AMJ Care Ltd

Heathfield Care Home

Inspection report

Main Road
West Wittering
Chichester
West Sussex
PO20 8QA

Tel: 01243511040
Website: www.heathfieldcarehome.co.uk

Date of inspection visit:
07 February 2018

Date of publication:
16 April 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 7 February 2018. The last inspection took place on 13 Mary 2015 when the service was meeting the legal requirements. The service was rated as Good at that time. This inspection identified breaches of the regulations. The service has now been rated as Requires Improvement.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heathfield is a care home which offers care and support for up to 23 predominantly older people. At the time of the inspection there were 20 people living at the service. Some of these people were living with dementia. The service occupies a detached house over two floors with a passenger lift and stair lift for people to access the upper floors. There was an on-going safeguarding investigation being carried out at the time of the inspection by the local authority. This incident is subject to a separate process and as a result this inspection did not examine the circumstances of that specific concern.

People's rights were not always protected because staff did not always act in accordance with the Mental Capacity Act 2005. The service did not have a policy in place to guide staff on the Mental Capacity Act 2005. Training had been attended by the registered manager and staff on this subject. However the registered manager and the staff were not entirely clear on this legislation. The information held in some people's care plans about the Power of Attorney arrangements they had in place, was inaccurate and misleading. There was no evidence of any best interest process having been put in place before restrictions were applied, such as alarm mats and applications made for people to have a Deprivation of Liberty Safeguards authorisation. The service was not acting in accordance with the Mental Capacity Act 2005 Code of Practice.

We observed the lunchtime meal being provided to people. We saw that people were not always asked for their consent before care was provided. Staff placed clothing protectors over people's heads, then removed them after the meal without first speaking to the person. People were told to go to the lounge after lunch, without a choice being offered. We heard staff telling people to wait when they asked for support from staff. Two staff were seen to go under the dining tables with dustpans and brushes to sweep up food debris from the floor. This was done while some people were still sitting at the dining table. People were seen to lift their feet up while food was swept up underneath them. This did not respect people's dignity.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicines as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were identifying if any errors occurred such as gaps in medicine administration records (MAR). However, handwritten entries on the MAR, which had not been signed and witnessed had not been identified by the audits.

The premises were well maintained and regularly checked by the provider. There was a programme of redecoration and refurbishment as rooms became vacant. New carpets had been laid in the dining room.

There were no incontinence odours throughout the service. There was some pictorial signage at the service to support people who were living with dementia, who may require additional support with recognising their surroundings. Equipment and services used at Heathfield were regularly checked by competent people to ensure hey were safe to use. People's bedrooms were personalised to reflect their individual tastes.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Staff were supported by a system of induction training, supervision and appraisals. Staff felt well supported by the registered manager. There were regular staff meetings held where staff felt they could raise any concerns or issues.

People were supported by staff who had been provided with training on Safeguarding Adults. The service held appropriate safeguarding policies to support staff with current guidance. However, staff did not know how to respond to concerns outside of the service when asked. The registered manager and the provider assured us they would address this at the next staff meeting.

Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had one staff vacancy at the time of this inspection.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained information about people care needs, wishes and preferences. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff.

People had access to a programme of activities within the service. The minibus which had previously been used to take people out into the community was not in use at the time of this inspection. The purpose built bar in the dining room had been removed and was in the process of being changed in to a shop/bar. An activity co-ordinator was in post and provided activities throughout the day. We observed activities being provided mostly on a one to one basis with people all gathered in the lounge. It was not clear how activities were chosen and if they were always relevant and meaningful to people. People's views on the activities provided were varied.

The registered manager was supported by the provider and a stable staff team. Many aspects of the service provided were regularly audited, such as medicines administration, to help ensure any improvements needed were identified and put in place. However, these audits had failed to identify the issues highlighted in this inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

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 told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. However, staff were not clear on the correct procedures to follow if they needed to raise concerns outside of the service.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not entirely effective. The registered manager and staff did not have a clear understanding of the Mental Capacity Act 2005. People who did not have the mental capacity to make decisions for themselves did not always have their legal rights protected.

People were not always provided with a choice of how and where they were supported.

Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

Is the service caring?

Good

The service was caring. People who used the service and relatives were positive about the service and the way staff treated the people they supported.

Staff cared for people in a calm way. People were clean and appeared well cared for.

People and their families were involved in their care and support provided by staff.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Concerns found had not been identified by the management prior to this inspection.

There were clear lines of responsibility and accountability at the service.

Audits were carried out on several aspects of the service provision. Where concerns were identified action was taken to address that concern.

Staff were supported by the management team.

Heathfield Care 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.

The inspection took place on 7 February 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for a person who uses, this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the service. Not everyone we met who was living at Heathfield was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with five staff, the registered manager and the provider. We spoke with three visitors and an external healthcare professional. Following the inspection we spoke with one relative and a healthcare professional.

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

We looked at care documentation for three people, medicines records for 22 people, four staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were not signed or witnessed by a second member of staff. This meant that the risk of potential errors was not reduced and did not ensure people always received their medicines safely. The registered manager addressed this at the time of the inspection. Some people had been prescribed creams and these had mostly been dated upon opening. This meant staff were aware of the expiration of the item when it should be disposed of. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

Heathfield were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured. The service had ordering, storage and disposal arrangements for medicines. Regular internal and external audits helped ensure the medicines management was safe and effective.

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced by external contractors to ensure they were always safe to use. All necessary safety checks and tests had been completed by appropriately skilled contractors.

People and their families told us they felt safe and secure at the service. The service held an appropriate safeguarding adults policy. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults. However, staff were not entirely clear about how to raise any concerns outside of the service and were not aware that the local authority were the lead organisation for investigating safeguarding concerns. The registered manager and provider assured us staff would be provided with this training in the coming months. If people, were involved in safeguarding enquires or investigations they were offered an advocate if appropriate or required.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity, this was in the process of being introduced to the staff so that they were aware of this legislation. It was planned to provide staff with training on the Equality Act. This would help ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

The registered manager understood their responsibilities to, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals in the past. However, there was a delay in the registered manager reporting a recent incident which did not get passed to the local authority or CQC in a timely manner. This had been addressed.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions taken to help reduce risk in the future. For example, one person was treated for an infection which had led to them falling more frequently.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Care records were held electronically but accessible to staff and visiting professionals when required. The service kept paper copies of people's care plans in case of electronic system failure.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and staff who monitored infection control. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed most staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visit.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. There was one vacancy at the service at the time of this inspection. This role was being covered by a regular agency worker. This helped ensure consistency of staffing.

People told us, "The staff are very good. You don't have to wait, they answer quickly," and "They seem a bit short at the moment, but they are recruiting more people. They're not badly short of staff." We saw from the staff rota there were four staff in the morning and three in the afternoon, each shift was supported by a senior carer. There were two staff who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive.

The registered manager was open and transparent and always available for staff, people, relatives, staff and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

Requires Improvement

Is the service effective?

Our findings

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. The service did not hold an appropriate MCA policy. Staff had been provided with training on the Mental Capacity Act, but the registered manager and the staff were not entirely clear about this legislation. Capacity assessments and the best interests process were not in place before restrictions such as alarm sensor mats were put in place.

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). There was a DoLS policy in place at the service. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied for some people to have authorised restrictive care plans. No authorisations were in place at the time of this inspection. However, applications had been made for people to have restrictive care plans without the best interests process being used. This meant it was not possible to evidence if their care plan was in their best interests and the least restrictive option.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, relatives were asked to sign on their behalf. The registered manager did not have accurate information about which people living at Heathfield had appointed specific lasting powers of attorney (LPA) to act on their behalf when they did not have the capacity to do this for themselves. Relatives were recorded in people's care plans as holding LPA for care decisions, when they did not. This meant people who did not hold the appropriate legal powers were involved in care plan decisions and reviews and asked to sign consent forms which they were not legally able to do. This did not protect people's rights.

The front door to the service was locked with a coded lock. The code for this lock was not displayed. There were people living at the service who had capacity to go outside independently and could not do this without having to ask staff to let them out. This did not respect people's rights.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People chose when they got up and went to bed and what they ate. Some people required support to go outside into the gardens and this was provided by staff. However, people were not always supported to have maximum choice and control over how they spent their time and staff did not always support them in a respectful way.

We observed lunch being served. Most people ate in the dining room. Two thick mats were placed under two people's chairs to catch food spillages. One of these was positioned evenly, the other was rucked up and could present a trip hazard. Clothes protectors were put over some people's heads, to cover their clothes, without their consent first being sought. One person insisted her fork was dirty and she would not eat with it. A member of staff said they would look at it, but did not do so. The person mentioned this again, becoming increasingly distressed, another resident's relative took the fork into the kitchen and returned saying it was now clean, that she had washed it herself. This reassured the woman who proceeded to eat.

A member of staff began to cut up a person's food without comment. The person continued to eat as staff cut their food. The staff member told the person, "Just be patient." Staff were available to support people with their meals if required. People had spoonful's of food placed into their mouths without being asked or describing what was about to happen. One person picked at the skin on their face. A member of staff said, "Don't" and repeated this sharply when the resident continued and tried to move their hand away from their face. Chairs in which people were seated were pushed up to tables without staff explaining what they were doing. Another member of staff said to a person, "Sit down, be patient, we will get to you." We heard people being repeatedly told to sit down when they were attempting to get up and move around.

Following lunch everyone was told to go to the lounge. Staff said, "When you are ready, go to the lounge." One person wished to go to their own room and was told they could not as their carpet had been cleaned and may not be dry. They were told to go to the lounge. The person became cross and said, "It would be useful if you would talk to me instead of giving orders."

After lunch two staff, with dustpans and brushes, proceeded to go under the tables on their knees to sweep up dropped food. This was done while people were still sitting at the tables, some lifting their feet up to allow staff to sweep under them. This evidenced that some staff were not always providing support in a respectful way.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all staff spoke to people in a disrespectful way and not all interactions were negative. Some interactions were patient, good humoured and considerate and responsive to people's expressed requests. We observed kind and caring interactions.

Relatives told us, "Overall it's a very nice place to be, very clean," 'It's pretty brilliant. [Persons name] has been here for two years in May, they came from another care home. They were in a wheelchair all the time then, they came here and they found it was wasn't needed. Now they're not in the wheelchair, except when they are not well. They support them to walk about here," "They [staff] treat them really well and they have a good mix of male staff and that's good for [Person's name]. There's a reasonable amount of space so people can wander about."

The service was well maintained, with a good standard of décor and carpeting. New carpet had been fitted in the dining room. One room had carpet that was torn. We were assured by the registered manager that new carpet was on order and this was planned to be replaced soon. One bathroom had a number of un-named toiletries and two disposable razors on the shelf. We were told by the registered manager that they belonged to the last person to use the bathroom and these were taken back to their room.

Some people living at Heathfield were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was some pictorial

signage which clearly identified specific rooms such as toilets and bathrooms. People's bedrooms displayed a number and a small name plate displaying their name in small print. This was being reviewed to support people with poor sight to help them to find and recognise their own room independently. One relative told us, 'Well, as far as I'm concerned the dining room has been re-carpeted and brought up to date. There are washing facilities in the toilet and they're going to be improved, I hear. That's what you need."

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, pressure mats were available for use to alert staff when people were moving around, if they had been assessed as being at risk of falling. Care plans were held electronically and staff had access to two computers on which to record their notes.

Training records showed staff training requirements were monitored. Most staff had attended mandatory training such as moving and handling and safeguarding adults. People told us, "The staff are absolutely great, they are all friendly and nice," "They have quite of lot of training," and "There's a lot of training going on in the little room with the computer."

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

Staff received good support from the registered manager in the form of supervision and annual appraisals. They told us they felt well supported by the manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service had an equality and diversity policy in place. Staff had not yet received training in this legislation and the registered manager told us it was planned to introduce this in the coming months.

Staff monitored people's food and drink intake, to ensure people who were of concern to them received sufficient each day. People's weight was recorded regularly to ensure they had sufficient food. Staff consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The minutes of a residents meeting showed people had asked for portions to be more consistent and for certain foods to be provided. This had been addressed for specific people and showed the service listened to people's views. People's views on the food was varied. Comments included, "The food is very good. Well presented," "I find them quite good. The standards are quite good. I think food

control is the whole thing. The only thing I've got to moan about is, I wish the meals were bigger. They're not big enough for me. I don't get enough. I ask for more. If there is any, they come up with it. There's too much of a repeat of some things. Tomorrow it's beef stew or lasagne. I don't know what lasagne is, but I'm going to try it" and "The chef works hard. They go round to all the residents and ask what they want. I say you could make the choice for them, but they say, no, they have to respect their dignity."

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting people in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

The service had a good working relationship with the local GP practice and district nursing team. District nurses were visiting the service regularly to support people with their nursing needs. Other healthcare professionals visited to see people living at Heathfield when required. People commented, "Oh, yes. They have the doctor here. I've had a chest infections and they came immediately," and "Yes, last time for an injection" and "The doctor comes regularly from the medical centre."

People were encouraged to be involved in their own healthcare management. People told us their care plan was regularly reviewed, saying, "Yes. There's an annual review soon. In between if something pops up they listen. I wouldn't be happy otherwise" and "One was done originally, but I've not seen it since. The last review was just over a year ago."

When people were visiting hospital the service ensured that records of people medicines travelled with them along with a summary of their care plan.

Good

Is the service caring?

Our findings

People and their relatives were very positive about the attitudes of the staff and management towards them. Comments included, "It's friendly and nice," "They always explain what they're doing and how they are going to do it, ""[Persons' name] is shown clothes and they point. Their abilities are scarce. Everything is done to make [Person's name] have some control over things. Staff do everything they can" and "They [staff] are excellent, but they are busy people. I can't take as much time as I like."

People told us, "Yes, if I had any troubles, they'd help me out," "They are very kind indeed," "The staff here are very, very good" and "I need to live here. I don't like it, it's not my home. But they are lovely people, really kind. She's a nice person [activities coordinator], she understands" and "They are good at going along with what people want. I trust them."

We did see positive interactions between staff and people living at Heathfield. Relatives told us they felt the staff and management were kind and caring. People said they were involved in their care and decisions about their treatment. Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about advocacy services if required.

Some people had specific preferences about how they wished their care to be provided. For example, one person preferred only to be cared for by female carers and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed.

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was seen. Staff were able to tell us about people's backgrounds and past lives.

Care plans and information related to people who used the service was stored securely electronically and in paper format. These were accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their care plans and the manager would invite them to attend any care plan review meeting if they wished. Staff knew some visitors well and referred to them by name.

Good

Is the service responsive?

Our findings

People and relatives told us they were happy with the care and support provided by the service. Comments included, "[Person's name] is always supervised by care staff and they pick up if they are not OK. If they are a bit shaky on their legs, they notice and use the wheelchair," "I'm very satisfied and happy here" and "I would emphasise how well the staff treat me, it couldn't be better."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. People's preferences and dislikes were also recorded.

Care plans were held electronically and accessed by staff on two computers. Daily records were kept of the care and support provided. Care plans were regularly reviewed to ensure and changes in people's needs were identified.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The mattresses were set correctly for the person using them.

The guidance in people's care plans was clear for staff. For example, if a person required re-positioning or their food and drink intake monitored. We checked these people's records and saw that this was carried out by staff according to the guidance.

People and their relatives were very positive about living at Heathfield, the staff and the management. The service had held residents meetings which provided people with an opportunity to raise any ideas or concerns they may have. People told us, "I have gone. It was good, I can't think of any issue the came up that wasn't addressed. A couple of complaints came up from the residents, the food for one thing. Not enough food" and "There are meetings, but I haven't been to them. No reason why I should." We saw the minutes of these meetings and actions taken by the service to address any issues. This meant the service listened to the views of people.

Handover records were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

People had access to a range of activities within the service. An activities co-ordinator was employed who organised a programme of events , they had a gentle, calm, inclusive and kind approach. At the time of this inspection people could not access the local community as there was no one to drive the service minibus. This meant opportunities to take part in activities and interests were restricted to those which were on offer in the service. A bar in the dining room had been recently dismantled and the area was being redesigned as a shop/library area. People's views varied about activities provided, they told us, "We had one or two things before Christmas, singing things. Some people think they're a load of rubbish, but people make a big effort to give us some entertainment," "I accept what they do, when we have things on someone's given up their time and they probably don't charge. They had someone playing the flute, it's no use asking me about that, I went to sleep. Someone does the ladies' hair and a chap looked at our feet. That's very acceptable" and "They do patting balls around, it's a bit of interest. People are able to move around the home so they have a feeling of variety even if they are not really able to take part." It was not clear how activities were chosen and if they were relevant and meaningful to people or whether they were in line with their interests. During the inspection we saw activities provided which were challenging for some people due to their healthcare needs. For example, batting a balloon around the room. One man obviously enjoyed heading and throwing the balloon, but another said he 'didn't get anything out of it.'

We recommend that the provider seek reputable guidance on providing activities in line with people's interests and designed for people living with dementia.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for the next days meals. Staff were seen sitting with people going through the menu to help people to make a choice. One person with poor eyesight had the Blind Society Talking News provided to help them keep up to date with local news.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to
them about their family member. Relatives and people commented, "We can use their room and there's quiet, comfortable areas about you can use" and "Yes, I get a cheerful 'hello' and I'm called by name."

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and the staff had attended training on the MCA. However, they were not entirely clear on the MCA and DoLS legislation. There was no MCA policy or Code of Practice held at the service to guide and inform staff. Information held on people's care plans about Powers of Attorney held by relatives was not accurate. Misleading statements were made about relatives legal powers. This could have led to relatives being given powers without the correct legal authority. Staff were not entirely clear about the process for reporting any safeguarding concerns outside of the service if necessary.

Handwritten entries on people's MAR were not signed or witnessed by a second person. Regular medicine audits had not picked up this concern and therefore were not entirely effective in identifying when staff were not following the policy on safe medicines management.

Staff were not always respectful of people and their wishes around mealtimes and where people spent their time. Staff directed everyone to the lounge after lunch. People were not spoken to before having clothing protectors placed over their heads, or being supported to eat. Cleaning of the dining room began while people were still sitting at the tables. This did not respect people.

Prior to this inspection we received information regarding an incident which had taken place at the service in January 2018. A person had fallen and been taken to hospital where they later died. This matter was subject to an investigation and awaiting a coroners inquest at this time. The registered manager did not raise this concern with the local authority safeguarding unit in a timely manner.

Concerns identified at this inspection had not been previously identified by the registered manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff told us the manager was approachable and friendly. Comments from people and relatives included, "I don't ever have any issues," "It's very efficient. They listen to you and talk to you," "It seems very well managed. The provider comes in and sees staff and does training sessions" People told us they saw the registered manager every day. People told us, "She's very hands on. I worry about her, there's so much paperwork, not that she would put that before her residents. She would fight to the end for her residents and for her staff. She is very good" and "'Yes, she approachable, she's not on my case all the time, but she responds when she needs to."

The service is required to have a registered manager. 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 service had a registered manager in post.

The registered manager spent time within the service. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. The registered manager said she thought staff had a clear understanding of their roles and responsibilities.

There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by senior care staff and a team of committed staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "The manager is like our second Mum, she really cares for us as people not just staff" and "The manager is really supportive."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The provider had a quality assurance policy. People, their relatives and staff had recently been given a survey to ask for their views on the service provided. Responses were positive. People said they would be extremely likely to recommend Heathfield to other people. Relatives felt able to visit at any time and were very happy with the service provided. Staff felt valued and enjoyed their work. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included monitoring care plans were to a good standard and regularly reviewed, monitoring accidents and incidents, auditing the medicines system and checking property standards were to a good standard. The provider visited the service regularly to support the registered manager and was present at the end of this inspection.

Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The registered manager accepted that the concerns found at this inspection were a fair judgement of the service at this time. The provider assured us that work would take place in the near future to ensure all concerns were addressed.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to the computer system and to paper records to help ensure the care plans were kept up to date with changing situations.

There was a maintenance person with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users must be treated with dignity and respect. Staff did not always ask people before providing care and support. Some people were not always given choices about how they spent their time.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.The service did not have a MCA policy or code of practice for staff to refer to for guidance. Staff and the registered manager were not clear on this legislation. Records relating to powers of attorney were not accurate. The best interest process was not used prior to restrictions being put in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider must have systems and processes established and operated effectively to ensure they assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity. The registered manager had not identified the concerns found at this inspection. Some audits were not effective in

identifying errors in the handwritten recording of medicines.