GCH (Hertfordshire) Ltd

Heath Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 13 June 2018 and was unannounced. At our previous inspection on 23 August 2017 we rated the service as requires improvement. This was because people were not protected from harm, staffing levels were not monitored effectively, staff did not receive sufficient training and people's nutritional needs were not met. We found the provider had made improvements in a number of these areas, but continued to require further improvement in relation to activity provision and monitoring the quality of care people receive.

Heath Lodge 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.

Heath Lodge provides accommodation for up to 67 people. Some people live with dementia, old age and physical disability. The home is not currently registered to provide nursing care. At the time of the inspection there were 37 people living there.

The service had a manager who had applied to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service was run by a management team that knew people well. People, relatives and staff were positive about the management of the service. Staff felt supported by the management team and able to voice their opinions about the running of the home. There were quality assurance systems in place which did not always identify shortfalls or when they did identify areas for improvement did not always ensure appropriate remedial action was taken.

People felt safe and were supported by sufficient staff who had undergone a thorough recruitment process. Risks to people's safety and welfare were generally identified and responded to appropriately. Equipment to support people's independence or skin integrity was sought. Medicines were managed safely and risks were identified with management plans in place to mitigate these risks. The management team shared learning from any events such as medicine errors, safeguarding investigations or complaints.

Staff were provided with appropriate training and felt supported by the manager. People were supported in accordance with the principles of the Mental Capacity Act. People were supported by staff who were trained and had opportunities for supervision. People were encouraged to eat a healthy and balanced diet and there was appropriate access to health and social care professionals. We found the design of the building promoted a friendly and welcoming environment although was continuing to undergo extensive improvement.

People's care needs were met and responded to promptly by staff who were aware of their individual needs and preferences. People told us care was provided to them in a manner they preferred. Care records contained sufficient information that allowed for effective review of people's wellbeing. There was a need for further development in relation to activities. People's feedback was sought.

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 living at Heath Lodge. Staff were aware of how to keep people safe from harm.

People were supported by sufficient numbers of staff who were employed following a robust recruitment process.

Risks to people's health and well-being were known among staff who ensured appropriate actions were taken to mitigate the risks.

People's medicines were administered as the prescriber intended and were managed safely.

People generally lived in a clean well maintained environment, however there continued to be works ongoing to freshen the home.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and had opportunities for supervision.

Peoples consent was sought prior to assistance being given.

People were supported in accordance with the principles of the Mental Capacity Act.

People were encouraged to eat a healthy and balanced diet, although not everyone was satisfied with the choices offered.

There was appropriate access for people to health and social care professionals.

The design of the building promoted a friendly and welcoming environment and was undergoing extensive development.

Is the service caring?

Good

The service was caring.

People were supported by staff who were respectful and kind.

Peoples dignity and privacy was promoted.

People felt they were listened to and were involved in reviewing their care needs.

People's confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

People's individual care needs were met consistently.

Care records were person centred and effectively reviewed people's wellbeing.

Activity provision in the home varied however further development was underway in relation to activities.

People's views and opinions were sought.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service was run by a management team that knew people well and who staff felt supported by.

There were quality assurance systems in place however these did not always ensure identified areas were addressed robustly.

People and staff were positive about the management of the service.

Heath Lodge

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 12 people who used the service, four relatives, ten staff members, the manager, the regional manager and the nominated individual. We received information from service commissioners and health and social care professionals. We viewed information relating to six people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I am happy, I feel safe enough." One person's relative said, "[Person] has been here about a year, before that they lived at home. Social services placed them here for their own safety as they could no longer live at home and be safe. They are safe here now and settled down well now."

People were supported by staff who had a clear understanding of how to keep people safe. Staff had received appropriate training and updates in relation to keeping people safe from harm. Staff told us if they suspected a person was at risk they documented this and reported this to management. We saw an example where a person had been admitted to Heath Lodge with a skin tear and bruise to their hand. We saw staff had followed this procedure and management had reviewed the injury and reported to the appropriate health professional. This approach was found to be consistent across the home where we found incidents were investigated, and where required reported appropriately to both CQC and the local authority, and additionally informed people's relatives. Staff however were not all clear on where to raise their concerns outside of Heath Lodge. Staff were aware this information was prominently displayed around the home, but could not all recall when asked who to report concerns to. All accidents and incidents were recorded on the provider's internal system and reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced. This helped them to identify themes and trends and enable them to take any additional action.

The manager had introduced lessons learnt agenda items into team meetings. This was a discussion with staff where incidents and outcomes of safeguarding were reviewed. Staff were able to tell us about recent safeguarding concerns and the outcome of these, in addition to the actions that arose from them. Staff were able to tell us about one incident where a person had scalded themselves with a cup of tea. We saw this had been reviewed and staff had considered their practise and had subsequently taken action to minimise the occurrence to another person in the home.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls, pressure wounds and use of mechanical hoists. These assessments were detailed, kept under regular review and identified potential risks to people's safety and the controls in place to mitigate risk. Staff were aware of people's changing needs and how to respond, and were able to describe to us the care and support people needed at that time. We found numerous positive examples of how people's safety and well-being had been supported. For example, one person had come into the home the previous month with a significant pressure wound. Staff had ensured an assessment had been carried out, professional advise sought and followed and this wound had healed. People at risk of falls had an appropriate risk assessment completed that identified the risks and the equipment in place to support their mobility. People who had been assessed as requiring bedrails on their beds to prevent them falling had an appropriate assessment completed and protective covers over the rails to reduce the risk of entrapment along with regular visual checks.

There were regular checks of fire safety equipment and fire drills were completed. The provider had recently commissioned a fire safety assessment of the building and were awaiting the results of this. There were appropriate evacuation plans in place for people living at the service, taking into account the time it would take to complete this. People had green dots on their door frames to indicate if they were unable to evacuate the building independently. The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety. Staff had received training in fire safety and fire Marshalls took a lead role in the event of a fire. We saw that fire drills were completed bi-monthly however the manager did not review who was on shift for that drill to ensure all staff had carried out a recent drill. Although fire Marshalls were in place, other staff could not all confidently tell us what they would do in the event of a fire. We asked one staff member what they understood by taking people to a place of safety. Instead of telling us about being in a place with two fire doors between them and the fire they said, "Outside. That is the only place of safety." We spoke with the manager about this who told us they had organised further awareness training for staff which we saw evidence of this having been booked.

People told us that there were enough staff to meet their needs. One person said, "There is always someone I can call on when I need their help, it hasn't always been that way but hand on heart I can say we are okay on the staffing front." One person's relative confirmed this and said, "The new manager's great, they have brought in more staff since they've come in."

Staff told us that at times they could be short although also told us it did not affect the care they provided to people. One staff member said, "Sometimes in the morning staff phone in sick. There may be a delay before agency staff arrive and occasionally they can't provide the cover we need. We still make sure that people get the care they need but this may be a bit later than normal. Sometimes the seniors help too." A second staff member said, "Every home is short staffed occasionally. If there were more permanently recruited staff it would be better." By coincidence, on the morning of the inspection one agency staff member called to say they were running late. Our observations were that the unit leads and seniors assisted the staff with people's care needs until the staff member arrived. This lead to a calm atmosphere across the home and people received their care when they needed it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way.

We were told by the management team that Heath Lodge had 200 hours of care vacancies which were covered by agency staff. However, people and staff felt that because the same staff were used, this led to a consistent approach to the care and the agency staff knew people well. The provider had introduced some further incentives to attract staff, such as a pay increase along with an 'Introduce a friend' scheme. However, since the last inspection the management of agency staff had improved with these staff wearing the same uniforms as permanent staff to promote a sense of inclusion, and agency staff received the same training and supervision as regular staff. Agency usage had reduced, however the ongoing issue regarding the rural location causing accessibility issues for staff continued to be an area that required addressing.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. They ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely and people received their medicines as the prescriber intended. Medicines were stored safely and administered by trained staff. At the time of inspection, the manager was about to start observing staff competency with administering medicines as part of their ongoing assessment of competency. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. There were plans in place for medicines prescribed on an as and when needed basis. We saw that people's medicines were regularly reviewed by the prescriber,

particularly medicines used to manage behaviours. In one example we saw the GP and home had worked in partnership to reduce the medicines one person took to manage their behaviour and the person was due to stop them altogether following a planned reduction.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. A relative told us, "The home is clean, there is a lot of work going on to redecorate it, but I hope they finally fix the drains." The manager told us the drains had been an ongoing issue however they had contacted a maintenance team who were due to investigate the issue. Staff worked in a way that demonstrated they were familiar with infection control. Staff were seen to use appropriate personal protective equipment when assisting people with their personal care and a team of domestics ensured the home was clean, fresh and well maintained.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. Staff received training in areas such as moving and handling and safeguarding to support to care for people safely. The manager told us they were implementing 'Champions' roles into the home which gave certain staff additional training in specific areas. These staff then shared their knowledge with the rest of the team and acted as a point of advice and guidance within their specific area. Champions appointed at the time of inspection were in infection control, dementia and medicines. The manager told us they were seeking additional training to develop other key areas such as nutrition, and pressure care. In addition to these areas, the training plan for the coming year had been agreed and included additional areas of training not considered mandatory, such as dignity, wound care and diabetes.

Staff told us that they felt supported and were comfortable approaching the management team for additional support. Staff we spoke with confirmed they had received an induction which also included a period of shadowing an experienced member of staff until they were assessed as competent to work unsupervised. However, the manager had not regularly reviewed people's induction through face to face meetings in line with the organisations expectation. At the time of inspection, the manager was completing their observed competencies of staff in areas such as moving and handling and administering medicines. One staff member said, "The support here is very good, I get the training I need." Agency staff were provided the same development opportunities as permanent staff and received supervision and training alongside permanent colleagues. One agency staff member said, "I feel I have a voice, there is team work with permanent staff and it is not 'them and us' as it used to be."

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).

Staff spoken with and the management team demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of the process that needed to be followed to ensure people's best interests were central to the decision to place restrictions on a person's liberty. was lawful. The appropriate applications and documentation was in place.

Staff offered people a variety of choices throughout the day and sought their verbal consent before assisting them. For example, we observed staff explaining to a person that they were about to help them to go back to their bedroom to provide support with personal care needs and help them to change their clothing. Staff understood the importance of choice. Where people were considered to lack capacity to make some decisions, we saw that staff continued to involve them in their day to day decisions. One staff member said,

"It does not mean they can't have any choices about how they spend their day, just because they can't make a decision about their finances. So, for everyone we ask them when they want to get washed and dressed, what they want to eat, or how they want to spend their day, those decisions are not mine to make."

There were comfortable communal lounge areas and sufficient dining tables so people could enjoy a meal together if they wished. There was an accessible and well-designed garden that people had enjoyed in the warmer weather, and people had been supported to develop their own sensory garden, although this was in the process of being completed.

The home was not a purpose-built care home and the design of the building brought challenges to how the home supported people's needs. At the time of the inspection we saw extensive works had been undertaken with the extension of the dining area and communal lounge and a new kitchenette downstairs. The manager told us they were in the process of complete redecoration in the home. They told us, "We started the dementia path finding project downstairs and are about to do the same upstairs. The idea is to use different colours to break down the home into different zones, like corridors, communal areas, doors." In addition to the extensive decorating, the manager was installing a multimedia area, designed to enable people to maintain contact with relatives. This area would have computers installed, however would also be a dual-purpose cinema along with a 'Pub' in the adjacent room. This would enable staff to organise themed evenings for people living at Heath Lodge.

People were provided with a varied menu, however feedback about the quality of food varied. One person told us, "The food is good, you get a choice and they would get you something else if you didn't like it" However another person told us, "The food is typical of care homes in my experience. Every chef seems to want to give us 'al dente' vegetables, I can't bite the sprouts. The meat is variable, some is reasonably tender but some you can sole your shoes with." The manager told us that they had responded to this person by going to the supermarket themselves and purchasing and preparing a specific meal for them to attempt to meet their preference. However, they acknowledged the menu in the home required addressing and were looking at ways to develop the menu further. One person told us they were, "Fed up with sandwiches everyday." Staff and the manager told us that sandwiches were a daily option, however also acknowledged the need to be more creative with lunchtime options.

The atmosphere at lunchtime was sociable and relaxed. Staff assisted people with their meal at a pace comfortable for them and did not rush. Dining tables were nicely laid out and a variety of drinks and condiments were provided. The manager told us they were encouraging staff to sit and eat with people to further develop the sociable feel at lunchtime. We noted that people were given a verbal choice and menus were displayed on the tables to assist people with making a choice. However, some people living with dementia could benefit from a visual prompt and be shown an example of the meals on offer at mealtimes.

The presentation of pureed meals was unimaginative and bland. It was difficult to interpret what the person had been given by scoops of brown, green and white food. We discussed this with the management team who had already purchased moulds for pureed meals to present them in a different way. These would be used at every meal in the future.

People were offered dessert and were then offered tea or coffee. People were asked if they had finished before the plates were cleared away, and we saw numerous examples of people being given a second helping.

Assessments had been undertaken to identify if people were at risk from of not eating or drinking enough and if they were at risk of choking. People's food intake was recorded where people were at risk. We saw that

snacks and drinks were available all day and people's meals were fortified to support their weight. Those people at risk were provided with high calorific shakes to further support weight gain. We saw that for the majority of people living at Heath Lodge, their weight was steady or in some examples people had put on weight. For example, one person had been admitted into the home in January 2018 with a weight of 42.5kg. We noted that this person's weight had gradually increased since admission to 52.6kg.

People received effective care. For example, a person had been admitted to Heath Lodge with a pre-existing grade 2 pressure ulcer. We noted from records that the support of external professionals had been sought and their advice and guidance had been followed to good effect, the person's pressure ulcer had healed. People's changing health needs were met in a timely way and they had access to health care and social care professionals when necessary. We saw evidence that demonstrated people were supported by the GP, District Nurse, mental health teams, speech and language team (SALT) and chiropodist. One person's relative confirmed this and told us, "Any time that [Person] needs to see the GP the staff are quick to get them on the list."

Good

Is the service caring?

Our findings

People and their relatives told us that staff were sensitive, kind and caring. One person told us, "The staff are brilliant, most of the time they are smiling. They work hard and they make sure we are comfortable. I only have to ring the bell and they come." A second person said, "I love it here, the staff are friendly and genuinely care about me." One person's relative said, "I think the home has had its difficulties, and still has some challenges, but you can't question the care. [Person] can be very difficult, but the staff just smile and show amazing patience and humility, I can't complain at all."

Throughout the inspection we observed that staff were calm and interacted with people in a patient, friendly and sensitive way. Staff took time to listen to what people were telling them. Care plans gave staff sufficient guidance about how to communicate with people, and how to use alternative methods to communicate. For example, for one person, staff had developed a series of pictorial cards to aid their communication with this person. We observed they used these to inform the person it was time for their medicines and whilst eating their meal. The person was clearly able to understand and visibly enjoyed using the cards to communicate, which staff told us had alleviated a lot of their frustrations. All staff used people's first names and we observed them often talking about their lives.

Staff respected people's individuality and supported them with dignity. Staff always knocked before entering a room or asked before doing something for a person. The manner in which staff supported people promoted their dignity and clearly enabled them to support people in a more positive manner. For example, one person who had been uneasy with their relative or staff assisting them with personal care and had repeatedly refused to be assisted, was at that time accepting of the need for support. Their relative told us, "[Person] allows staff to wash and dress them, which they most certainly did not allow me to do. That is a big step for them and shows they must have confidence in the carers and that they have invested their time to build up a trusting friendship."

People and relatives told us they had been involved in reviews of the care provided. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests. One person's relative told us, "We have just had a review of [Persons] care. In my opinion [Staff member] listened to what we wanted and was genuinely interested to hear about how we wanted things."

People were encouraged to maintain relationships in whatever form they took. This included with family members and friends. Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. The manager had developed areas in the home that enabled people to meet with their visitors in privacy and comfort. One person's relative said, "I come along at all times of the day and night because of my work and am always made to feel welcome."

People's records were stored in the office in order to promote confidentiality for people who used the service. Staff were observed to discuss people's needs discreetly, and when in areas that they could be over heard we saw they kept their voices lowered and ensured they could not be listened to.

Good

Is the service responsive?

Our findings

People and their relatives told us that they were happy with the care provided. One relative said, "The care now is very good, I genuinely feel they can meet all of [Persons] needs, and I have to say that is not easy as [Person] can be very difficult."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one care plan we viewed provided instruction to guide staff as to how the person should be communicated with. The plan stated, "If more than one staff member is attending to [Person] make sure just one staff member speaks directly to the person. Seek a posture that is at eye level with [Person]. If [Person] appears to be getting distressed or further confused by your verbal input reassure them and withdraw. Try again in ten minutes. If repeated attempts seem to be spiralling confusion or distress ask a colleague to try." The care plan went on to say, "If you use any technique that is particularly effective with communicating with [Person] be sure to hand this over and have it documented so that we can use this as an amended plan of approach and care."

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that indicated they knew people well. Staff spoken with were also clear about people's individual needs and how to meet these.

The manager had developed a working relationship with a local hospice to ensure that they could provide good end of life care for people. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home. It was documented whether people would accept hospital treatment in the event their health declined dramatically or if they wished to remain at Heath Lodge and in the event that people required end of life support we saw the appropriate health professionals supported people to have a dignified end of life.

Where required people had 'Do not attempt to resuscitate' (DNAR) records on file. Staff spoken with were clear who these related to and had evidenced where these were discussed with the person or their appointed representative as appropriate. However, some DNAR records had not been reviewed once a person had returned from hospital and their condition had improved.

People and their relatives told us that there wasn't much to do in the home. There was an activity plan in place which was delivered by two activity staff members. We observed during the day that some people were engaged with group activities, however for those people who stayed in their rooms there was little to do. We found that activities in and outside of the home needed to be developed to ensure it was reflective of people's hobbies, interests and preferences. The management team were aware of this and were in the process of reviewing the activities within the home and looking at ways to engage with people in a more meaningful way.

Activity staff although present around the home did not engage with people on a one to one basis. Although

care staff were seen to pop into people's rooms and talk with them, some people or their relatives felt more could be done. One person's relative said, "A lot has been done to improve the activities and it is much better since the manager arrived, but for [Person] they can feel alone and bored as they spend a lot of time in their room. I can see though that the manager is making a lot of changes so I am confident when all the decorating and building is done things will be so much better." The home had a shop which the manager told us they were looking to develop further and to have this managed by people as opposed to staff. They told us they were aware of the need to engage with people meaningfully as a staff team and was an area they were in the process of improving.

People told us that they felt able to speak to care staff if they were worried about anything. Family members told us that they could speak to the manager and felt they were responsive. Complaints that had been received had been reviewed and responded to, and people who raised their concerns were provided with a full response to their concerns in a timely manner.

People and their relatives were asked for their views through meetings. Regular resident meetings had been held so that people could give their views on areas such as the menus and activities provided and were asked for their views on the service. One person's relative said, "The meetings are good, the manager is really trying hard but it does need more commitment from the families to come along."

Requires Improvement

Is the service well-led?

Our findings

People were complimentary about the running of the home and the management team. The manager was well known to people, staff and relatives and demonstrated the necessary skills and knowledge to develop and also sustain good practice in the home. We found that they were visible throughout the home and knowledgeable about people's needs. One person said, "I would definitely recommend Heath Lodge to anyone looking for a care home. Very congenial staff, all told a very pleasant experience. There are some language difficulties from time to time but not many."

We spoke with the manager about the language difficulties and were assured to see they had identified this issue and sought support with a specialist trainer who would support staff whose first language was not English. This would enable improved communication, both written and oral within the home. The manager had further identified areas of improvement required across the home and was working towards ensuring these were completed. For example, improving the environment to better meet people's needs. However, these areas for improvement had been identified at the previous inspection and discussed with the manager at that time. In response to our feedback regarding individual activity and enabling people to access the community, the manager told us about ways they planned to improve this area, but were not able to demonstrate where they had taken action to address this area at that time. Overall, we found that the manager was making improvements to improve the environment and quality of care people received, but had a number of unfinished projects that required completion.

We brought to the managers attention areas that we had observed that required improvement, for example using commodes for people instead of a shower chair. This had not been identified through the managers observations, neither were they aware that staff did not use appropriate moulds for pureed food to make the meal appear more visually appetising. We found that staff competencies had elapsed for moving and handling and medicines management, and staff had not received the required probation meetings in line with the providers expectations. Although they responded to these areas of improvement following the inspection, these were areas not identified by the manager or provider. Where the manager clearly had a drive and passion for taking on extensive projects, they had at times allowed this to detract from the day to day quality monitoring in the home.

The provider operated a quality assurance system to monitor the home and seek to identify areas for improvement. The manager regularly updated the providers database with key areas to be monitored. For example, incidents, injuries, safeguardings and applications to the DoLS team. Where people had sustained falls or injuries, or experienced weight loss, the manager had carried out an analysis to identify any potential trends or themes emerging, for example whether it was a specific time of day to look at staff deployment. The provider underpinned this local monitoring with regular audits completed by the quality manager who visited regularly and transferred their findings to a service improvement plan which was then monitored by the regional manager and manager at regular reviews. However, areas for improvement we identified such as to competency checks, supervision meetings and activity had been signed as completed in the service improvement plan. These were clearly areas that required further development before being signed off.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. One staff member said, "[Manager] has youth and energy and tries to do his best for Heath Lodge. There are lots of meetings and he supports us to do the best for people. He is a good manager and is always looking to improve."

Staff told us that team meetings were held regularly. Staff felt able to express their views openly with the management team, and told us it was a useful forum to discuss changes or challenges within the home. One staff member said, "The managers have made meetings a lot better, a lot more interesting and I learn something every time I go." In addition bi-monthly meetings were in place for people living at Heath Lodge to raise their views. People told us that generally the issues they raised with the management team were responded to, however there remained an ongoing issue that had not been responded to regarding the quality of the meals provided, and that people had repeatedly informed the managers they were bored of the same sandwiches and lack of variety.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.