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# Heathside Retirement Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 17 and 18 July 2018 and the first day was unannounced. Heathside Retirement Home (known as Heathside) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Heathside is registered to provide accommodation with personal care for up to 30 people. At the time of our inspection there were 27 people living at the home. All rooms are single occupancy with the majority having an en-suite toilet. Since our last inspection in May 2017 the dining room had been moved to the first floor, which reduced the need for people to queue for the lift at meal times and had consequently reduced the number of falls occurring. There are two lounges and an accessible garden to the rear of the property.

At our last inspection in May 2017 the home was rated as requires improvement; there were no breaches of the regulations found. At this inspection we found improvements had been made and the home was now rated as good.

Heathside had a registered manager, who was registered with the CQC in February 2018. 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.

The quality assurance system used to monitor the service had been strengthened since our last inspection. This helped to improve the performance of the service. Additional monitoring had been introduced including weight monitoring, equipment checks and call bell responses. Weekly and monthly audits were completed. Accidents and incidents were reviewed to assess if there were any patterns across the home. Actions and recommendations, for example from the fire risk assessment or local authority audit, had been implemented.

Infection control measures had been improved and included the management team carrying out daily walk rounds to check the cleanliness of the home.

We observed staff engaging with people throughout the inspection. Staff sought people's permission before providing support and explained to people the support they were about to provide. People told us the staff treated them with dignity and respect.

We observed safe moving and handling techniques being used; however, on one occasion the available equipment was not used in a timely manner when one person was struggling to stand up.

People's medicines were administered as prescribed. Care staff added thickeners to people's drinks to

reduce the risk of choking. The registered and assistant managers told us they would introduce a recording chart for this.

Care plans and risk assessments were in place which provided guidance and information about people's support needs, their likes, dislikes and preferences and how to mitigate the identified risks. Staff we spoke with knew people and their needs well. Care files were reviewed every six months or when people's needs changed.

Heathside used a care planning system called CareDocs. This added standard prompts to the assessments which were not person centred. The registered manager said they would add the action taken for each individual to the assessments so it was clear what had been done to mitigate the assessed risk. The care plans already included this information.

A pre-admission assessment was completed before people moved to Heathside and initial care plans written. Staff said they received sufficient information about new people's support needs before they moved in.

Relatives told us they were involved in providing the information for the care plans and the home kept them very well informed of any changes in their relatives' health or wellbeing.

People were supported with their health and nutritional needs. Health professionals were complimentary about the support provided at Heathside, although one told us there was a higher than expected number of skin tears at the home. There was no known pattern for this.

People said they enjoyed the food and they always had a choice of meals. A cooked breakfast was now available every day.

People and relatives told us they felt safe living at Heathside. They said there were always enough staff on duty and they didn't have to wait long for support. Additional time was now on the rota at the staff cross over in the afternoon and the registered manager was trying to have a member of morning staff working until 5pm each day to assist with the teatime meal.

The home had added more dementia signs and photographs to people's doors to assist people to orientate themselves within the home. Moving the dining room to the first floor from the basement level had reduced the queue for the lift at meal times and consequently the number of falls occurring in the home.

A safe recruitment system was in place. New staff completed an induction and shadowed experienced staff before working as part of the rota. Staff who were new to care were enrolled on the care certificate; however, they were not completing this within the recommended 12 week timescale. Staff completed refresher training and this was seen to be up to date.

Staff said they enjoyed working at the service, felt well supported by the management team and reported that they were open and approachable. Regular supervision meetings and staff meetings were held.

Relatives also said they could talk to the management team or staff if they needed to. Residents meetings were held to gain feedback from people about the service. A survey had been completed in February 2018 for residents, relatives, professionals and staff. The feedback was positive and any suggestions made had been implemented.

A part time activities officer was employed by the service. They arranged a variety of in house activities and trips out. People and relatives were very positive about the trips they had been on.

People's wishes at the end of their life and in the event of their death were recorded in advanced care plans.

A complaints policy was in place. Complaints had been investigated and responded to appropriately.

People's cultural and religious needs were being met by the service.

The service was working within the principles of the Mental Capacity Act (2005). People's capacity was assessed and applications made for a Deprivation of Liberty Safeguard (DoLS) where a person was found to lack capacity.

The home was visibly clean throughout. One of the lounges and the new dining room had been re-decorated and new carpets purchased.

## 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 received their medicines as prescribed.

We observed safe moving and handling techniques being used. However, on one occasion the available equipment was not used in a timely manner.

Risk assessments and guidance to mitigate the risks were in place.

Sufficient staff were on duty to meet people's assessed needs. A safe recruitment process was in place.

### Is the service effective?

Good

The service was effective.

Staff received the training and support through supervisions and team meetings to effective undertake their role. Staff who were new to care did not complete the care certificate within the 12 week timescale.

The service was working within the principles of the Mental Capacity Act (2005).

People were supported to meet their nutritional needs and maintain their health.

### Is the service caring?

Good

The service was caring.

Positive interactions were seen between staff and people living at the service.

People said the staff were kind and caring. Staff knew people's likes, dislikes and needs.

Staff knew how to maintain people's dignity and privacy when providing personal care and prompted people to complete tasks

independently.

## Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place that provided guidance for staff in how to meet people's assessed needs.

People's wishes for their support at the end of their lives were recorded.

A programme of regular activities for people to take part in was in place. People and relatives spoke positively about the trips out that had been arranged.

The service had a complaints procedure in place. All complaints received had been responded to appropriately.

## Is the service well-led?

Good

The service was well-led.

A quality assurance system was in place; additional monitoring had been introduced in response to advice received by the service.

Staff said they enjoyed working at the service and felt the management team were supportive and approachable.

Feedback was obtained from residents, relatives, professionals and staff through surveys. Suggestions made had been implemented.

# Heathside Retirement 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 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 17 and 18 July 2018 and the first day was unannounced. One inspector completed the inspection.

Before our inspection the provider completed a provider information return (PIR). 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 reviewed the information we held about the service. We looked at the statutory notifications the home had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams. They provided feedback from their quality visit in April 2018. We also contacted Trafford Healthwatch who shared some feedback they had received form a member of the public. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Details of this feedback and any action taken by Heathside is included within the main body of this report.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people's mealtime experience and interaction between people using the service and staff throughout the inspection.

During the inspection we spoke with seven people who used the service, five relatives, six members of care staff, the practice co-ordinator, six visiting professionals, the activities co-ordinator, the assistant manager, registered manager and provider.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, three staff recruitment files and training records, seven care files, meeting minutes and auditing systems.

Good

# Is the service safe?

## Our findings

All the people living at Heathside and their relatives thought the home was safe. One person said, "I feel safe here; I'm being well looked after." A relative told us, "He's (relative) fine here; he's content and well looked after."

People and relatives also told us they thought that there were enough staff on duty to meet people's needs. One person said, "There's enough staff; I don't have to wait too long (for support)." A relative told us, "There's always staff around." Health professionals we spoke with told us they were always accompanied by a member of staff when visiting someone at the home.

The members of staff we spoke with also said there were enough staff on duty to meet people's needs, including two staff at night. The rotas we looked at confirmed this. We were told that this meant the night shift could be busy but was manageable. If a person was not well then it was more difficult to manage, but an additional night staff member would be brought in if required. There was always a manager on call who would come into the home or arrange additional cover if required.

We saw rotas had recently been changed to provide a longer cross over of staff at the afternoon shift change. This enabled staff to spend time with people. Rotas also showed that, on some days, a member of the morning staff worked until 5pm to assist with tea time. The registered manager and provider both told us they planned for this to be the case every day.

The local authority quality audit in April 2018 had commented that there had been occasions when the care staff had not been visible within the communal areas of the home as they were busy supporting people. During our inspection we observed staff were responsive to people's needs and were regularly checking people in the communal areas were okay and provided support as required.

The risks people may face were identified and plans were in place to reduce them. Heathside used an electronic care planning system called CareDocs. Up to date risk assessments were in place for each person on the CareDocs system. These included the risk of falls, choking, skin integrity and malnutrition. Guidance was provided for staff to reduce these identified risks. The registered manager told us they reviewed the risk assessments every six months or when people's needs changed. The care files we viewed had all been updated within six months due to a change in the person's needs. Staff told us they had the opportunity to read people's risk assessments, especially in the afternoon after lunch. This meant the risks people may face were identified and plans were in place to reduce them.

Each person had a moving and handling assessment in place which detailed the support a person needed to stand up, transfer from one place to another, re-position and walk. Hoists or stand aids were used when a person needed them. We observed people being encouraged to stand and transfer safely. However, on one occasion one person was finding it difficult to stand with the support of two staff, even though they were usually able to do this. The external manual handling trainer was present at the time and they used the stand aid to successfully transfer the person to their wheelchair. We discussed this with the registered

manager who told us they and the assistant manager continually observed staff when they were supporting people to transfer and stand up and ensured the staff team used the correct techniques and equipment. This meant that safe moving and handling techniques were used at the home, although on one occasion they needed to be quicker in their response when one person was struggling to stand.

Staff we spoke with understood the safeguarding procedures at the home. They understood how to report any safeguarding concerns and confirmed they had received safeguarding training. They told us they would report any concerns to the management team and were confident they would deal with any issues promptly and appropriately.

All incidents and accidents were recorded and reviewed by the management team. Any actions or changes to the support provided to reduce the risk of a re-occurrence were recorded. A 48-hour monitoring system was in place following an accident to monitor any injuries that may not have been apparent at the time of the incident.

Medicines were administered as prescribed. The assistant manager took the lead in ordering and auditing the medicines. We saw the medicine administration records (MARs) were fully completed. Guidelines were in place for medicines that were not routinely administered (PRN). The stock balances we checked were correct.

At the last inspection in May 2017 we made a recommendation for liquid medicine bottles to have the date they were opening written on them. This was now being done.

Body maps were used to indicate where a person required creams to be applied. Care staff members applied topical creams when providing personal care. The senior member of staff checked this had been completed and then signed the MARs.

Some people were prescribed thickeners, which were added to fluids to reduce the risk of choking. The seniors signed the MARs to show they had thickened the drink given to people when taking their tablets. However, the care staff did not record when they added thickeners to any other drinks provided throughout the day. Care staff had clear information about who required their fluids thickening and to what consistency. People were appropriately referred to the speech and language team (SALT) if they had swallowing difficulties. We discussed this with the registered manager and assistant manager who told us they would introduce a recording chart for all thickeners.

Medicines were stored in locked medicines trolleys. We saw that one trolley, usually stored in the lounge, had been moved due the hot weather to a cooler room. This was because medicines should be stored below 25 °C. Controlled drugs were safely stored and appropriately recorded. Controlled drug stock balances were checked every day.

All senior members of staff had completed or were part way through training for the administration of medicines. Observations of competency were completed before they were able to administer medicines on their own and annually thereafter. The senior staff working at night had also completed their medicines training and so were able to administer any PRN medicines, for example pain killers, at night if needed.

We checked staff files for three recently recruited staff. All pre-employment checks were completed and a full employment history recorded. The reasons for any gaps in employment history were recorded. We noted that one member of staff had started work prior to their second reference being received. Rotas showed the staff member had worked additional shadowing shifts with other members of staff until the second

reference had been received.

The home was visibly clean throughout, with no malodours present. People and relatives we spoke with said the home was always kept clean. Staff were seen using personal protective equipment (PPE) when supporting people with personal care tasks.

We saw evidence that equipment was maintained and serviced in line with national guidelines and the manufacturer's instructions. Weekly checks were made on the fire alarm, emergency lighting system, call bells, wheelchairs and hoists. Legionella water checks were completed each month.

Personal emergency evacuation plans were in place for each person. These detailed the support a person would need in the event of having to leave the building in an emergency. Regular fire drills had been completed. At our last inspection in May 2017 we recommended that an up to date fire risk assessment was undertaken by a competent person. We saw this had been done and any actions from the risk assessment completed. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

Good

# Is the service effective?

## Our findings

At our last inspection in May 2017 we found that whilst people received appropriate health care, information provided by the district nurses or tissue viability nurses had not always been added to the person's health care plans. At this inspection we found improvements had been made. The district nurses had been provided with their own clinic room which contained their files and dressings. We saw health professionals were asked to add their notes directly into the CareDocs system so that staff were fully aware of the current advice given. Where people required support to change position to reduce the risk of developing pressure sores these were recorded in the daily notes on CareDocs.

The health professionals we spoke with were positive about the home. They said referrals were made appropriately, staff were knowledgeable about the person's needs and the home followed any guidance given. One health professional told us, "This is one of the better homes I visit and they are open to advice and guidance." We were also told they treated a higher than expected number of skin tears at the home. They had discussed this with the registered manager and there was no pattern to the skin tears. This which was confirmed by the incident reports we saw.

Each person was registered with a local GP surgery. People and relatives we spoke with said the home made all appointments, with the GP or hospital, that were required. One person said, "They get the GP if I need them; there's always someone there to help you."

Since our last inspection changes had been made to the layout of the building. One of the ground floor lounges had been converted into the dining room, which had previously been in the basement. The registered manager and all the staff we spoke with were positive about this change. It reduced the need to queue for the lift at meal times, which in turn had reduced the number of falls at these times. People also now had easier access to the toilet before or after their meals.

All the staff we spoke with said they felt supported in their role by the management team at Heathside. The records demonstrated that staff received the induction, training and support to carry out their role.

All new staff completed an induction with the practice co-ordinator when they started work at the home. This included an introduction to the home and training in moving and handling, safeguarding, fire awareness, infection control, dementia awareness and dignity in care. The training matrix showed that the staff training was up to date and refreshed where required.

Accredited courses for medicines administration and end of life care were completed through a national college. Senior staff also did courses in catheter care and stoma care.

New staff shadowed experienced colleagues for two to three weeks depending on their level of experience. Night staff worked on day shifts initially so they were able to get to know people before they started working the night shifts.

Staff who were new to working in care were enrolled on the care certificate which is a nationally recognised set of principles that all care staff should follow in their working lives. The care certificate should be completed within 12 weeks of commencing employment; however, the new staff at Heathside had not met these timescales, with one member of staff we spoke with having started at the home ten months previously and they were still completing the care certificate standards. This meant that whilst the induction and training new staff received equipped them to carry out their roles and they had completed training courses in the topics covered by the care certificate, for example infection control and safeguarding, they had not completed the care certificate workbooks within the nationally agreed timescales.

Records showed that supervision meetings with the practice co-ordinator were held every three months. Staff confirmed this and said they found these meetings useful and were able to discuss ideas or concerns during the supervision meeting. Staff also had an annual appraisal where their role, development and performance were discussed. Staff meetings were also held every three months. Topics discussed in these meetings included health and safety, safeguarding procedures, dignity in care as well as any changes being made at the home. Staff were asked if they had any issues to raise during the meeting. At the last meeting in May 2018 a questionnaire had been used to check the staff understanding about the Mental Capacity Act. This meant the staff meetings were used to re-enforce the staff training as well as discuss the running of the home.

Staff told us they had enough information to be able to meet people's needs. A handover was held between each shift. One member of staff said, "A lot can change in the three days I am off so I always ask for more information or if anything has changed." The staff members we spoke with were able to describe people's needs.

A pre-admission assessment was completed before people moved to the home. This assessed the person's needs and involved the person, their relatives where appropriate and other medical or social care professionals involved in their current care and support. Initial care plans were written from this information. Staff told us they were given a verbal handover of this information and were also able to read the initial care plans and risk assessments prior to the person moving to the home. One relative we spoke with said, "[Registered Manager] assessed mum in hospital and spoke with me. I gave her a lot of information."

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).

The service was working within the principles of the MCA. Capacity assessments and best interest decision meetings were seen in people's care files. Applications for DoLS had been made where it had been assessed that people lacked capacity to consent to their care and support. The registered manager used a matrix to track when DoLS had been applied for, when it had been granted and when it needed to be renewed. The staff we spoke with were able to explain who was on a DoLs and what this meant in terms of any restrictions that were in place.

During the inspection we observed staff asking for people's consent before providing support.

People's nutritional needs were being met and the staff and the chef had information available about people's dietary needs, for example people who needed a soft diet or had diabetes.

We observed the breakfast and lunchtimes during our inspection. These were seen to be relaxed and unhurried. People received the support they required to eat their meal. A cooked breakfast was now available seven days a week and was prepared as and when people got up.

The people we spoke with said the food at Heathside was good. One person told us, "The food on the whole is quite good; we get a choice" and another said, "The food's very good and there's plenty of tea to drink." Cold drinks were available in the lounge and dining areas for people and visitors to help themselves to.

The local authority quality audit had recommended dementia signage was used to help people living with dementia to orientate themselves within the home. We found signage was now used to identify toilets, the dining and lounge areas. Recent photographs had been added to people's bedroom doors to aid recognition and add a personal touch. However, those with dementia would not necessarily recognise themselves as they currently are, with a photograph of a significant past event often being more recognisable to a person living with dementia. A dementia clock showing the time day and date was in the dining room. The registered manager told us the signage had helped people to maintain more independence by being able to find their own way to the toilet rather than needing staff support.

Two people living at Heathside had 'dementia dolls'. Doll therapy is a recognised way to reduce people living with dementia's anxiety by providing them with a doll to 'look after' We heard staff respectfully asking people about their dolls. One relative told us how the doll had been introduced instead of increasing their relative's medication following a referral to the dementia crisis team. They told us their relative had become more settled at night since having the doll as it gave them something to focus on at night.

Some rooms, including the main lounge, had been re-decorated to make them brighter and new carpets had been bought. Bedrooms had been personalised with people's own belongings and mementos.

Good

# Is the service caring?

## Our findings

All the people we spoke with were very complimentary about the staff team at Heathside. Comments included, "The staff are very good, they're all very nice people" and "It's ideal for me; there's no problems here."

Relatives also thought highly of the staff and the care and kindness they showed their relatives. One said, "I can't praise the staff highly enough; they are always talking to residents, chatting and encouraging them", and another told us, "The staff are really cheerful, kind and caring."

We observed and heard positive interactions between members of staff and the people they were supporting throughout our inspection. Staff spoke calmly with people to explain what they were doing and provide them with re-assurance. People and relatives told us staff respected their privacy and dignity. Staff were able to describe to us how they maintained people's privacy when providing personal care, for example explaining what they were doing, ensuring people were covered and doors were shut.

We also saw staff patiently encouraging people to mobilise around the home. Staff told us how they prompted people to complete tasks they could do themselves, for example when bathing. This promoted people to maintain their independence where possible.

Staff knew people and their needs well and could describe the support people required to us. Relatives also felt that the staff knew their relative's needs, with one saying, "The staff know mum, they have got to know what she likes and how to help her." The care plans contained brief information about a person's life, their family, work and interests. This would help the staff to form relationships with the people living at the home.

Relatives told us the home kept them informed and up to date with any changes in their relative's health or wellbeing. One relative said, "Any change they (the staff) are always on the phone; the communication is very good."

We discussed with the registered manager how the home supported people who had one of the nine protected characteristics, for example sexual orientation or race. We were told any relevant information would be gathered during the initial assessment and the staff informed of any support needs in relation to any protected characteristics. All staff received training in equality and diversity as part of their induction when they started working at Heathside.

Care plans included details about people's cultural needs. The chef told us they had offered to buy culturally appropriate food for one person who had recently moved to the home but the person's family preferred to bring their relative home prepared food instead. Vegetarian meals were prepared for one person who came to the home twice a week during the day. We spoke with a representative from a local church who visited the home each week to offer communion and say prayers with people who wanted him to.

People's personal information was kept confidential using passwords to access the CareDocs system.

Where required a referral was made to an advocacy service. An advocate is an independent person who supports a person to be involved in decisions about their support and care and ensures any decisions are taken in their best interests. We saw that one person was visited by their advocate every six to eight weeks and the advocate was involved in decisions about the person's care and support.

Relatives we spoke with said they were able to visit at any time. Regular visitors had been given the code to an external key safe so they could access a key fob to open the front door. This enabled visitors to visit their relatives without having to wait for staff to open the door for them. We were told this system worked well, especially at busy times of the day when staff may not immediately be able to leave the person they were supporting to answer the door.

Good

# Is the service responsive?

## Our findings

Heathside used an electronic care planning system called CareDocs. Each person had a range of assessments and care plans in place, which contained details of people's assessed support needs and provided guidance for staff in how to meet these needs. For example, information was provided regarding people's personal care, mobility, falls management, skin integrity, sleeping, communication, eating and drinking and health. Care plans also included details of people's likes and dislikes and information about their life history.

The assistant and registered managers reviewed people's assessments and care plans every six months or when people's needs changed. The care plans we looked at had all been reviewed within the six months due to changes in people's support needs. The registered manager said they were in the process of training the senior care staff to review and update the care plans on CareDocs. They would then audit these to ensure they were up to date and fully completed.

We saw the care plans included personalised information about people's needs. For example one person had a detailed care plan explaining the symptoms to look out for when their mental health deteriorated.

When assessments were being completed on CareDocs we noted that it automatically included prompts of potential actions to be taken in response to the assessed need. This meant that some assessments were not personalised and included generic statements. This was clearest in the Waterlow assessments (pressure area risk assessment). For example, the prompts included 'consider introducing a re-position schedule' and 'review the mattress used'. We saw the care plans included re-position schedules and appropriate air flow mattresses were in place where required; however, these had not been noted on the assessment. The local authority quality audit had also highlighted this issue in April 2018. We discussed this with the registered manager who told us they would add to the system what action had been taken in response to the CareDocs prompts.

Relatives told us they had been involved in developing the care plans. One said, "[Registered Manager] did an assessment when [name] was in hospital and spoke to me. I gave her a lot of information about [name's] support needs."

The Care Docs system was accessed via two laptop computers. The registered manager told us they were looking into purchasing two tablet devices for the care staff to use. This would enable the care staff to update the care and support provided for each person in a more timely manner.

Where there was an assessed need we saw that technology, such as bed seat sensors, were used to reduce the risks for people. The sensors were linked to the call bell system and alerted the staff when triggered. This meant if a person who was at risk of falls got out of bed or got up from their chair the staff were alerted and were able to provide support.

People had their communication needs assessed. We saw picture cards were used for some people who

were unable to communicate or whose first language was not English. The registered manager also told us that they were researching electronic communicators to establish what would be most useful for the people living at Heathside. We were also told that documents could be printed in large print if required, although this was not done routinely. This meant steps had been taken to support people's communication needs.

A mobile phone had been bought so people were able to contact their family and friends without having to use the landline phones which were located in a corridor. This would enable more people to use the phones and would also protect their privacy.

Where people, or their relatives, wanted to discuss their wishes at the end of their lives an advanced care plan was in place. This included details of whether the person wished to go to hospital or remain at Heathside at the end of their lives, any arrangements that were in place for their funeral and any religious involvement they would like.

A part time activities officer worked arranged a programme of activities at Heathside. They arranged trips out which were enthusiastically talked about by the people we spoke with. A recent day trip to the Lake District had been thoroughly enjoyed, as well as local trips out for lunch once a fortnight. One relative told us, "They go out for trips, it's a good change of environment."

People and relatives also told us that parties were arranged for people's birthdays and special occasions, for example the royal wedding or the world cup football. One relative said, "They arranged dad's birthday party and did everything. I was told to just turn up."

The staff members took photographs when on the trips and sent copies of these to people's relatives, which was appreciated by the relatives we spoke with. Some of these pictures had also been put in frames within the home.

External entertainers or exercise leaders visited the home on the days when the activities co-ordinator was not working. This included arm chair exercises and zumba which aimed to be enjoyable and to maintain people's strength and muscle tone.

A room had been converted into a hair salon and reminiscence room, with older style decorations and books. People were able to spend time in this room with friends whilst they were having their hair done if they wanted to. The home subscribed to a reminiscence publication called 'The Daily Sparkle'. This included articles and puzzles aimed at stimulating people's memories and discussion.

We saw there was a complaints policy in place. We saw all complaints had been investigated and responded to. People and relatives we spoke with said they would raise any issues or concerns they had with the staff on duty or the management team.

Good

# Is the service well-led?

## Our findings

The manager had been registered with the Care Quality Commission (CQC) in since February 2018, They had worked at the home for many years and had been promoted from deputy manager in April 2017. They were supported in their role by the provider, the assistant manager and practice co-ordinator.

The people and relatives we spoke with were positive about the care and support provided by Heathside and the approachability of the assistant and registered managers. One relative said, "[registered manager] and [assistant manager] are great; I can always go and talk to them, they're very open."

Rotas showed, confirmed by the staff we spoke with, that a member of the management team now worked on a Saturday. This provided more opportunities to speak with relatives who were only able to visit at weekends. Staff said this was positive and as it gave them additional support at the weekend.

A quality assurance system was in place at the home. At the last inspection in May 2017 we found the quality audits had not been completed each month. At this inspection we found audits were being completed as planned.

The registered manager had introduced a range of monitoring tools, including monthly falls, assistive technology and weight monitoring audits, weekly equipment (for example wheelchairs) and nurse call bell response checks, and a Disclosure and Barring Service status log check for all members of staff. The assistant manager also completed a weekly medicines audit. Monthly audits for health and safety, mattress checks, infection control and care plans were recorded through the CareDocs system.

Any actions taken in response to these audits, for example referrals to dieticians, changes in the airflow mattress settings in response to a change in a person's weight and maintenance requests were noted.

Some people's care plans stated people should be regularly checked when they were in their room, especially if they were unable to use the call bell system. These checks were not recorded as being completed and so could not be monitored by the registered manager. We discussed this with the registered manager who said they would introduce a record of the checks made through the CareDocs system.

Daily walk rounds of the home by the management team were also recorded. These checked the cleanliness of the home and feedback was given to staff as required.

We also saw that action plans had been completed following the fire and legionella risk assessments, with monthly water temperature checks now being done.

This meant the registered manager had responded to the advice provided and improved the quality monitoring at the home.

Residents meetings were held every three months, with topics including how to complain, activities people

would like to do and the menu.

Surveys for residents, relatives, visiting professionals and staff were conducted in February 2018 and the registered manager had responded to the results. A report on each of the survey results was written and discussed at the residents and staff meetings in May 2018. We saw that the responses were positive and where suggestions had been made these had been actioned. For example, having a member of the management team available at weekends had now been implemented, a dementia friendly clock had been bought and a fish tank installed in the lounge. There was a mixed response to the question in the surveys about the laundry, but one comment did say that it was getting better. We saw that the laundry was now staffed on a Saturday as well as during the week. A reminder was issued for all staff and families to try to ensure that people's names were clearly added to their clothes so they could be easily identifiable.

This showed the home sought the views of people using the service, relatives, staff and professionals and then took appropriate action in response to these views.

Staff meetings were held every three months. Minutes of the meetings showed staff could contribute to the discussions about the service as well as being informed about developments at the service.

All the staff we spoke with said they enjoyed working at Heathside and that the staff morale was good. They also said the management team were approachable and supportive. One member of staff said, "I love it here; we all work together and everyone pulls their weight. I'm supported by my colleagues and the management" and another told us, "I feel well supported here; the communication's really good and if I need anything I can just go and ask."

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.