

# Potensial Limited

# Heath Lodge

## Inspection report

34 Green Lane  
Padgate  
Warrington  
Cheshire  
WA1 4JA

Tel: 01925816702  
Website: [www.potensial.co.uk](http://www.potensial.co.uk)

Date of inspection visit:  
12 September 2018  
13 September 2018  
18 September 2018

Date of publication:  
23 October 2018

## 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

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 care and accommodation for up to eight adults with a learning disability and complex needs. At the time of the inspection there were seven people living there.

The inspection took place on 12, 13 and 18 September 2018 and was unannounced on day one. At the last inspection we identified significant breaches of the Health and Social Care Act Regulations regarding regulations 9,11,12,13,16,17 and 19 and the service was placed into special measures. During this inspection we found that improvements had been made and that the registered person was no longer in breach of regulations 9,11,12,13,16 and 19, although there was a continued breach of regulation 17 of the Health and Social Care Act Regulations. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. At this inspection the overall rating for the service is 'Requires Improvement'.

The process for regular evaluation of care plans was not sufficiently robust and quality assurance systems in place had not identified all of the concerns noted within this report. A new comprehensive quality assurance audit had been introduced however, this had not highlighted that some care plans had not been regularly evaluated and that significant information about safe transportation had not been updated.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

At the time of this inspection there was no registered manager in post with day to day management provided by a manager from another of the registered provider's services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following the last inspection, due to the seriousness of concerns identified, we used our enforcement powers and a decision was made to cancel the manager's registration.

Registered persons are required by law to inform the Care Quality Commission (CQC) of certain events which occur within the service. During the last inspection we found that on several occasions they had failed to do so. This was an offence under Regulation 18 (1) (e) (f) of the Care Quality Commission (Registration) regulations 2009. Therefore, we used our enforcement powers to issue a Fixed Penalty Notice which resulted

in the registered provider being fined £1,250. During this inspection we found that notifications had been submitted as required.

Improvements had been made regarding management and administration of medicines. The registered provider had liaised closely with a community pharmacist to raise standards and weekly audits were carried out.

Staff had received training and were knowledgeable about how to protect people from abuse and felt able to do so without fear of repercussion. They were also aware of whistleblowing procedures (reporting outside of the company). We saw that incidents had been reported to the local authority and notifications submitted appropriately.

There were procedures in place to record accidents and incidents and assess people's associated risks. Although analysis of accidents/incidents was being undertaken, we found that action had not always been taken in a timely manner where themes were emerging. We discussed this with the management team and risk management measures were implemented.

A consistent staff group was in place and we found that there were sufficient staff on shift during the inspection to meet people's needs and staff told us they felt this was the case. However, we found that a strategy noted to manage the risk of aggression would not have been feasible once staffing levels dropped in the afternoon.

Staff had access to ample supplies of personal protective equipment (PPE) to control and prevent the spread of infection and we found that this was used effectively.

We found that improvements had been made regarding compliance with the Mental Capacity Act 2005. People were deprived of their liberty only when legal authorisation was in place, although for one person we noted a lack of clarity about support requirements when accessing the community.

During the last inspection we identified significant concerns about the management of people's finances which resulted in a detailed investigation being carried out by the registered provider in liaison with the local authority safeguarding team and the CQC. We found that procedures had improved and the registered person is currently in the process of agreeing final re-imbursement figures.

People told us that the food was good and we saw that menus and choice had improved.

Staff received the training, support and supervision they needed to carry out the roles they were asked to do.

Positive relationships had been developed between staff and the people living at Heath Lodge. We observed interactions to be kind, considerate and caring. We saw that the level of physical altercations between people had reduced considerably and that staff used de-escalation techniques effectively.

People's rooms were personalised and could be locked in line with personal choice. Staff were encouraging people to maintain their independence and reach their potential.

People could express their views in a variety of ways. Regular meetings were held and there was a complaints procedure in place which people knew how to use. We saw that complaints had been recorded and responded to in line with this policy.

We saw that people were supported to various activities including bowling, wrestling, snooker, meals out, garden centre, shopping and the Friday Club. Staff were planning to introduce additional activities within the home such as film and games nights.

Following the last inspection, the registered provider has worked in liaison with the local authority safeguarding team and the CQC providing updates from investigations and submitting ongoing versions of an improvement plan, although we had not received the most recent updates. We were told that the last months had been a difficult period but that learning had been taken and quality audits had been revisited. The nominated individual and director of operations are to carry out more detailed reflective learning review.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service had improved but was not consistently safe.

Some gaps were noted in the recording of accidents and incidents.

Risk management strategies were not always implemented in a timely manner, for example from the risk of smoking.

There had been a delay in addressing the requirements of an audit carried out by Cheshire Fire and Rescue Service.

Staff were aware of responsibilities regarding protecting people from abuse.

### Is the service effective?

**Requires Improvement** ●

The service had improved but was not consistently effective.

There was a lack of documented evidence of people's consent to care plans.

The service was working within the principles of the Mental Capacity Act 2005 and decisions made on people's behalf were made in their best interest. However, additional clarity was needed regarding a person's support needs when accessing the community.

Staff had received the training they needed to carry out their roles and received regular supervision.

People had access to various professionals to maintain their health and well-being.

### Is the service caring?

**Good** ●

The service had improved and was Good.

People told us that staff were kind and caring.

We found that incidents between people living at Heath Lodge no longer escalated into physical altercations.

People had access to advocacy services and we saw that these had been used where necessary.

### **Is the service responsive?**

The service had improved but was not consistently responsive.

Improvements implemented had not always been sustained.

Care plans had not always been regularly evaluated.

There was a policy and procedure to manage complaints.  
Complaints received had been handled in line with the policy and that people had been listened to.

**Requires Improvement** ●

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

The service has improved but was not consistently well-led.

Quality assurance systems were not established and operated effectively.

There was no registered manager in post.

Staff told us that things had improved, that they were supported by management and that staff morale was good.

**Requires Improvement** ●

# 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 12, 13 and 18 September 2018 and was unannounced on day one. The inspection team consisted of two adult social care inspectors on days one and two and one adult social care inspector on day three. We carried out this inspection to review progress made since our last inspection following which the service was placed in special measures.

During the last inspection, incidents were identified which had not been reported to the local authority safeguarding team and/or the police. We found that the Care Quality Commission had also not been notified of those incidents. Since that time, we have liaised with the registered provider, local authority and police regarding ongoing investigations.

Prior to the inspection we gathered and reviewed information from several sources. We looked at information we held about the service and any notifications we had received. We contacted the local authority and they shared their current knowledge about the home. They confirmed that the service had made progress with the requirements of an improvement plan and were continuing to monitor the service.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we spoke with four people who lived at Heath Lodge to seek their views. We spoke with the nominated individual, area manager, positive behaviour support manager, interim manager and five support staff. A nominated individual is a person who represents the provider and carries out the provider's role on their behalf. A nominated individual is responsible for supervising the regulated activity.

We looked at the care records of five people who lived at Heath Lodge, two staff recruitment files and inspected other documentation related to the day to day management of the service. These records included, medicine administration charts, staff rotas, training, induction and maintenance records. We requested additional information which was supplied electronically by the nominated individual. We looked

around the premises including bathrooms and, with permission, people's individual accommodation.



# Is the service safe?

## Our findings

People told us that they felt safe living at Heath Lodge. We were told "Yes" and "Oh yes, definitely".

At the last inspection on 3,4,12 and 31 January 2018, we found that the registered provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they failed to provide care and treatment in a safe way and the safe and proper management of medicines. During this inspection we found that the provider was no longer in breach of this regulation.

The registered provider had worked closely with a community pharmacist to improve standards. We looked at medication records and observed staff practice when administering medicines and found that safe procedures were followed. Staff responsible for administering medicines had received training and their competency to do so was checked.

At the last inspection, we found that some people had not received their medicines as prescribed. During this inspection we found this had improved and that weekly medicine audits and reflective learning were carried out and people were generally receiving their medicines as prescribed. A weekly audit identified that on one occasion a person had not received their medicines although this had not been highlighted by the staff administering the next dose. This meant that there had been a gap between the missed dose and seeking medical advice which could have been avoided.

Medicines were stored safely in individual locked cabinets. We saw that new stock was delivered in unsealed boxes and that there was no lockable cupboard available to store securely until they were placed in individual's cabinets. We discussed this with the management team who advised that new supplies would be stored in the manager's office which can be locked until distributed.

We saw that procedures for recording accidents/incidents had improved, although further work was needed to ensure robust recording and timely analysis of themes and trends. The electronic care management system enabled managerial oversight and monthly reports were available.

However, when cross referencing records some recording gaps and lack of ongoing preventative measures were noted. For example, we saw several reports had been completed about a person smoking in their bedroom. Although these incidents had been recorded and staff were vigilant, there was insufficient analysis or measures implemented to manage any ongoing risks. We discussed this with the management team and were advised that sand buckets and fire blankets would be obtained to mitigate this risk. In addition, a piece of work undertaken by the area manager had identified gaps in recording which they attributed to staff changes. Monthly reviews were to continue to ensure robust procedures were fully embedded.

We found that a requirement action from an audit by Cheshire Fire and Rescue Service in May 2018 in relation to the provision of keys to all staff had not been carried out. We brought this to the attention of the interim manager who advised us they had been unaware that the report had been received as it had been received whilst the peripatetic manager was in post. They took action to ensure that additional keys were

cut.

Improvements had been made with the completion of risk assessments although further improvement in record keeping was required. Individual risks were assessed for example, regarding frequent refusal of medicines. We saw that the risk of a person smoking when using a petroleum based emollient was in their care file. However, a medication risk assessment form on file did not reflect this risk. For another person, new procedures had been implemented to ensure their safety when accessing the community. Although staff were aware of and complying with the new guidance, the person's care plan had not been updated to reflect the changes.

We looked at two staff files to review recruitment practices and found them to be safe. Records included application forms, interview records, references, identification and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable people. We saw that the provider had a clear policy in place outlining requirements to ensure safer recruitment procedures were followed.

At the last inspection we found that the registered provider was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had failed to protect people using the service from abuse. During this inspection we found that the provider was no longer in breach of this regulation.

Serious concerns were identified during and following the last inspection regarding management of service user's finances which have been investigated under the local authority safeguarding procedures. In liaison with the local authority and CQC the registered provider had carried out extensive investigations which identified failings in the recording and management of people's monies. The registered provider is currently in the process of agreeing final reimbursement figures where purchases have been made inappropriately or where there is a discrepancy in amounts credited to Heath Lodge records.

Safeguarding and 'whistleblowing' procedures were discussed with staff. Those spoken with demonstrated a good understanding of the policies and procedures in place. They explained their understanding of safeguarding and whistleblowing well and had received the necessary training in relation to the protection of adults at risk of harm. Staff told us they now felt able to raise concerns and that they would be listened to. One staff member told us they felt they had a better understanding, another said "Very clear on what I need to report. Used to be told it wasn't safeguarding or didn't need to be reported". Staff were aware of organisations they could contact outside of the company should the need arise.

We saw that safeguarding incidents had been reported to the local authority when needed and that the CQC had been informed. Robust investigations had been carried out regarding concerns noted during the last inspection including following the registered provider's disciplinary procedures.

At the last inspection we found that the registered provider was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had failed to follow safe recruitment practice. During this inspection we found that the registered provider was no longer in breach of this regulation.

We looked at two staff files to review recruitment practices and found them to be safe. Records included application forms, interview records, references, identification and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable people. We saw that the provider had a clear policy in place outlining requirements

to ensure safer recruitment procedures were followed.

This view was echoed during conversations with staff as comments included "Changes were very slow to begin with, felt like nothing had changed because of high agency and we spent half the day repeating things" and "The last two months a lot more has changed, really picked up".

During the inspection we saw there were sufficient staff present to meet people's needs. At the time of the inspection there were seven people living at Heath Lodge. We discussed staffing levels with the interim manager and looked at staff rotas. Although a formal dependency tool, linking people's needs to staffing levels was not used, the interim manager informed us that levels were adjusted when needed, for example when escorts were required or activities were taking place. Staff's comments regarding staffing levels included "We've done really well, much better than at last inspection especially if we have hospital or activities" and "A lot better now. Had a lot of agency which was really hard to work with. The last two months staffing levels have been good enough". When asked if there was always enough staff if they needed help, people living at Heath Lodge told us "Yes", "Can be easy to get help" and "Oh yes".

We saw that staff had access to ample supplies of personal protective equipment (gloves and aprons) to control and prevent the spread of infection and that these were used appropriately. The atmosphere was calm and environment visibly clean and tidy. Although some individual's rooms appeared cluttered, this was in line with their personal choice and they were supported by staff to routinely clean and tidy. Staff told us "(Name) doesn't like you to move anything, he knows where everything is".

People's records were securely stored. Staff had access to the computerised system to provide contemporaneous records. We were provided with evidence that service contracts and safety checks were completed as required for example, electricity, gas and Legionella compliance. There was a plan in place covering actions to be taken in the event of an emergency. People had a personal emergency evacuation plan (PEEP), detailing the support they would need in the event of any major incidents. We asked that two PEEPs were reviewed as the alternative routes suggested, were not feasible for the individuals.

The registered provider had developed a missing person's pro-forma which would provide information to relevant authorities should a person be reported missing from the service. This was good practice as staff would be able to provide the information needed immediately.

We recognised that action was being taken to address the previous concerns. Due to the need for on-going and sustained improvement in areas such as recording of accident/incidents and risk management we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.

## Is the service effective?

### Our findings

At the last inspection we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not act within the principles of the Mental Capacity Act 2005. During this inspection we found that the registered provider was no longer in breach of this regulation.

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 was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of DoLS.

During the last inspection we identified significant concerns around non-compliance with the MCA. This was because the CQC had not been informed of the outcome of applications to deprive people of their liberty, there was evidence of restrictive practices without the necessary assessment of people's capacity and concerns around significant and unauthorised purchases made from personal monies.

During this inspection we found that people were only deprived on their liberty when legal authorisation was in place and the CQC had been informed as required. Where necessary the Court of Protection was involved in ensuring that decisions made would be in the person's best interests. We found that there was no evidence of restrictive practices taking place as had been identified at the last inspection.

Clarity was required for one person as to the level of supervision they needed when accessing the community as information on file was contradictory. The interim manager confirmed that they would ensure that support requirements were clearly recorded. We saw that recently a person who required supervision had left the premises independently on two occasions and that this had been reported to the local authority safeguarding team and the CQC.

The registered provider had reviewed their policies and procedures to ensure there were robust measures in place to manage finances effectively in addition to the introduction of enhanced mental capacity, best interest and financial audit documentation. Personal budgets had been developed. We sampled personal monies records and found these were improved. Ongoing audits had identified non-compliance with the policy promptly following which the interim manager reinforced the requirements to staff and we could see that further improvement followed. Where a person wished to make a substantial purchase, the principles of the MCA had been followed. A best interest decision was recorded, advocacy services and the person's social worker were involved and the person was supported to make the purchase.

There was a lack of documented evidence of service user consent or involvement within care plans as the

key worker system had not been effective due to high use of agency staff. Keyworkers had recently been allocated and the monthly review form was to be reintroduced. People we spoke with told us that staff asked them about their care. As the service had some documentation available in pictorial form we discussed the potential for introducing a pictorial agreement document. The interim manager confirmed they would consider this.

At the last inspection we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because referrals had not been made to relevant professionals to support people's health and well-being. During this inspection we found that the registered provider was no longer in breach of this regulation.

Records reviewed, confirmed that people had regular access to external health professionals, for example GP, continence service, diabetic services, optician and were supported to attend hospital appointments. The registered provider had developed close links with a community pharmacist who had reviewed people's medicines and provided guidance to the service.

During the last inspection we found evidence that some people were being refused certain foods and that people living at Heath Lodge were regularly purchasing additional snacks. During this inspection we found that the registered provider had carried out extensive work to involve people in the choice of menus, shopping tasks and in preparation of meals. People told us they had enough to eat and that they had choice. Individual biscuit barrels had been provided so that people had their own supply.

Staff told us that meals had improved since the last inspection, that people were involved in decisions about shopping which they enjoyed and were being supported to maintain their independence. One staff member told us that people could serve their own meals and this had "Stopped arguments over who has what as they can serve themselves". Other comments included "They used to have to buy their own snacks but now they have food when they are hungry"; "The quality of the food is much better and they get a lot more to eat than they ever got" and "All seem to be enjoying meals more, it was chaos before. It was very rigid" and "They are supported to do their own sandwiches. Choosing what filling, type of bread. They are more engaged in it".

Staff told us they had received the training they needed and that this had improved their understanding. Staff felt that if they requested additional training this would be made available to them. Comments included "I have a better understanding of choices people can make"; "All training has been refreshed". There was an induction programme for new staff which was overseen by the interim manager. We were told "I have felt supported since I started".

We saw that staff had received regular supervision and those we spoke with found these sessions to be effective and supportive. There was an annual appraisal programme which, now that there was a consistent staff team, would be more effective.

We recognised that action was being taken to address the previous concerns. Due to the need for on-going and sustained improvement in areas such as management of service user finances we have rated this key question as Requires Improvement. We will check improvements at our next planned comprehensive inspection.

# Is the service caring?

## Our findings

We asked people if they thought staff were kind. Comments included "Yes" and "Yes, I like them all". Staff told us "No concerns about people living here, if anything they all seem a lot happier"; "Massive difference, people more settled and calm." When we asked staff what they felt they did well we were told, "How the staff are with the lads, they do really like listening to them."

At the last inspection we found that relationships between the people living at Heath Lodge were often fraught and frequently resulted in physical altercations. During this inspection we saw that although there were verbal exchanges these did not escalate into more serious physical incidents. We observed staff supporting a person who was becoming agitated, using de-escalation techniques successfully to help the person to settle and maintain their dignity.

Following the concerns identified at the last inspection, the registered provider had sought the views of people living at Heath Lodge about the day to day operation of the service, menu choices, activities etc. We saw that people were more involved with decisions about the service.

We observed staff interactions to be kind, considerate and caring. All staff spoken with knew people's likes, dislikes and personalities well, speaking about individuals with genuine interest. Positive relationships had been developed between people using the service and staff who were able to explain the things that were important to each individual. Staff did not appear rushed and spent time engaging with people easily with regard to privacy. People we spoke with told us that staff knew them well and listened to what they had to say. They said "Yes, they listen to what I want to do" and "Nine times out of ten".

One staff member told us they had felt proud to hear feedback from a social worker that a person was happy to stay at Heath Lodge, that they had been listened to and things were better. We saw that the person had also mentioned this during a resident's meeting.

Bedrooms were personalised and could be locked in line with personal choice. Staff supported people to be as independent as they could be and reach their potential by involving them in tidying and cleaning their rooms, meal preparation and managing their personal budgets.

An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights and we saw that advocacy services had been involved in supporting people to make decisions about their care and support and following previous incidents which had occurred. There was a policy in place to ensure that people were treated fairly and without discrimination. People were supported to maintain family relationships

We looked at a sample of daily note records and saw that improvements had been made and that language used was appropriate.

## Is the service responsive?

### Our findings

Since the last inspection the registered provider had improved the standard of care planning including input from the Positive Behavioural Support manager (PBSM). We saw that people's needs were assessed and that care plans contained detailed person-centred information.

We saw that since the last inspection the quality of care planning had improved. Care plans contained detailed person-centred information including people's likes, dislikes, support needs and things that were important to them. However, the system for regular review was not sufficiently robust to ensure that care plans accurately reflected current support needs and this had not been identified by quality audits.

We were informed that care plans and risk assessments were considered 'live' documents, updated as needs changed with a full 90-day review. However, we saw examples of care plans which had not been regularly reviewed. For example, the evaluation record of one person's nutrition and personal care plans noted they had been reviewed only twice in 2017 and once in 2018, the last review having been completed in April 2018. We also found that significant changes implemented in July had not been updated within this person's care plan regarding safe transportation needs.

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

We saw evidence that positive strategies had been implemented to reduce conflict within the service but that these had not always been sustained. For example, at the last inspection, we found that information had not been collected to identify themes, triggers and strategies to inform care planning where there was ongoing conflict between individuals. During this inspection, we found that meetings had been held with the people involved and support provided in an attempt to resolve the conflict. Staff explained the strategies they used to minimise occurrence, a recording chart was introduced and the number of incidents had reduced considerably. However, although the recording chart was completed initially it was no longer being used but this had not been identified during quality assurance or audit checks.

In another example, for a person who had preferences about who should support them with personal care, a system of showing photographs of staff on shift to allow them to choose had been introduced. However, the system was no longer being used and, once again, this had not been identified during quality assurance or audit checks. We brought both examples to the attention of the management team who confirmed they would address to ensure the improved practice was reintroduced.

People were able to choose when to get up and go to bed. We saw that some people were late risers whilst others were up and about earlier. The process for ordering shopping had changed so that people were more involved in the choice of items and that additional ad-hoc trips involving the people living at Heath Lodge were made in addition to the weekly on-line shop.

At the last inspection we found that the registered provider was in breach of regulation 16 of the Health and



Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had failed to record, manage and respond to complaints in line with this regulation. During this inspection we found that the registered provider was no longer in breach of this regulation.

People told us that they knew who to speak with if they had concerns or were unhappy. We reviewed the complaints file provided and saw that complaints made had been taken seriously, dealt with and responded to in line with the provider's policy. There was a pictorial version of the complaints policy available.

People told us that they were happy living at Heath Lodge, comments included "On the whole happy, wouldn't change anything" and "Happy living here".

We saw that some documentation was available in easy-read or pictorial format to support individual's needs. This included a very detailed financial capacity assessment, complaints leaflet and My Health Care Plan.

We saw that people were supported to take part in various activities which included bowling, wrestling, snooker, meals out, visiting the garden centre, shopping, the Friday Club and going to the local pub. Some people were independent and regularly visited the town centre or went for walks in the local area. Staff told us they now felt able to introduce more social activities within the home, for example watching films and games nights and that a trip to Chester was planned for the following week.

We have recognised that action was taken to address previous concerns. Due to the need for on-going and sustained improvement in care planning we have rated this domain as Requires Improvement. We will check these issues at our next planned comprehensive inspection.



# Is the service well-led?

## Our findings

At the last inspection we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as governance was not sufficiently robust. During this inspection we found that the registered provider remained in breach of this regulation as, although improvements were noted, quality assurance systems were not sufficiently established and operated effectively to assess and monitor the quality and safety of the services provided. Systems in place had not identified all of the issues noted within this report.

The registered provider had recently introduced a new comprehensive quality assurance audit tool. It was a more structured approach than previously and indicated that yes/no answers were not acceptable without a clear rationale recorded with a red, amber, green rating for priority and compliance.

We saw that since the last inspection the quality of care planning had improved, however the system for regular review was not sufficiently robust to ensure that care plans accurately reflected current support needs and this had not been identified by quality audits.

As noted within the Responsive section of this report, we saw examples of care plans which had not been regularly reviewed or had not been updated with significant changes. A person's nutrition and personal care plans were reviewed only twice in 2017 and once in 2018, the last review having been completed in April 2018 and significant changes had not been updated.

We looked at the audit completed in July 2018 and saw that the care plan for that person formed part of the audit. An entry noted that the entire support plan has been reviewed. The audit tool for August also repeated this statement when, as noted above, records indicated this was not correct.

The audit tool did not include timeframes for completion nor the person responsible for carrying out the remedial actions. The system would benefit from the inclusion of a separate action plan to clearly record those requirements. In addition, this would prevent the tool from becoming unwieldy and repetitive as it becomes an established procedure.

These issues were a further continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required by law to inform the Care Quality Commission (CQC) of certain events which occur within the service. During the last inspection we found that on several occasions they had failed to do so. This was an offence under Regulation 18 (1) (e) and (f) of the Care Quality Commission (Registration) Regulations 2009. Therefore, we used our enforcement powers to issue a Fixed Penalty Notice which resulted in the registered provider being fined £1,250.

At the time of this inspection the service did not have a registered manager. 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 2008 and associated regulations about how the service is run. We also used our enforcement powers against the registered manager due to the level of failings identified during the last inspection. This resulted in the decision to cancel their registration.

Since the last inspection, the management of the service had been undertaken by several people. A peripatetic manager had been appointed however they left suddenly in July. Since that time, day to day management had been covered by an interim manager (a manager from another of the registered provider's services). Additional support had been in place with the appointment of a new area manager and from the nominated individual, director of operations and positive behavioural support manager (PBSM).

Staff and people living at Heath Lodge spoke highly of the current interim manager. People told us (Name), he's fine". Whilst staff comments included, I think the home is well led because you can see the improvements that have been made and (Name) is working hard to get this place up to standards"; "(Name) will go through documents so we know certain things about the company and where policies are"; "Feel (Name) is very hands on and what you would want from a manager"; "Day to day running of the home has improved, everything is better planned" and "Management has improved massively since the last inspection".

We were told that staff felt supported, listened to, that they were treated fairly and that staff morale had improved. Staff said, "Really good support from everyone"; "Staff morale is really good, very strong, no split, previously felt like had manager and seniors and then the rest, whereas now you are one team"; "Feel listened to yes definitely, things change or there is a way around it"; "I'm very proud of the staff team because there is a good support mechanism, staff are considerate of each other" and "Everyone is working as a team because before it wasn't before."

The nominated individual told us that they felt management and staffing changes, along with the requirements of investigations had initially impeded on the speed at which improvements became established. There had been a high use of agency staff which had meant that new procedures and areas of improvement had to be revisited as they were not sustained. The sudden departure of the peripatetic manager had also impacted on improvements. However, they felt that since July, with the arrival of the new interim manager, completion of investigations and successful recruitment, improvements were now being embedded more quickly. This view was also echoed in staff comments which included "Had a lot of agency which was really hard to work with" and "Changes were very slow to begin with, felt like nothing had changed because of high agency, spent half the day repeating things".

Staff told us their views about the changes that had taken place. They said "Looked at CQC report and was apprehensive but I saw it as they are looking for new workers so they want to better the service and I wanted to do that"; "Can't say one change I don't agree with it has all been necessary and for good reason"; ""Definitely on the up, can see it falling into order" and "You can feel things improving".

We saw that team meetings had been held with minutes retained. These evidenced that staff were supported with areas that had been highlighted for improvement.

People living at Heath Lodge were involved in decisions and could express their views about the service during tenancy and empowerment meetings. A pictorial record of the meeting was produced. We saw that meetings covered topics including maintenance, complaints and compliments, house updates, activities and safety.

A feedback form was also available for external professionals, agency and relief staff. We looked at records for July and August and found that comments were positive. They included "Everyone polite"; "I really enjoyed working here. The staff welcoming made me feel great. Would love to come and work here again" and "Enjoyed my shift, looking forward to returning".

Following the last inspection, the registered provider has worked in liaison with the local authority safeguarding team and the CQC providing updates from investigations into concerns raised. The nominated individual has submitted ongoing versions of an improvement plan, although we had not received the most recent updates. An extensive investigation of finances was carried out and the registered provider is in the process of confirming final reimbursement.

We asked the nominated individual about learning taken from the last inspection. They advised that it had been a difficult period but that it was positive the concerns had come to light. The registered provider had reviewed where things had gone wrong and revisited quality audits. They confirmed they would be carrying out a more detailed reflective learning review with the director of operations and would share the outcome with the CQC.

At the last inspection, due to the seriousness and level of concerns identified, the service was placed in Special Measures. During this inspection we found that significant improvement had been made, that the concerns had been taken seriously therefore the service was no longer in special measures.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to ensure that quality assurance systems were sufficiently established and operated effectively to assess and monitor the quality and safety of the services provided.</p> <p>The registered person failed to maintain an accurate 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>