

Heathfield Healthcare Limited

# Heathfield Residential Home

## Inspection report

Canterbury Road  
Ashford  
Kent  
TN24 8QG

Tel: 01233610010  
Website: [www.heathfieldcarehomeashford.com](http://www.heathfieldcarehomeashford.com)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Heathfield Residential Home is a care home which provided accommodation and personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 35 people in one adapted building.

### People's experience of using this service and what we found

Improvements had been made since the last inspection which meant people had a better experience of care. Further improvements were still needed to make sure a culture of continuous improvement was maintained and sustained.

Records of people's assessments and care needs were not always accurate to ensure a consistent service was provided. Monitoring systems to make sure people's medicines were managed safely were not robust and effective and we found discrepancies. We were only somewhat assured about COVID-19 infection control procedures and how isolation procedures following a hospital visit were followed by staff.

Monitoring procedures needed further work to make sure the improvements made could be enhanced further and action was taken to sustain improvement. Provider oversight had improved but issues were not always picked up and actioned to maintain a good service.

A better oversight of accidents and incidents had been introduced so people could be assured staff had measures in place to prevent repeat occurrences. The recruitment of new staff was now more safely managed although one area needed further work. Staffing levels had improved as the provider had deployed more staff at night. People told us there were enough staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported with their eating and drinking needs and healthcare advice was sought when needed. Advice recommended by healthcare professionals was followed by staff to maintain people's health.

People and their relatives were asked their views of the service and were involved in their care. An open culture was evident, and people, staff and relatives were overwhelmingly positive about the management of the service and the quality of care and support provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Inadequate (published 1 December 2020) and there were four continued breaches of regulation.

We served a Notice of Decision to impose conditions on the provider's registration for this location following an inspection in April 2020. This included requiring the provider to update CQC on improvements made through monthly reporting and to keep CQC informed of any admissions to the service with assurances of their ability to provide people's care. The provider continued to comply with conditions.

This service has been in Special Measures since 8 January 2020. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced focused inspection of this service on 29 July 2020. Breaches of legal requirements were found. After the last inspection, the provider completed a monthly action plan as required to show what they would do and by when to improve safe care and treatment, staffing, need for consent and good governance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathfield Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to accurate record keeping and monitoring of quality and safety at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning

information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Heathfield Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made phone calls to people and their relatives to gain their feedback about the service.

#### Service and service type

Heathfield Residential Home is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to check if they had received any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, the area manager, care workers and housekeeping staff. We also spoke with the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service including monitoring and auditing records were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including training records, staff meetings, residents and relatives' meetings and auditing and monitoring documents.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection in July 2020, this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure safe care and treatment by reducing risks to people's health and safety. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, some improvements had been made. However, although the provider was no longer in breach of regulation 12, concerns found meant they were in breach of regulation 17.

- Some people's changing needs had not been updated into care plans. Individual risks had not always been identified to assess and prevent the risk of harm. One person was cared for in bed. However, their care plans and risk assessments still referred to them being independently mobile and able to look after their own personal care needs with minimal support. We did not find concerns about the care the person actually received from staff and staff knew what care they needed. The registered manager made sure the person's care plans were updated on the first day of the inspection.
- People had a personal emergency evacuation plan (PEEP). The PEEP's in place did not match people's changed mobility needs. People who had recently been admitted to the service, since February 2021, had an up to date PEEP, matching their care requirements. The registered manager updated out of date PEEP's immediately during the inspection.
- Some people were prescribed blood thinners. Risk assessments had not been updated to include this information to alert staff to possible concerns of bruising or bleeding. Staff were aware people were prescribed the medicines, however new staff or agency staff may not have the correct information to provide appropriate care and support.
- Some people were able to use a call bell to summon assistance from staff and other people did not have this ability. People's care records did not always match what was happening in practice. One person's needs and the risks associated with this had recently been reviewed and changed. However, this was not reflected in their care plan which may cause confusion amongst staff. The registered manager rectified the concern during the inspection.
- Some people had put on weight, which may affect their health and other people had lost weight which meant they were at risk of malnutrition. The registered manager monitored people's weight using the electronic recording system and responded to concerns. Action had been taken and people were referred to appropriate healthcare professionals. However, this was not always clearly recorded in people's care records to ensure good communication and consistency of care.



### Using medicines safely

- People's medicines were not always managed safely, although improvements had been made since the last inspection. Records kept were not always accurate and this had not been identified through monitoring processes in place.
- Stocks of medicines did not always tally with the countdown record sheets recorded by staff. A random check during the inspection identified some discrepancies. The records of five people's medicines did not tally with what was in stock. The registered manager was unable to identify why there were discrepancies or when they had happened.
- Monitoring checks carried out had not identified concerns. The registered manager devised a new audit with additional checks after the inspection.
- Most people were prescribed 'as and when required' (PRN) medicines. PRN protocols detailed how people communicated pain, why they needed to take the medicine and maximum dosages. PRN guidance for people's laxative medicine did not advise staff how long people should go without opening their bowels before their laxative was given.

The failure to maintain accurate records is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- All appropriate maintenance and servicing of equipment had been carried out at approved intervals. Such as fire alarm testing, gas and electrical wiring and appliance testing.
- Medicines administration records (MAR) were neat and legible. Records were kept of the temperature of the medicines room and fridge to make sure medicines were stored at the correct temperature to maintain their efficacy.
- People were given time to take their medicines, staff were patient, supporting and encouraging people and giving them the time they needed. One person told us, "Carers are organised with my medication. I take them twice a day, morning and evening. The carers put them out in a tub and give me a drink. They check I've had it".

### Learning lessons when things go wrong

At our last inspection the provider had failed to ensure safe care and treatment by reducing risks to people's health and safety. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12.

- At the last inspection, the provider did not have robust processes in place to appropriately respond to incidents. At this inspection, the provider had improved reporting and monitoring processes.
- Some people had many falls since the last inspection. The registered manager had put measures in place to try to reduce incidents. People had been referred to the GP and the falls team. Relatives told us they were contacted and kept updated when there were incidents involving their loved one. One relative said, "In the early days (of loved one living at the home), (my relative) had falls. I was notified straight away. They do regular checks on her now".
- Monitoring systems had improved. The registered manager now reviewed incidents to ensure the appropriate action had been taken. They monitored all incidents each month to check for themes and frequency of incidents to enable them to take preventative action.

## Staffing and recruitment

At our last inspection the provider had not completed the appropriate checks to ensure that staff were recruited safely into the service. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, recruitment records were more safely managed, so the provider was no longer in breach of regulation 19. There was still room for further improvement to sustain a robust approach to recruitment.

- The registered manager had made improvements to the recruitment process. However, one staff member had completed their application form with the years of their previous employment but had not included the months they commenced and ended the employment. This would make it difficult for the registered manager to be assured of their employment history. The staff member completed this part of their application during the inspection.
- The provider had completed Disclosure and Barring Service checks (DBS) and references had been checked. DBS checks help prevent unsuitable staff from working with people who could be vulnerable.

At our last inspection we recommended the provider and registered manager sought appropriate advice with a view to reviewing safe staffing levels across the 24-hour period. The provider had made improvements.

- There were sufficient staff across day and night shifts to meet people's needs. The provider had increased staffing levels at night since our last inspection. This provided assurance of safer staffing numbers to support people in the event of an emergency such as a fire.
- People and their relatives told us they were happy with staffing levels. One person said, "I have no problems (with staffing levels). They are on the ball. All regular staff since I have been here – about eight weeks". A relative commented, "There are plenty of staff. I have visited quite a few times and there are plenty around".

## Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. One person had returned back to the service from a hospital stay. Although they had been isolating in their room, the bedroom door was open throughout the inspection. The registered manager told us the person wished to have their door left open, however, risks had not been assessed and measures to control the infection risk had not been identified.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff were seen to be going in and out of the person's room without donning additional PPE expected during the isolation period. Staff were using appropriate PPE at all other times.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There was no signage to alert people and staff that the person was isolating in their room, so preventative measures could be taken. We raised all these points with the registered manager and referred them to current guidance. The registered manager made changes to isolation procedures to reflect current guidance and good practice.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and well presented. People and their relatives told us they were happy with the cleanliness and hygiene in the service. One person said, "Yes the home is clean. The girls do the cleaning – the bathroom and the toilet and change the beds. They are very good".
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People and their relatives said they had opportunities to visit safely. One relative said, "Visits go well. You have to phone to make an appointment. You need to do a lateral flow test and it gets registered on the NHS website and you are given a six digit code. Temperature is taken and you have to wear an apron etc. I visited (my relative) in their room".

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe. One person said, "I am happy here. I am quite secure. They look after me". Relative commented, "Definitely safe. We are very happy. 100% confidence. I have seen (my relative) room and it has a safety mat. I have no concerns, (they) have never been happier, eating well and has put on weight".
- People living in the service were protected from the risk of abuse. Staff had completed safeguarding adults training and stayed up to date by refreshing their training. The staff we spoke with were knowledgeable and confident.
- Staff told us the registered manager and senior staff were approachable, listened and took action when concerns were raised, so they had no hesitation in raising issues. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection in July 2020, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, the provider and registered manager failed to ensure accurate records were kept. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had not been made and the provider continued to be in breach of regulation 17.

- People's needs were not always suitably assessed to make sure people's needs were met. Improvements had been made and some assessments were better recorded however this was still not consistently applied.
- There were some discrepancies between people's assessment of need, their care plan and the care we observed.
- One person's assessment recorded they were mobile with the support of one member of staff. Their care plan recorded they required a mobility aid to assist their movement and another part of their care plan recorded a different mobility aid was used. Staff knew the person well and were able to describe their care, however the care records were not accurate to maintain safety and consistency.

The failure to maintain accurate records is a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

At our last inspection, the provider and registered manager had failed to ensure people's rights were upheld within the basic principles of the MCA. This was a continuing breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 11. However, further improvement was needed to make sure people's rights were upheld and maintained.

- At the last inspection, care plans around choice and consent were confused and gave conflicting information. The electronic care plan recording system populated records with standard text. This meant people's individual information and how they were able to make choices was not always clear.
- At this inspection staff understanding of capacity and consent had improved. Although some people's electronic care planning records continued to be confusing with conflicting information, the registered manager had made improvements which was a work in progress.
- The care plan records of people recently admitted to the service showed the greatest improvements. Mental capacity care plans were more individual, reflecting the person and clear about their needs and ability to make decisions.
- DoLS applications had been made appropriately. The registered manager kept these under review until they were authorised and to check expiry dates.
- People and their relatives told us they were supported to make choices and decisions by staff. One person said, "Carers let me decide when to get up or go to bed. Carers are attentive. I can have anything I want. I always do what I want to do. Carers know what they are doing. They are well capable". A relative commented, "(Relative) is reluctant to come out of her bedroom now. Staff won't force her downstairs – they go with the flow".

Staff support: induction, training, skills and experience

- At the last inspection, the provider needed to make improvements to staff training. At this inspection, improvements had been made. Staff received the training they needed to provide people's care.
- All mandatory training was accessed by staff and they had kept this updated. Since the last inspection, staff had the opportunity to undertake further training to increase their skills.
- The registered manager had introduced 'champions' amongst the staff, to support and lead the way in spreading good practice. Champion areas included, infection control, dignity in care, medicines, dementia, pressure area care and nutrition and hydration. Staff undertaking a champion role had received extra training and support to build their skills and confidence.
- Staff had their competency checked in many aspects of their role providing people's care. The registered manager had developed staff support and all staff received regular one to one supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- At the last inspection, people had not always been supported to follow the advice given by healthcare professionals about their dietary requirements. Staff had not kept an accurate record of people's fluid intake at the last inspection.
- At this inspection, improvements had been made. Dieticians had been involved in people's care and their advice had been followed. Accurate food and fluid records were kept when there were concerns about their intake. Kitchen staff were aware of people's specific dietary needs, such as gluten free or sugar free diets or

who required a soft diet.

- The mealtime was relaxed, people were chatting to each other. People were reminded about the choice of meals on the menu and staff supported people who needed encouragement or assistance. Snacks and drinks were available throughout the day and people could help themselves.
- People told us they were happy with the food and drinks provided. One person said, "I don't eat meat. I tell them what I want and they do that for me. There is always biscuits and tea when I want".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the last inspection, people had not always received timely access to healthcare services and support, such as GPs or a chiropodist.
- At this inspection, people had been referred for the appropriate healthcare and supported by staff to follow their advice. People had seen a chiropodist, district nurses, GPs and had been referred to specialist health care such as oncologists and mental health teams.
- People were confident staff knew what their health issues were and were quick to get help from a healthcare professional when they needed it. One person said, "Carers know all about my problems and would get the GP in". Relatives said they were kept informed of any health concerns with their loved ones. One relative commented, "The home keep me informed. The local GP is on call".

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met people's needs.
- Signs were in place which helped people living with dementia. People knew where to find their rooms, communal areas such as the lounge and dining room. Most people needed support to move around the service. Toilet seats were brightly coloured so people living with dementia or people with poor vision were able to distinguish them more easily.
- People's rooms were personal with items to suit their individual needs. People had pictures, photographs and personal items to help to reflect their own tastes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection in July 2020, this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, although improvements were evident, not enough had been made so the provider was still in breach of regulation 17.

- Monitoring processes were not yet robust enough to sustain improvement. Regular auditing of the quality and safety of the service had increased. Some of these processes worked well. However, some areas were not robust which meant issues of quality and safety had not been picked up.
- A monthly audit of people's care files did not identify issues or the concerns we found with people's care records. Although care records were checked to make sure they were in place, a robust approach to checking quality had not been taken. We found some people's care records did not provide an up to date record of their current care needs and this had not been identified.
- A monthly senior manager's audit and a provider's audit did not evidence a robust approach to quality. It was not clear which records had been checked, or if they had been checked, by senior staff, including the registered manager and senior manager. A basic check that audits had been completed by staff had been carried out, such as care plans or recruitment records. However, the quality and accuracy of audits was not checked to identify if issues were being picked up and action taken to improve.
- The monthly medicines audit recorded each month that stock tallied with records. However, staff undertaking the audit did not provide evidence of which records and medicines they had checked and counted. We found discrepancies between stock and records.
- Although there were clear improvements made since the last inspection, a more robust approach and increased oversight was needed to maintain and sustain continued improvement.

The failure to assess, monitor and improve the quality and safety of the service is a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Some monitoring systems worked well, where issues were found and actioned. Such as infection control,

kitchen audits, health and safety, COVID-19 staff PPE and equipment checks.

- Provider oversight had been developed. Managers within the organisation met with the provider and senior managers every three months to report on areas of quality and safety. A board meeting was held following this where issues raised were reviewed and discussed to reflect the responsibility and to progress improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At our last inspection, although staff told us communication had improved, we found many improvements were needed to provide a service that focused on improving outcomes for people.

- At this inspection the registered manager had changed and the new registered manager had made improvements to the culture of the service. People had a better experience and the service had a calmer atmosphere where staff were attentive to people and their needs. One person said, "It can't get any better". A relative told us, "I have noticed a vast improvement in the home. (the registered manager) is lovely and all staff including the cleaners. Staff seem more relaxed and happy under the new manager. I am more confident in the care (loved one) gets. I can't fault all the staff including the cleaners. The cleaners are now cleaning the bannisters and the doorknobs every hour. Communication is better".

- Staff told us the registered manager was approachable and had created opportunities for their personal development. This meant staff were able to increase their skills and experience to provide better outcomes for people. One member of staff told us, "I feel very well supported, (registered manager) is amazing – such clear direction – things are a lot better".

- The registered manager had submitted notifications to inform CQC of changes and significant events as required.

- Relatives told us they were kept informed of any changes, or incidents with their loved ones and staff kept them up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to share their views with the provider through meetings and surveys. The registered manager had held regular meetings with people who lived at Heathfield Residential Home. Information was shared and people were asked for their views. For example, sharing COVID-19 news including the latest visiting guidance and seeking people's views of the food provided and ideas for activities. One person told us, "They listen to me and they ask my opinion on things. The home is managed by two (persons). They do a very demanding job well. They are very approachable. They bend over backwards to help me".

- The provider had not been able to hold relatives' meetings during the COVID-19 pandemic. Instead, they sent a regular newsletter with updates about the service and what their loved ones had been doing. One relative said, "Yes, it is well-led, and I have been kept updated on government guidelines by them (managers)".

- People and relatives were also asked their views through a survey. The provider analysed the feedback to support improvements.

- Regular staff meetings were held. The registered manager gave staff organisational updates and shared plans and changes to the service. Ideas for change were discussed and good practice shared.

Working in partnership with others

- The registered manager was involved with local managers and other agencies such as local authority staff and CCG staff through virtual meeting groups. This maintained their awareness of local issues, highlight



areas to support improvement and provided a support mechanism.

- The provider held a daily virtual meeting with the managers within their organisation. This supported sharing of good practice, updates on company procedures and government guidance and a support route for managers of services.
- The registered manager worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams, as well as local authority staff.

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 17 HSCA RA Regulations 2014 Good governance  The provider and registered manager failed to ensure accurate records were kept and robust audits were in place to provide effective monitoring.