people were wearing clean clothes, looked smart and had their hair done. One person told us, "They are very kind and caring. I'm very happy."

Staff were attentive to people's needs, showed compassion and an interest in people. One person needed encouragement to drink regularly and we observed a member of staff regularly offering and encouraging this person to drink in line with their care plan. Another person had new glasses delivered and we saw and heard staff regularly check with the person that they were happy with their glasses and generally make a fuss of them. A staff member noticed one person did not have their hearing aid in and went to fetch it. We observed genuine caring interactions between people and staff. A staff member sat with a person (who had been unable to attend the quiz) and go through the questions to see if they knew any of the answers. One person had been given some news which had upset them and we observed staff take time with the person, talking to and reassuring them. One person said, "Carers are so good and know what I like." A staff member told us, "Things have improved and we now have time to give people good quality care." A social care professional told us, "They (staff) are very good at communicating and caring for (name) needs. If anything they've done more than they could have (for them)."

People were encouraged to be independent. We saw staff encourage people to do things for themselves when they were able, offering positive encouragement. We heard one member of staff say, "Well done, you're doing really well" as they supported a person to mobilise. One person liked to launder their own clothes and they were given the freedom to do this. One person said, "The staff know when I like to get up and when I like to go to my room." Throughout the day we observed people sitting where they wished within Heathside, or going out into the garden. People were enabled to move around freely within the home and garden without restriction.

People were involved in their own care. A staff member said, "I saw one lady this morning and asked how she slept and we saw the sun was out so chatted about that. I offered her a wash or a bath but she said no,

she just wanted a cup of tea. After she had breakfast she decided to have a bath. We looked at clothes and she made a choice." One person told us, "I know the carers very well. They know what I like and they treat me in the way I like to be treated."

People were cared for by a consistent staff team who knew people well. The manager told us they had instigated a regime where staff moved around between units in order that they got to know everyone living at Heathside. He said on the whole this had worked well. One person told us, "I see the same staff and that's important to me." Another told us, "See most of the same carers, very nice, good care." A relative said, "The carers are moving around now. It's worked in mum's favour when carers go on holiday because she knows them all now." Staff were able to tell us about people and their individual personal histories. One person told us they enjoyed a walk out in the garden, to have a chat and a cigarette. We saw a staff member sitting and talking with this person (in the garden). They were laughing and joking together, sharing stories. Where people had particular interests staff were aware of these. We heard staff asking one person, "Are you going to play snooker later?" We read in this person's care plan that they enjoyed snooker. One person told us, "I am happy here and it's nice. The staff know me and I know them. I just love it here and don't want to move."

Where people had particular spiritual needs staff supported them in this and staff helped to ensure an inclusivity within the home. One person was a Catholic and staff supported them to attend religious services within the home. Another person had recently moved on to a nursing home but staff had kept pictures of them as they had grown close to others in their unit and we saw staff and people talk together about the person.

Staff responded well to people's requests. One person asked to go to the bathroom and staff immediately responded to this. Staff put a supportive arm around people, making sure they had all they needed when they provided them with care. When people indicated they wished a hot drink staff made them one and one person who wished to go to the quiz that was taking place in the communal lounge area was supported by staff to go down to join in.

Visitors were welcomed into the home. We saw visitors and families come into the home throughout the day. A visitor told us, "I can't fault them (staff). Staff are always talking to people." Another told us, "I know all the staff by name."

## Is the service responsive?

### Our findings

At our inspection in March 2016 we found a breach of regulation in relation to person-centred care. We found at this inspection people received person-centred care and care records for people were more accurate and up to date.

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care and treatment they needed. Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies.

Where needs had been identified through the assessment process, a care plan had been developed to address them. Care plans were in place for areas including communication, nutrition, personal hygiene, skin integrity, continence and mobility. The plans provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs. Care plans recorded what people could do for themselves and where they needed support.

People received responsive care. Where one person was losing weight we saw a referral had been made to the GP and in turn a dietician and staff were now following guidance that had been left for them. This same person preferred a full body wash to a bath and we noted this was provided to them. Where another person was at risk of poor hydration a skin integrity care plan had been developed. A third person became anxious when they left their room and we read staff supported this person to access communal areas at times when there was less people about.

People were involved in their care plans. People we spoke with knew they had a care plan and had talked to staff about it at some point. One told us, "I know about my care plan and what's in it. We have meetings at times." Another told us, "I have care plan input and reviews."

At our inspection in March 2016 we made a recommendation to the registered provider in relation to a lack of individualised, meaningful activities. At this inspection we heard and observed things had improved.

People had opportunities to take part in activities at the home and to go out to local places of interest. People told us they enjoyed the activities provided and that activities had greatly improved since the arrival of the new manager. They told us there were more things to do and more opportunities to get involved with following interests and using their skills. One person said, "They do all sorts of things. My hobby is knitting. I'm teaching one of the kitchen staff at the moment." Another person showed us a picture of them walking in the park and told us they had enjoyed the outing. A third said, "I love my quizzes, I'm not very good but they cheer if I get one right." A fourth person told us, "We make sandwiches; we do baking and go out on trips. I enjoy everything that happens."

Relatives and staff also told us they felt activities had improved. A relative said, "Activities were not so good, but the manager encouraged staff to take on the responsibility for them so much more is going on now." A staff member felt the manager had made improvements in relation to activities. They told us, "There are more activities. There are more events to involve the families. All the families were invited to a Mother's Day meal a few weeks ago." Another said, "He's (the manager) very hands-on. He'll do activities, organise sing-songs and quizzes."

The manager told us the activities co-ordinator was on a long-term absence from work. In their absence, the manager told us that the management team was arranging activities and that staff were implementing them. We saw this happen during the day and we saw staff encouraging people to join in and that those who chose to take part enjoy themselves. We also saw that staff on the units engaged people in activities such as puzzles and regularly checked on people who chose to stay in their rooms. We observed eight people discussing famous people born on the same day of our inspection with the manager and staff. They then asked staff about the place they were born and their home country. Everyone was involved which created a nice atmosphere. Where people were recorded as preferring one to one activities we saw them receive this.

Activities had an impact of people's socialisation and wellbeing. One person had a mental health issue and staff told us that because of the activities on offer which were meaningful to them (such as baking, dancing, bingo and music) this had given them a real boost. Staff said the activities kept them active with less time to sit and worry and possibly sink into depression. Another person was living with advanced dementia but their love of music and dancing were still important to them as a former dancer. As they were able to access this type of activity this kept them socialised with other people even though they were limited in other areas in what they could do.

Heathside has links with the local community, providing work experience places for local school/college pupils. An apprentice was gaining valuable care experience, two bank care staff were training as student nurse and pharmacist and as such benefitting from experience gained with working with people in the home.

The provider had a written complaints procedure, which was given to people and their families when they moved in and displayed in the home. The complaints procedure detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. There had been four complaints since our last inspection – the two most recent ones under the new manager. We saw these two had been dealt with appropriately. One was in relation to the external doors not being secure because visitors left them unlocked. Action was taken quickly by the manager to change the code and a letter sent to the complainant detailing the action taken. A second complaint was with regard to the medicines trolley being left open. We read that the manager had met with staff to discuss the incident and refresher training had been arranged. A response had been sent to the complainant. People told us they would complain if necessary and said they were confident that any issues would be sorted out. One told us, "Never needed to complain, happy no comments." Another said, "I know that the manager would put anything right."

We read five compliments had been received since our last inspection. Comments included, 'I cannot find words to adequately thank the management, catering and care staff who all went to extreme lengths for (name) family and friends on such a great party which everyone enjoyed immensely', 'the care for (name) which staff provide is beyond praise' and 'I have certainly noticed a difference in many areas. The home seems a happier place with a better atmosphere'.



## Is the service well-led?

### Our findings

At our inspection in March 2016 we found a breach of regulation in relation to good governance as we found there was a lack of good management oversight in the home, records for people were not always up to date and actions from audits not addressed. We found at this inspection these areas had been addressed.

The manager had good management oversight of Heathside. Despite the fact that the manager had only been in post for four months, they impressed us with the knowledge of the people who lived in the home. During our initial conversation at the start of our inspection, the manager was able to answer all of our questions about people's individual needs easily, without referring to other staff or records. Immediately we walked into Heathside we could sense a change of atmosphere within the home and people and staff appeared happier. The manager told us they felt supported by senior management. They said, "(Name) is very good. The provider is hot on managers, but very good with us."

People and relatives said that management was good and was responsive. They told us the manager had a visible presence around the home. One told us, "The manager is around and chats once or twice a week." Another said, "My view is that the manager has made a huge difference. Too many staff left but now he has got the staff on side. He takes time to get to know people – me, my grandson – he's on the ball." A third said, "I see the manager, he pops in for a natter from time to time." A relative said, "He's wonderful – always there for me. He's got the motivation to change things." A social care professional told us, "I have no concerns. (Management) are very good and they are good at telling me if there are any changes."

People felt there was a good atmosphere in the home and communication was good. We found this on the day. Staff got on well with each other, they were open and responsive to our inspection and staff welcomed visitors into the home. One person told us, "Good atmosphere, everyone gets on and staff get on with each other." A relative said, "The atmosphere has improved." One person said, "They come round and tell us about activities or what's for lunch. We do know what is going on." A relative told us, "They do let me know if anything happens. They phone and keep me informed."

Staff told us the manager provided good leadership and promoted a positive culture at work. They said the manager was approachable and encouraged them to raise any concerns they had and that things were better since he had taken up post. One member of staff told us, "Everyone is a lot happier since (manager) came. We are better supported. We're not scared to make mistakes now. He will sit and listen to you and he will say it how it is, which I like." Another said, "The atmosphere is so much better. The workload is shared more now. He's good to talk to, you feel at ease." A third told us, "The atmosphere is better. The staff are happier. He talks to the staff and he listens. He's willing to try things. It's really improved morale." Another comment was, "Staff were resigning; now people are happy. The manager makes the residents happy."

Staff said they met as a team regularly and were encouraged to give their views about improvements and to raise any concerns they had. Staff said these meetings had improved communication amongst the staff team. We noted meetings took place between different staff groups which meant specific topics could be covered. Were actions/suggestions were made these were responded to. For example, during a catering

meeting following a lunch audit it was noted new aprons were needed and these had been ordered. One member of staff told us, "He (manager) keeps us up to date, he asks us for any ideas. He's encouraged us to speak up."

People and their relatives were supported to give their feedback on the service provided and where suggestions were made these were responded to. We reviewed minutes of recent resident/relatives meetings and saw there was good attendance. A range of topics were discussed but often the focus was on food and activities. One person had asked for kippers to be introduced to the breakfast menu and we saw this had happened. Other people had asked for animals and there were now two resident cats and some birds. Relatives had asked if the reception area could be manned at the weekend and the manager was putting plans in place to instigate this. There was a separate meeting in relation to the welfare fund and what to spend it on. We read from the minutes that it was agreed to invest the money back into the home by holding a summer fete, curry night and introduce bingo prizes.

People and relatives were asked for their feedback on Heathside. We noted from the 'Your Care' rating in 2016 that there was good feedback. People gave positive scores to the kindness, good care and the safety of the service. Relative's feedback also showed they were generally happy with the service their family member's received. One person said, "I do fill in a piece of paper sometimes about here." A relative told us, "I have been asked for feedback – filled in a questionnaire."

The provider had implemented effective systems to monitor and improve the quality of the service. Regular audits were carried out which checked key areas of service delivery, such as care plan audits, accidents and incidents, medicines management and infection control. A report of each audit was produced and the actions taken where areas had been identified for improvement. We noted 29 care plan audits had been completed so far in 2017 which was more than expected in the provider's policy. One action from an audit carried out in January 2017 was for a fire drill to be arranged and we noted this had happened in February. Catering checklists were completed and any actions done and an external medicines audit was carried out in December 2016. Regular internal medicines audits were also completed by senior staff. In addition, the manager carried out unannounced night time visits to the home.

Records relating to people's care were on the whole accurate and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in.