

Chislehurst Care Limited

Heatherwood

Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 22 March 2017 and was unannounced. Heatherwood provides accommodation and personal care for up to eight older adults in Orpington, Kent. At the time of our inspection the home was providing support to four people.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. They were also registered with the CQC to manage another care home run by the provider across the road from Heatherwood. 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.

At our first ratings inspection on 20 and 21 August 2015 we found breaches of legal requirements because risks to the health and safety of people had not always properly assessed and the provider's quality assurance systems did not always correctly identify issues and because action had not always been taken where issues had been identified.

At our last inspection on 16 August 2016 we found that improvements had been made to the provider's quality assurance systems, although further improvement was required to ensure they identified all appropriate action was taken to address identified issues. We found that whilst improvements had been made to risk assessment processes, the malnutrition risk assessment tool used by staff had not always been completed correctly and therefore did not always identify when people were at risk of malnutrition. We also found that improvement was required to ensure that all staff received regular supervision and an annual appraisal of their performance.

At this inspection 20 and 21 of March 2017 we again found that the home's systems for assessing, monitoring and improving the quality and safety of care provided to people using the service were not operating effectively. We found that although a Malnutrition Universal Screening Tool (MUST) had been placed in people's care plans they had not always been completed correctly and therefore did not always identify when people were at risk of malnutrition. We found that no improvements had been made to the frequency of staff supervision and annual appraisals despite the issue being picked up and recorded in visits to the service by the provider in November 2016 and January 2017.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks were being carried out before staff started working at the home and there were enough staff to meet people's needs. People's medicines were managed appropriately and they

were receiving their medicines as prescribed by health care professionals. There were arrangements in place to deal with foreseeable emergencies.

We found that staff had completed mandatory training in line with the provider's policy. The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. People were being supported to have a balanced diet and they had access to health care professionals when needed.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs. People using the service and their relatives were provided with appropriate information about the home in the form of a service user guide and people's privacy and dignity were respected. Staff had a good understanding of people's care and support needs. People were provided with a range of appropriate social activities. The home had a complaints procedure in place.

The provider took into account the views of people using the service and their relatives through residents meetings and surveys. Staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

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 safe.

Where risks to people's health and safety had been identified action was not always taken to reduce the likelihood of these risks occurring.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks were being carried out before staff started working at the home and there were enough staff to meet people's needs.

People's medicines were managed appropriately and they were receiving their medicines as prescribed by health care professionals.

There were arrangements in place to deal with foreseeable emergencies.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvement was required to ensure all staff received supervision on a regular basis, in line with the provider's policy.

We found that staff had completed mandatory training in line with the provider's policy.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were being supported to have a balanced diet and they had access to health care professionals.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People using the service and their relatives were provided with appropriate information about the home in the form of a service user guide.

People's privacy and dignity were respected.

Is the service responsive?

The service was responsive.

Care and health assessments were undertaken to identify people's support needs when they moved into the home.

Staff had a good understanding of people's care and support needs.

People were provided with a range of appropriate social activities.

The home had a complaints procedure in place.

Requires Improvement 

Is the service well-led?

The service was not well led.

We again found that the home's systems for assessing, monitoring and improving the quality and safety of care provided to people using the service were not operated effectively.

The provider took into account the views of people using the service and their relatives through residents meetings and surveys.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

Requires Improvement 

Heatherwood

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 March 2017 and was unannounced. The inspection team on both days consisted of one inspector. On the first day an inspection manager was observing the inspection.

Prior to our inspection we looked at the information we held about the service. This included information from any notifications submitted to CQC by the service. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for their views about the service. We used this information to inform our inspection planning.

During the inspection we spoke with three people living at the service and two relatives. We spent time observing the support people received from staff. We also spoke with two staff, two maintenance men, the registered manager and the director of care. We looked at records, including three people's care records, three staff files, staff training records and other records relating to the management of the service, including minutes from meetings, audits and maintenance records.

Is the service safe?

Our findings

People using the service said they felt safe and staff supported them safely. One person told us, "I don't feel that I am not safe and I am perfectly happy the way things are here." Another person said, "Yes I feel safe. The staff are good at looking after me." Despite these positive comments we found that the service was not always safe.

At our first ratings inspection of the home on 20 and 21 August 2015 we found a breach of regulations because risks to people, including the risk of malnutrition had not always been accurately assessed and staff had not always taken action where the level of risk to people had increased. At our last inspection on 16 August 2016 we found that whilst improvements had been made in assessing some areas of risk, the risk assessment tool used by staff to assess risks associated with malnutrition had not always been used correctly.

At this inspection we found that Malnutrition Universal Screening Tool's (MUST) had been completed and placed in people's care plans. We found that one person had lost weight over the previous four months and they had a MUST score that placed them in a higher risk category, but staff had continued to assess them as being low risk. Following the inspection the registered manager told us that the person had a further weight loss since 19 February 2017. They told us, "This is not correct as the scales not centred" and they were going to weigh the person again. These issues meant that the risk of malnutrition had not always been accurately assessed and staff had not always taken action where the level of risk to people had increased.

Appropriate action had not always been taken to support people where risks to them had been identified. We noted that a person's care plan recorded they had difficulty chewing meat. Their meat had to be tender and cut into very small pieces or pureed using food processor. The care plan also recorded this person enjoyed eating sweets and chocolates. A member of staff said the person liked to eat Kit Kats. The registered manager and a member of staff told us the person was at risk of choking. However the registered manager had not made a referral to the speech and language team for specialist advice and guidance to support this person with eating and drinking in order to reduce the risk to them choking. This person was therefore being placed at risk of unsafe care because advice had not been sought from an appropriate health care professional to support them with an identified risk.

People's physical and mental health needs were monitored by staff to reduce risk. However medical advice was not always sought when required. We found that one person had been prescribed medicine to reduce the risk of blood clotting. We saw an information sheet about this medicine in the person's medicines administration record (MAR). The registered manager told us the sheet was there to guide staff. The information sheet stated that medical advice should be sought in particular circumstances including when they had unexplained or severe bruising. The person's daily notes recorded they had a fall on 5 October 2016 and an accident form had been completed. A body chart record recorded on 7 October 2016 that this person had sustained two large bruises and this was reported to manager and staff to keep an eye on. There was no record in the person's daily notes about the bruises or any actions taken by staff. The registered manager was unable to confirm whether or not this person had seen their GP at that time in line with the guidance in

the medicines information sheet. This person was therefore placed at risk of unsafe care because advice had not been sought from an appropriate health care professional to support them with their needs in line with their assessed care plan.

These issues were a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

We discussed these issues with the registered manager. A referral was made to the speech and language team for advice and guidance in relation to the person at risk of choking. Following the inspection the registered manager confirmed that they had completed choking and medicines risk assessments for the people concerned and these had been placed in their care files in order to reduce the likelihood of the risks occurring.

We found that other risks to people had been assessed in areas including mobility, skin integrity and falls. Guidance was in place for staff on managing risks where they had been identified and staff we spoke with were aware of how these risks should be safely managed. For example, staff knew which people were at risk whilst mobilising and we observed staff supporting people in an appropriate manner to mobilise safely.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. We saw records confirming that regular fire drills were carried out at the home and that staff had completed training on fire safety. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment.

The provider had safeguarding adult's and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Two members of staff we spoke with demonstrated a good understanding of how to safeguard people from abuse. They told us what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. If they felt the issue had not been dealt with they would report to the director of care, the CQC and local authority safeguarding adults team if necessary. The registered manager told us they were the safeguarding lead for the home; they were aware of the action to take when making a safeguarding referral if required. Training records confirmed that staff had received training on safeguarding adults from abuse. Staff said they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the files of two members of staff that had started working at the home since our last inspection in August 2016. These files contained completed application forms that included references to the staff's previous health and social care experience, their full employment history and a health declaration. Each file contained evidence of criminal record checks that had been carried out, three employment references and proof of identity. We also saw that checks had been made on staff member's right to work in the United Kingdom.

There was enough staff available to meet people's needs. One person told us, "Sometimes it feels a bit short handed with staff but then again there are only four of us here and I think we are all well looked after. I rarely need to use the call bell but when I do the staff turn up quickly." Another person told us, "There are enough staff to help us. If I need anything there is always one of them about." A relative said, "I think the staffing levels are adequate but sometimes when a member of staff is cooking the main meal it can feel a bit short staffed." We observed there to be sufficient staff on duty to support people when required and call bells were responded to promptly. A member of staff told us, "We are always busy doing things but there is

enough staff on duty to meet people's needs. We have plenty of time to spend with the residents."

The registered manager told us the deputy manager and two members of staff had also stopped working at the home within the last two months. They had appointed a new deputy manager who was completing their induction at the home. They had also recruited another member of staff and were waiting for all of the recruitments checks to be completed before they could start working at the home. They were also actively trying to recruit another member of staff.

People were receiving their medicines as prescribed by healthcare professionals. One person using the service told us, "The staff make sure I get my medicines every day at the same times." We observed a member of staff administering medicines to people using the service. They told us that only staff that had been trained and assessed as being competent to administer medicines were allowed to do so. We saw records confirming that staff responsible for administering medicines had received training and competency assessments on medicines administration. We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for all of the people using the service. Medicines were locked in a medicines trolley that was stored in a locked room that only staff had access to. Medicines received from the pharmacy were recorded on people's MARs and medicine stocks reconciled accurately with the information they contained. Individual MARs included details of the person's GP, their health conditions, any known allergies and a photograph to help staff identify them which reduced the risk of medicine misadministration. Medicines audits were carried out on a daily basis by staff and on a monthly basis by the registered manager. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Is the service effective?

Our findings

At our last inspection we found that improvement was required to ensure that all staff received regular supervision and an annual appraisal of their performance. At this inspection we found that no improvements were made regarding supervisions. Four out of eight staff had an annual appraisal of their performance in 2016. A member of staff told us they had received regular supervision since they started working at the home. Records we saw confirmed this was the case. The registered manager told us and the director of care confirmed that staff should be supervised on a quarterly basis. However records showed that not all staff had received supervision at this frequency. For example, one staff member had not received any supervision since April 2016 and another member of staff had not received any supervision since May 2016.

These issues were a breach of regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

People's physical and mental health needs were monitored by staff however we found that medical advice was not always sought when required. People's files held records of visits from GP's and health care professionals. People told us they were happy with the support they received from staff and they had access to GP's and health care professionals when required. One person using the service told us, "I get to see my GP and any other health care professional when I need to. The staff make sure I get all the attention I need."

At our last inspection of the home on 16 August 2016 we found that a person using the service had not consented to the use of bed rails. This issue was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). At this inspection the registered manager told us that this person no longer lived at the home.

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).

We checked whether the home 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 registered manager demonstrated a good understanding of the MCA and DoLS. They said that people using the service had capacity to make most of the decisions about their own care and treatment and no one living at the home had any restrictions placed on them. We saw that capacity assessments were completed and retained in people's care files. The registered manager told us if they had concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

We observed a member of staff consulting with people what they were doing for them and acting according to people's responses. This member of staff told us that all of the people living at the home had capacity to make their own decisions about the care and treatment they received. They said they were aware of the importance of seeking consent from people when offering them support and told us, "I would not do anything for anyone if they didn't want me to. It wouldn't be the right thing to do and I wouldn't want to upset them. We are here for the residents and we always act in their best interests."

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. One member of staff told us, "I had an induction when I started work and shadowed experienced staff. This helped me to learn what the residents' needs were and how they liked things done for them. I am currently completing the Care Certificate." The Care Certificate is the benchmark that has been set for the induction programme for new health and social care workers. Another member of staff said, "I have been here for seven years. I shadowed another night worker for two weeks when I started. That helped me to get familiar with the routines at the home, get to know the residents and for them to get to know me too. I completed an induction when I started and I am up to date with all of my training."

We saw a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included first aid, fire safety, safeguarding adults, infection control, moving and handling, medicines awareness, pressure ulcer prevention, equality and diversity, the Mental Capacity Act 2005 (MCA) the Deprivation of Liberty Safeguards (DoLS). Staff had also completed training relevant to the needs of people using the service, for example, diet and nutrition, allergen awareness and end of life care.

People were provided with sufficient amounts of nutritional foods and drinks to meet their needs. One person using the service told us, "The quality of the food is perfectly all right. If I don't want what's on offer I ask them for something else and they will make it for me." Another person said, "The food is very good, I enjoy it." People's care plans included nutritional assessments, details of their food likes and dislikes and any food allergies. Care staff that cooked meals for people had a good understanding of people's dietary requirements. They told us they accommodated people's personal preferences by offering a range of choices each meal time. We observed how people using the service were supported by staff at breakfast and lunchtime. We saw that some people liked to eat their meals in their rooms and some people preferred to eat in the lounge. Staff assisted people individually to eat when this was required and this was done in an unhurried manner.

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person said, "It's very good here. I am spoilt a little bit. I am very happy here." Another person told us, "The accommodation is very nice, I can't complain about anything at all. The staff are very nice, they do everything they need to do for me and anything else I care to ask them." A relative told us, "I am happy with the care my mother receives here. There is a lovely atmosphere. The staff are very caring and kind."

Throughout our inspection we observed positive interactions between staff and people using the service. Staff displayed kindness and understanding toward people and addressed them by their preferred names. People were supported to maintain relationships with their families and friends and visitors were able to visit the service with no restrictions placed upon them. One relative said, "I come here at the same time every day and I am always made to feel welcome." Another relative told us, "I think my mother receives very good care."

People using the service and their relatives told us they had been consulted about their care and support needs. One person told us, "I think I have a care plan. I have a keyworker but I am not sure who it is at the moment. I am perfectly happy with the care I get. If I have any questions about my care I can ask them and they will sort it out for me." A relative told us "My mum came here four years ago and I was very involved in planning for her care needs. Not so much so now but then I am here every day and constantly in conversation with the registered manager and staff. They always keep me up to date with how they are doing."

People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when supporting people with any personal care needs. A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said, "When I help people with personal care I always explain to them what I am doing. I close the doors and draw the curtains to maintain their dignity and I make sure no one comes into their room." We saw staff respected people's choice for privacy and independence and noted some people preferred not to join others in communal areas. One person told us, "My privacy and dignity is respected. The staff know I like to spend time in my room and I like to have my door closed as I don't like the noise of other people's televisions. As far as personal care goes the staff understand what they need to do and they take their time with me." A relative said, "They always shut my mum's door when they are helping her with washing and dressing. They do respect her privacy and dignity."

People using the service and their relatives were provided with appropriate information about the home in the form of a service user's guide. The guide included details of the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service.

Is the service responsive?

Our findings

People using the service told us they liked the home and the staff that supported them. One person told us, "I am very happy with the support I get from staff." A relative told us, "This is a good home, my mums needs are being met, she is well looked after. All of the staff love the residents, they know what my mum likes. For example she likes looking out of the window and she likes singing. She has taught all of the staff the songs she likes and they always sing along with her." Despite these positive comments we found that improvement was required to make sure people's care plans accurately reflected their current care and support needs.

Care and health assessments were undertaken to identify people's support needs when they moved into the home. Care plans included information about people's life histories, medical conditions, allergies and any specific dietary needs. The plans also documented people's needs in areas such as personal care, mobility, communication, social activities, mental health and daily routines. The plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Daily records were kept by staff about people's day to day wellbeing and documented any activities they participated in. Staff we spoke with were knowledgeable about the content of people's care plans, they told us how people preferred their care to be delivered for example with moving and handling and eating and drinking. Improvement was required in this area because we saw that people's care plans had been audited however some of the actions recorded in the reviews had not been signed to confirm if the actions had been achieved. Therefore staff could not be assured that people's care plans accurately reflected their current care and support needs.

Staff understood people's needs with regards to their disabilities, race, culture and religion and supported them in a caring way. The registered manager and staff told us they respected people's diverse needs and took into account their age, disability, race, religion, sexual orientation and gender. One member of staff told us, "We look after people using a holistic approach. Everyone is different anything they want to do we try to accommodate them." People had access to equipment enabling greater independence which met their physical needs. Equipment included a stair lift, bath hoists, wheelchairs and adapted beds. Care plans contained guidance for staff on the use of equipment and we saw equipment was subject to regular servicing when required.

People were supported to take part in a range of activities if they so wished in order to meet their need for social interaction. The registered manager told us that an activities coordinator attended the home each afternoon to offer people the opportunity to partake in activities such as quizzes, arts and crafts and board games. They said the activities coordinator usually spent time with people in their rooms as not everyone wanted to do things at the same time. They also told us a pet dog visited the home with their owner. One person told us, "I am not really interested in the activities; I am not one for joining in. I don't feel isolated though as I get quite a few visitors and the staff are always around. The activities lady comes to chat with me in my room and sometimes she takes me down to the pub. Another lady visits the home with a dog which I quite like." Another person said, "There are things for me to do if I want to do them. I like sitting in the garden in the summer time."

People using the service and their relatives we spoke with told us they knew about the home's complaints procedure and they would tell the registered manager if they had any concerns. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The complaints procedure was on display near the entrance of the home for people to access if required. We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People using the service and their relatives told us they felt the service was well run. One person using the service said, "I usually see the manager around so I think it's all okay" A relative told us, "The home seems to be well organised and run." Despite these comments we found that the service was not well led.

At our first ratings inspection of the home on 20 and 21 August 2015 we found a breach of regulations because audits conducted within the home did not always identify areas that required improvement and where they had been identified action had not always been taken to address the issues that had been identified. The rating for this key question 'Well led' at that inspection was requires improvement.

At our last inspection 16 August 2016 we found that whilst some improvements had been made in identifying and addressing areas of concern found during audits further improvement was required because audits and checks undertaken had not clearly identified all of the issues we found during that inspection. The rating for this key question 'Well led' at that inspection was requires improvement. The provider sent us an action plan on 4 October 2016 telling us they had taken action to make sure the risks of malnutrition to people was being monitored correctly by using a Malnutrition Universal Screening Tool (MUST). Although we found that the MUST was in place it was not being used properly meaning that the risk of malnutrition had not always been accurately assessed by staff.

During this inspection of 20 and 21 of March 2017 we found that the home systems for assessing, monitoring and improving the quality and safety of care provided to people using the service had not improved and were again not operating effectively. Although audits and checks undertaken by the registered manager and the director of care had identified some of the same issues we found during our inspection no action had been taken to address them. We saw reports from service visits carried out by the provider in November 2016 and January 2017. These visits looked at areas such as staff supervision and appraisals, training, staff folders, complaints and maintenance. A number of comments had been made in the January 2017 report, for example three members of staff had not had supervision in the last twelve weeks and three members of staff had not had an annual appraisal in the last year. This was despite the fact that in our last inspection report we recorded that improvement was required to ensure that all staff received regular supervision and an annual appraisal of their performance.

We saw audits of people's care plans had been completed in July, August and September 2016. The September 2016 audit included a number of issues with the care files and actions to be achieved as soon as possible. The audit had not been reviewed or signed to confirm whether or not any of actions had been taken to address these issues. We saw reports from the director of care's service visits in November 2016 and January 2017. The director of care's January 2017 report recorded, 'Standex (care plan) audit not completed since September - none of the action plan has been signed as completed. There are no action plans for most of the audits.'

We also noted an entry in the home maintenance book dated, 22 February 2017, that a person using the service had complained that they were cold because of a draft coming through a gap under an emergency

fire exit door in her room. This meant that the person was still subject to the draft from under the door at the time of this inspection. A maintenance person from another of the providers care home visited and told us this should have picked up by the home's maintenance person or the registered manager and repaired or replaced. Effective systems to monitor the quality of the service were not in place.

These issues were a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014

We found that some audits were working effectively for example medicines, health and safety, wheelchair and infection control audits were being completed on a monthly basis and evidenced that actions had been taken when required.

During the inspection the registered manager confirmed that training had been arranged for staff on the MUST on 30 March 2017. The home's maintenance man also made a temporary repair to the emergency fire exit door in the person's room. They told us the door was to be replaced the week after our inspection.

The home had a registered manager in post. The registered manager told us they had been the acting manager at Heatherwood since November 2015 and had registered with the CQC in January 2017. They were also registered with the CQC to manage another care home run by the provider across the road from Heatherwood. Our records showed that notifications were submitted to the CQC as required. The registered manager told us they that they oversaw a deputy manager at Heatherwood until the deputy manager had left the organisation in February 2017.

The provider took account of the views of people using the service and their relatives through surveys and residents meetings. The registered manager told us that questionnaires were sent to people using the service and relatives on a monthly basis to gain their views about the home. A report was produced annually in February to consider what the home does well and what could be improved. The 2016 report recorded that visitors to the home felt welcome, staff were available to discuss issues with them and they were aware of how to make a complaint. People using the service said they felt able to have visitors in private and they were satisfied with their overall care. We looked at the minutes from the last residents meeting held in November 2016. Issues discussed included planning a Christmas party and getting new chairs for the lounge. The registered manager showed us that new chairs had been purchased for the lounge.

Staff said they enjoyed working at the home and they received good support from the registered manager. They said there were team meetings and an out of hours on call system was in operation that ensured management support and advice was always available when they needed it. One member of staff told us, "I really enjoy working here. I am well supported by the registered manager. Anything I ask for she will always help me with. The team meetings are helpful too. We talk about people's safety, what needs to be done at the home and we have discussed the last CQC report." Another member of staff said, "There is good team work here. I was worried when the other staff left at the same time but at the moment everything is fine."

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 18 HSCA RA Regulations 2014 Staffing Not all staff were receiving supervision or an annual appraisal of their performance.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that people using the service were protected from unsafe care and treatment because risks to people had not always identified, assessed adequately, or steps taken to mitigate them.</p>

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p>

The enforcement action we took:

We served a warning notice on the provider