Care Uk Community Partnerships Ltd

Heather View

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 9 and 12 June 2015. It was unannounced. There were 57 people living at Heather View when we inspected. People cared for were all older people. They were living with a range of complex needs, including diabetes, stroke and heart conditions. Some people were also living with dementia. Some of the people living with dementia could show behaviour which may challenge others. Many people needed support with their personal care, eating and drinking and mobility needs. The registered manager reported they provided end of life care when required. No one was receiving end of life care at the time of our inspection.

Heather View was purpose-built as a care home. It provided accommodation, treatment and care for up to 74 people, over four floors. Accommodation for people was provided on three floors. The top floor provided accommodation to people who had residential care needs. The second floor provided nursing and care to people who had nursing care needs. The first floor provided care to people who were living with dementia, who had residential care needs. Each floor had its own sitting and dining areas. The ground floor provided further communal areas for people, the offices and support facilities like the laundry. A passenger lift was provided between floors. There was an enclosed garden

Summary of findings

area, which was wheelchair accessible. Heather View was situated close to the centre of Crowborough. The provider was Care UK Community Partnerships Ltd, a national provider of care.

Heather View had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt there were not enough activities provided. We observed some activities taking place but most of the people, particularly people who did not go out of their rooms, had little to occupy them. People's care plans relating to activities did not focus on activities which benefited them. Management had identified that action was needed and a new activities worker was in the process of being appointed.

People's care and treatment plans were mixed. We saw occasions where people's care needs were not documented and where people's care plans did not clearly document what their needs were. This meant staff who were unfamiliar with the person would not know about all of people's needs. Such matters had not all been identified during audit. Other care plans were clear and documented care that staff told us about and we observed being provided.

Many people's clothes were unmarked so were not returned to them. Domestic workers did not have evidence of regular supervision, so areas for action had not been identified and addressed. Other staff felt supported in their roles by their line manager but said they did not always receive supervision. Each head of department had their own ways of recording supervision so there was not a consistent system, to ensure all staff were received supervision.

All of the staff we spoke with showed a clear understanding of their responsibilities for safeguarding people from risk of harm. Staff also showed a clear understanding of their responsibilities under the Mental Capacity Act 2015 and the Deprivation of Liberties Safeguards.

People said there were enough staff on duty to meet their needs and staff responded quickly when they needed them. The provider had standard systems to ensure prospective staff were fully assessed for their suitability to work with people, prior to employment. Recently employed staff described their induction as "Very effective." Staff were positive about the training. Staff supported people in an effective, safe way, including people who were living with dementia.

People said Heather View was a caring place. Staff supported people in a caring way, seeking their permission before they supported them and involving them in decisions about how they wanted to be cared for. Staff were always polite to people and clearly knew them as individuals. People's relatives said they were involved in supporting staff to care for their loved ones and people's independence was encouraged. Staff practice ensured people's privacy and dignity.

Heather View had relevant environmental risk assessments. All people also had individual risk assessments to ensure their safety. There were regularly reviewed. Heather View complied with national guidelines when ensuring people's safety. The registered manager had clear systems for auditing accidents and incidents. They took action where matters were identified.

Heather View had safe systems for administration of medicines. These systems were regularly reviewed and audited, to ensure staff followed the provider's policies. People said their medical needs were met. A GP said staff worked effectively with them to ensure people's medical needs were promptly reported to relevant external professionals.

All of the people we spoke with made positive comments about the meals. Meals were attractively presented. People were able to make choices about what they wanted to eat and drink. Staff were readily available to support people with eating and drinking if needed.

The registered manager followed the provider's complaints policy. Records of complaints were clearly documented, together with actions taken. People and their relatives were regularly consulted about quality of care provision.

People told us they thought Heather View was well managed. The registered manager and provider had

Summary of findings

established systems for auditing the quality of the service. Where matters were identified, action was taken. For example action had been taken to replace old furniture.

Staff said they were consulted and informed. Regular meetings took place. These were minuted so staff could review matters raised. Staff were aware of Heather View's managerial structure and aims and values. One member of staff summed Heather View's values up by saying their role was to "Make sure the care to everyone is person-centred."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Heather View was safe.

People were protected from harm. There were established systems for

assessment to ensure risks to people were minimised.

There were enough staff employed. Staff had been recruited using safe systems.

There were effective systems for the safe administration of medicines.

Is the service effective?

Good

Heather View was effective.

People's needs were met by staff who had been trained and supported in meeting people's needs.

People's diverse needs were met under the Mental Capacity Act 2005. Deprivation of Liberties Safeguards were acted upon.

People's medical needs were met.

There were full supports to enable people to eat and drink what they needed, in the way they chose.

Is the service caring?

Good

Heather View was caring

Staff supported people in a caring way, seeking their permission before they provided care.

Staff involved people in making decisions about their care and encouraged people's independence.

People's privacy and dignity were ensured by staff who knew people as individuals.

Is the service responsive?

Requires improvement

Heather View was not always responsive.

There was a lack of consistent meaningful activities for people. This had been identified by management and action was being taken to progress improvements.

People's care plans were mixed, so some did not inform staff who were unfamiliar with a person how their care and treatment needs were to be met. Other people's care plans were clear and outlined all of a person's needs.

Summary of findings

There were effective systems for people to raise complaints and for management to consult with people using the service.

Is the service well-led?

Heather View was not well-led in all areas

The audit systems had not identified improvements needed in some areas relating to the laundry and planning of people's care.

People felt Heather View was well managed. The provider and registered manager had systems for audit of the service. This included reviewing accidents and incidents, taking action were issues were identified

Staff were aware of Heather View's vision and values and were informed and consulted with about the service.

Requires improvement

Heather View

Detailed findings

Background to this inspection

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

The inspection took place on 9 and 12 June 2015. The inspection was undertaken by three inspectors. An inspection manager was also present for one of the inspection days. It was unannounced.

Before our inspection we reviewed the information we held about Heather View, including the previous inspection report. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We did not request a provider information return on this occasion. This was because of some of the information received led us to perform the inspection at an earlier date than originally planned.

We met with 21 people who lived at Heather View, observed how people were, and support they received from staff throughout the inspection, including lunchtime meals and activities sessions. We observed medicines rounds across all three floors. As some people had difficulties in verbal communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people's relatives and a visiting GP.

We inspected the home, including sitting and dining rooms, some people's bedrooms, the medicines' rooms, bathrooms, toilets and the laundry. We spoke with 16 care workers, two registered nurses, the activities worker, four domestic workers, the maintenance worker, an administrator, the deputy manager, the registered manager and an area manager.

We 'pathway tracked' nine of the people living at Heather View. This is when we looked at people's care documentation in depth, obtained their views on how they found living at Heather View and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, five staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe at Heather View. One person told us "I feel safe here" and another person said emphatically, "I definitely feel safe." A care worker told us a key area for them was to "Protect people from harm."

All of the staff we spoke with showed a clear understanding of their responsibilities for safeguarding people from risk of harm. This included the maintenance and laundry workers, as well as care workers and registered nurses. A newly employed care worker said if they had any concerns a person might be at risk, they would always inform the manager, so they could pass on the information to the local authority safeguarding team. Another member of staff told us there were flowcharts on staff noticeboards which they could follow if they had concerns. This information included the local authority's contact number so they could take matters further if they felt managers were not taking appropriate action. We looked at staff recruitment files and saw safeguarding people from risk of harm was an area which was explored at each prospective member of staff's interview. This was to assess prospective staff's awareness of their responsibilities, prior to offering them a post. The deputy manager was fully aware of their responsibilities for making alerts to the local authority. They said they had needed to suspend a member of staff in the past due to information received and had received support from the provider's human resources department to do this.

People said they felt there were enough staff employed to meet their needs. One person said staff "Come when you want them," and another "There's lots of people floating around," about staff availability. A person said they found it hard to walk on their own but staff "Always came" when they wanted to move. A person told us they had fallen recently and staff had come quickly to attend to them. They said they were "Less afraid" of walking because of this. All of the staff we spoke with reported there were sufficient registered nurses and care workers on duty. We met a member of the night staff, who was attending training during the day. They said they could report any concerns about staffing levels to the manager, and knew action would be taken. The manager told us if they felt someone needed one to one support, for example at the end of their life, there were "No issues" with the provider about putting additional staff on duty. One of the people we met with was currently receiving one to one support due to their behaviours which challenged, to ensure their safety.

People said staff turnover was not a problem at Heather View. A relative told us there had been problems with staff turnover in the past but this had now reduced. An external healthcare professional told us "The turnover in staff is relatively low," in comparison with other similar services they supported. The manager said they were using some agency staff, mainly to cover for unplanned sickness and they had a few vacancies, due to "Normal" turnover in staff, but these were usually covered by the home's own staff. There were no agency staff working when we inspected.

We looked at systems for recruitment of staff. The provider had standard systems to ensure prospective staff were fully assessed to be safe to work with people. These included Disclosure and Barring (DBS) checks, employment history and two satisfactory references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. All prospective staff were interviewed using a standard interview format. Questions included their understanding of how to support people who were living with dementia.

Heather View had relevant environmental risk assessments, including a fire risk assessment. All equipment, such as hoists to support people with moving, were regularly serviced. We met with the maintenance worker who was fully aware of their responsibilities for ensuring the home environment remained safe and risk-free. They showed us the wide range of regular safety checks they performed. This included checks on bath water temperatures to ensure they were maintained within safe ranges. The maintenance worker reported the provider was "Quickly responsive" to any issue and they had "No problem" getting resources as needed.

All people had individual risk assessments to ensure their safety. These included assessments for risk of pressure ulcers and of falling. These risk assessments were regularly reviewed to ensure any changes were noted. We had been informed before the inspection that some of the people were at high risk of falling. Staff we spoke with were aware of people who were at high risk and described how they reduced these risks, without affecting a person's liberty to move around as they wished. One person's care plan stated

Good

Is the service safe?

they were unsteady on their feet and at high risk of falls, but did not like anyone actually walking with them. Their care plan stated staff were to supervise the person when they were walking at a slight distance from them because of this. We saw staff followed what was outlined in the person's care plan throughout the inspection.

Several people remained most or all of their time in bed. Heather View followed national guidelines on ensuring such people's safety. Most people who remained in bed had their bed lowered to the lowest position, with a crash mat next to it, so the person would not injure themselves if they rolled out of bed. The registered nurse said they only used bed rails if there were no alternatives to maintain the person's safety. People had risk assessments about safety when they were in bed. These were regularly reviewed and up-dated if the person's condition changed.

Staff told us some people could be at risk of unexplained bruising. They were aware of the need to document any unexplained bruising on a body map when they first observed it. We discussed one person's records with a registered nurse. They knew about the person's current records of unexplained bruising. They had already referred the person to their GP for consideration of a review of their medication because the medicines they were prescribed could have been a factor in their unexplained bruising.

Heather View had safe systems for administration of medicines. All medicines were securely stored. Full records were maintained of medicines brought into Heather View, given to people and disposed of. All staff who supported people with their medicines did this carefully and did not rush them. They gave people the help they needed to take their medicines, including drinks of their choice. They checked each person had fully swallowed their medicine before signing that the person had taken their medicine. Where people were prescribed medicines on an 'as required' basis, there were clear protocols outlining the reasons a person needed their medicine and how often it was to be given in 24 hours. One person had chosen to give themselves their own medicines. They had a risk assessment relating to this. The person could not access their secure storage cupboard for medicines in their room due to a disability. An alternative one was being fitted which met their needs. A person who was living with dementia had been administered their medicines in a disguised way in the past. The reasons for this had been analysed and due to changes made in the person's care, the person was now able to take their medicines as prescribed, when prompted by staff. Where people were prescribed skin creams, there were clear charts to show on which part of their body the person needed the cream applying. Records of application were maintained in full.

Good

Is the service effective?

Our findings

People said their care was effective. One person told us "I'm well looked after." A person's relative described staff as "Well trained." An external professional said Heather View was effectively meeting people's needs and added "I think the level of care here has gone up and up."

Staff supported people in an effective, safe way. We observed several occasions when staff supported people to move by using a hoist. They did this safely and carefully, checking with people throughout that they felt comfortable, guiding them where to place their hands so they were safe and checking their feet were protected. Staff supported people who were living with dementia in an effective way. This included using distraction if a person showed signs of behaviours which could disturb other people. For example one person started to raise their voice with another person at lunchtime. A care worker noticed this quickly and came over, they chatted to both the people calmly, distracting them by asking them if they liked their meal and what they were thinking of doing that afternoon. Both people were calm after the care worker's intervention and chatted comfortably with each other.

New staff said they were supported when they started working at Heather View. One care worker told us they were still working their probationary period. They described their induction as "Very effective." They said they had worked on e-learning, then related it to practice when shadowing experienced staff. They said "It all made sense" because they had done this. Another newly employed care worker described how they had followed up e-learning and aspects of practice with their team leader to embed what they had learnt.

We observed a training session. The training was in a seminar-type format and was led by a trainer from the provider. The training covered a range of areas related to meeting people's needs, including the importance of clear documentation and supporting people who were at risk of pressure ulcers. During the seminar, staff were supported to identify how people's risks could be reduced. These types of training was not recorded in staff files. We discussed with the manager that if such training were recorded they could identify staff who had attended and staff who might benefit from further sessions. The manager maintained records of the provider's mandatory training, this included fire safety and infection control, among other areas. The registered manager used the matrix to identify staff who needed refresher training, to ensure they maintained their skills. Copies of the training matrix were made available to staff so they could ensure they kept up to date with the provider's mandatory training.

All of the staff were positive about the training. One care worker said the e-learning was flexible for them to use because they could access e-learning either on the computer in the staff room or log on at home. We looked at the provider's e-learning training on dementia. The e-learning was interactive and covered a very wide range of aspects of caring for people who were living with dementia The manager was sent an email if a member of staff failed knowledge tests in e-learning so they could ensure the member of staff received the support they needed to improve their learning in the topic. Staff at all levels were involved in the provider's mandatory training. Laundry and the maintenance workers confirmed they had undertaken dementia training. This was because they had contact with people while carrying out their roles and so needed to know how to support people effectively.

Registered nurses and care workers said they felt supported in their roles and could go to their team leader or manager if they felt they needed to. Although staff felt supported in their roles, we received mixed responses about formal supervision meetings. One care worker told us they had started working at Heather View in December 2014 but had not had a supervision since then and felt they were "Due supervision". Another care worker also reported they had not had supervision since 2014. However other staff responded differently. A care worker told us about their recent supervision. They said it made them feel "Valued" because it was "Focussed on me." Another care worker said they received supervision "Regularly" about every two months. On discussion with the manager it appeared each head of department had their own ways of recording supervision, there was not a centralised system so she could review if supervisions were taking place regularly for all staff. She said this had been identified and could be developed by the clinical lead when they came in post.

All of the staff we spoke with showed a clear understanding of their responsibilities under the Mental Capacity Act 2015 and the Deprivation of Liberties Safeguards. The registered manager had an audit trail of DoLS applications applied for, together with the reasons and progress towards

receiving a response from the local authority. A registered nurse told us about a person who no longer had capacity to make some decisions. They had alerted the person's GP, family, social worker and the manager. An assessment of the person's capacity had been completed so the person could be supported in the way they needed. We discussed DoLS with a care worker, they were aware of all the people they cared for who was subject to a DoLS application, and why it was needed. One of the people was cared for in a recliner chair, which they could not get out of independently. A care worker told us the person had a medical condition which meant they were unable to bend at the waist. The person had been involved in deciding to use this chair as it was the most comfortable way for them to sit out of bed.

People said their medical needs were met. A person told us they had a variable medical condition and they were pleased the way staff requested their GP to visit them every week so their condition could be kept as stable as possible. We met with a GP during our inspection. They described the effective partnership between staff and themselves. They said because of this, people's medical needs were dealt with promptly and it reduced need for people to be referred to emergency services. We asked staff what they did if a person became unwell. A junior care worker said they knew they must never assume a situation was "Not serious" and would ring the emergency bell to summon the senior care worker whenever they had concerns. Another care worker said they had received first aid as part of their training and this supported them in keeping calm during changes in people's medical conditions. Support from external healthcare professionals was sought when needed. The registered nurse described their close working relationship with the tissue viability nurse for a person who currently had a wound.

All of the people we spoke with made positive comments about the meals. One person said "What you get is very good," another person described the meals as "Very tasty." We asked a person what they thought of the lunchtime meal, they smiled at us and said "Really nice." A person told us if they did not like what was on the menu, they could say and they would be offered something different. We observed a person who was shown both of the choices for the meal. After eating a small amount of their first choice, they changed their mind, so staff gave them the other meal. After eating a small amount of their second choice, they said they did not want that and would like a sandwich. A care worker then gave the person the sandwich they asked for, which they ate. A care worker said the person was at nutritional risk and needed to be supported in the way they wanted, to make sure they ate sufficient amounts.

Meals were attractively presented. This included the pureed meals. The dining tables were pleasantly presented, with cloth tablecloths, condiments for people to use if they wished and glasses for people to drink from. Staff were available when people needed support. For example a person who was living with dementia became distracted more than once and although by the way they ate, they were clearly hungry, found it hard to concentrate to eat their meal. Each time the person left the table, care workers noticed this and supported them appropriately, reminding them it was a mealtime, showing them where their meal was and checking if they wanted to continue to eat in the dining room or would prefer to eat somewhere else.

Some people chose to eat in their rooms, others were very frail and unable to get out of bed. These people were brought meals on a tray. Their food was covered by a lid so it remained hot. One person was asleep when lunchtime started. A care worker returned to see how they were more than once during the meal. When the person woke up, the care worker checked with them if they were ready for their meal and then brought it to them. A care worker sat with another person, assisting them to eat, giving them the time they wanted to eat their meal, making the meal a social occasion. By sitting at the person's level, they could also check if the person was swallowing their meal safely.

Good

Is the service caring?

Our findings

People said Heather View was caring. One person said staff were "Attentive," another described staff as "Very good girls to me" and another said "Everybody here is very good, very nice." A care worker who had worked at Heather View since it had opened said "It's turning into a caring, lovely home." A care worker said they aimed to care for people so "At the end of the day all residents will be fine." The atmosphere in all parts of Heather View was calm.

Relatives said they were involved in supporting their loved ones. One person's relative said they came every day and liked to support the person with eating their meals. They were pleased staff let them do this. One person showed some distress about a close relative. We asked the senior care worker on the person's floor about this. The senior care worker told us about the person's individual complex family circumstances. Records about people's family involvement were up-dated regularly.

Staff supported people in a caring way and sought their permission before they supported them. Two care workers explained to a person that they needed to move them and they were going to use the hoist to do this. They asked for the person's permission before they started supporting them to move and explained what they were doing, for example "Going up," "Going back," throughout. They praised the person when they had sat them comfortably in their chair, saying "Well done." Two other care workers supported a person in moving from their chair to a wheelchair, they were calm and supportive throughout all the time they were helping them to stand, move and then sit down again. A person sat themselves at a distance from the table for lunch. A care worker asked their permission to push them closer in to the table, so it would be easier for them to eat.

Staff supported people to choose and be involved in decision-making. At lunchtime we saw staff discussed with people where they would like to sit to eat, politely reminding them it was lunch-time when they asked. One person was offered a clothes protector. They said they would prefer a napkin and the care worker made sure they had one. A care worker saw a person was having difficulty eating with the cutlery they were using. They gave them the option of using different cutlery and accepted what the person said when they chose not to use the different cutlery. People were offered choice of having a second and even third helpings, if that was what they wanted.

A person's relative said they liked the way their relative was cared for because staff supported them in being "As independent as possible." A person chose to eat in the sitting room. They wished to eat their meal without assistance, however due to living with a disability, they had difficulties in doing this. Care workers did not intrude on the person, but also regularly came back to check at a distance that the person was still managing to support themselves independently and did not need any further assistance.

Staff were consistently polite to people. One person snapped at a care worker, telling them loudly to go away. The care worker quietly and calmly left the person and them came back shortly after, addressing the person in a friendly way to see what they could do to help them. A laundry worker brought a person's clothes into their room. They politely explained to the person what they were doing in their room and asked their permission to put their clothes away. A person made loud, slightly offensive remarks to a care worker. The care worker remained cheerful and polite with the person when they supported them. They explained to us the person tended to be like this when they were waiting for a meal. The person calmed down once they had started to eat. The care worker said reacting in any way to such comments from the person could make them reluctant to eat.

Staff knew the people they provided care to as individuals, this enabled them to continue to support the person in making choices, even when they had difficulties in verbal communication. A care worker asked for a meal without leeks on it. They said this was because they knew the person did not like leeks and would not eat any of the meal if there were leeks on the plate. A care worker told a senior care worker about a change in a person's condition. This was because they said the person usually wanted to be one of the first people served their meal. On this day the person was sleepy and had not done this. The care worker knew the person well enough to know this might be a change for them which needed to be noted. A person was receiving

Good

Is the service caring?

one to one support. All of the care workers supporting the person knew the person as an individual and how to involve them in making decisions about what they wanted to do, to ensure their care plan was met.

People's privacy and dignity were respected. We looked at the results of a questionnaire sent out to people, 92% responded that their privacy was respected, others had not completed this section. All personal care was provided behind closed doors. Staff knocked and listened for a reply before they entered people's rooms. A domestic worker stopped soon after they had gone into a person's room after knocking because the ensuite door was open. They checked before they went further into the room that the person was not using the toilet and had left the door open while they did this. The provider's audit of March 2015 had identified film needed to be fitted to windows overlooking the road to ensure people could see out, but people passing by on the road could not see in. This had been actioned by the inspection. A visitor told us about a person who could remove their clothing. They said they were impressed by the way the staff made sure there was "A sheet around them immediately," when they did this.

Where staff did not show a caring approach, this was identified and management made sure it was addressed. A member of staff's file showed they had been given a verbal warning about their attitude. The notes on the person's file documented they needed to be less loud and more respectful of people. The member of staff had been advised in writing that any repeat would lead to more serious disciplinary action.

People's records were stored confidentially. People's paper records were kept securely in the office on each floor. Offices were locked when a member of staff was not in it. Most people's records were on computer, which were password protected, so only authorised staff could access them. The provider's audit of March 2015 had identified some staff training records were being stored in an unsecured area and might breach their confidentiality. This matter had been addressed by the time of our inspection.

Requires improvement

Is the service responsive?

Our findings

People said Heather View was responsive to their care needs. One person said "Staff do what they can." We saw staff responding quickly at lunchtime when people needed support with continuing to eat their meals. Staff attended promptly and politely when people used their call bell.

However people said they felt there was very little for them to do. A person told us they "Really like to be busy" but were "Sitting waiting." A person said they "Would like to be taken out to the shops." A person's relative said there were "No activities" provided for their relative and another person's relative said there needed to be "A little more one to one." This was not echoed by all people. One person, who said they were very independent, told us "I go out down the pub" and "I go out as much as I can." Another person described the quizzes as "Very good."

We observed activities were left out for people, such as jigsaws, colouring, books and magazines. Two people told us they didn't like any of these activities. Several staff felt the nursing floor "Missed out" on activities. This was because people with residential needs were more able to go on trips and people living on the dementia floor received the most attention. A care worker told us people were "Bored, there's not enough for them to do", particularly the people who chose to spend most of their time in their rooms. A person was calling out repeatedly during the afternoon. Staff went in to speak with them when this happened and they became quieter, but the person began calling out again once staff left them. There was no other active engagement with the person to support them and stop them disturbing other people. The person did not have a care plan to direct staff on how they needed to be supported with engagement.

We met with the activities worker. They said they worked full time and were supported by a part-time activities worker. Management had identified a deficit in activities and a new full-time activities worker would be coming in post, once their pre-employment checks had been completed. They were also building up the number of volunteers and forging links with the local community, to improve support to people. They said they had not received training in activities provision but the provider was just beginning to set up meetings between different activities workers in homes in the locality, to foster networking and spread ideas. The activities worker had also suggested all newly employed staff spend time with them as part of their induction, to increase understanding and foster joint working between staff. The registered manager was aware of this suggestion and reported they were progressing it.

We looked at people's care plans. They described people's diversional needs in non-specific way, for example that a person was to be given 'Meaningful jobs to do,' or the person needed 'Support and guidance for a meaningful life.' These care plans gave no indication of what the person wished to do, what they enjoyed and how they were to be supported in doing what they wanted. Although most people had very detailed past histories completed, which gave details about their previous lifestyles and preferences, these had not been used as a basis to develop meaningful activities for the person. The activities worker maintained lists of which people had been involved in which activities, but these records did not include engagement by the person in the activities they attended. People who were living with dementia would not be able to recall activities which they had enjoyed, and staff felt had benefited them, so accurate documentation was a key area to ensure their needs could be assessed and evaluated. Activities provision is an area which requires improvement.

People's care and treatment plans were mixed. Some people's care plans were not being followed. A person who was assessed as having a swallowing difficulty was supported to eat while reclining in a chair and not sat up to eat their meal, to prevent the risk of choking. This was contrary to what was documented in their care plan and reported as needed by staff. Some care plans did not ensure people's medical needs were appropriately planned for. A person was living with diabetes and needed regular injections. Their care plan did not state the range of blood sugar levels they needed to be maintained within or what actions staff should take if their blood sugar levels were outside these ranges. The person was frail and did not know about management of their diabetes. We discussed this with the registered nurse. They said they would revise the person's care plan. Some information known about by staff was not documented. A care worker told us about a person's preferred routine for getting up in the morning and going back to bed after lunch, to prevent their risk of pressure ulcers. The person had difficulties with verbal communication. The person's preferred routine to prevent pressure ulcers was not documented in their care plan. As it was not documented staff who were unfamiliar with the

Requires improvement

Is the service responsive?

person would not know how they wanted to be supported. Other people's care plans did not describe their needs clearly, so staff would not be able to evaluate care given by staff. A person's care plan described them as 'A little confused.' We did not understand what this term meant. We discussed this with the registered nurse, after prompting with questions, they said it was because the person had a tendency when they were tired to repeat back what a member of staff said to them. Such behaviours had the potential to indicate a range of needs for the person. These had not been assessed to ensure the person's needs were met. Care and treatment plans are an area that required improvement

Other care plans were being followed. A person had a detailed care plan about their risk of developing pressure ulcers. It stated the equipment to be used and how often they were to be supported in changing their position to prevent this high risk. We met with the person several times during the inspection and saw this care plan was consistently being fully followed by staff. A person who needed support to move had a clear care plan. The care plan specified a particular type of hoist sling which they needed. The sling was hanging up in their room. A care worker confirmed they always used this sling when helping the person to move. A person had a history of constipation. A care worker told us in detail how they supported the person with this, to ensure the person's comfort. What the care worker told us was fully documented in the person's care plan. A person had a history of behaviours which challenge. Their care plan clearly outlined actions staff were to take to support the person. The person's behavioural monitoring chart was written clearly, in non-judgemental language. The way it was written enabled staff to review the effectiveness of the person's care plan.

We asked people what they would do if they had concerns or complaints about their care. All people said they would be happy to raise such issues. One person told us they would "Absolutely" tell the staff. Another person said "If I had a complaint I would go to the top." A relative said they would "Go straight to the manager" and they were confident they would be listened to. The registered manager maintained clear records of complaints. Records showed the registered manager followed the provider's complaints policy, acted within timescales to respond to the complainant, apologising where necessary. We asked the registered manager about informal concerns. They said these were not currently documented, but this had been identified by the provider. The new computer system would enable them to record such matters, so they could review them and take action taken where relevant.

Residents and relatives meetings took place regularly, these were minuted. Questionnaires were also sent out to people and their relatives. Where issues were identified, the registered manager took action. For example some people had said access to the garden area could be difficult due to a small step. The step had been removed and full wheelchair access was now available to the garden. We saw several people enjoying the garden area when we visited.

Requires improvement

Is the service well-led?

Our findings

People told us they thought Heather View was well managed. One person described it as "A lovely place," another "I like it very much" and another "Oh do I like it here." A member of staff said "She's a good manager." about the registered manager. A care worker who told us they had worked at Heather View for quite a while described it as "Becoming more stable as time goes on." A senior member of staff told us "I do feel supported" by the senior managers from the provider.

The provider had systems for reviewing the quality of the service. These did not identify all areas. When we went into the laundry we found a rail of un-named clothes and four large boxes of assorted un-named clothes. The laundry workers said that as the clothes weren't named, they did not know who they belonged to. Heather View had a system for naming people's clothes but responsibilities for making sure people's clothes were named were not clear. The laundry workers were concerned about this because many of the people were living with dementia and could not identify their own clothes if they were not named. They felt they had raised the issue but they were not "Listened to." Domestic workers told us they had not been able to follow up on matters of concern to them, including heavy equipment and lack of communication with them, for example if a person were unwell and did not wish to be disturbed by a domestic worker. These issues had not been identified during the provider's or registered manager's audits, to ensure actions were taken.

The systems for audit had not identified some people did not have care plans about certain of their needs and that other relevant documents were not in place. A person's records stated they could show behaviours that may challenge others, however they did not have a care plan about actions staff were to take when this happened to ensure all staff were aware of planned actions and supported the person in a consistent way. A different person had bed rails in place. A care worker told us this was until the person returned to their normal levels of activity. They said the person had agreed to them being in place. There was no documentation to show the person had agreed to their use. These were areas which require improvement

The registered manager said they had identified some staff did not fully understand the importance of completing records to ensure all relevant information was captured. Records the registered manager had identified included changes of position for people who were at risk of pressure ulceration and food/fluid charts where people were at nutritional or hydration risk. The registered manager had put in a system for regular audit of such records. She had also asked for support from the provider's training department to support staff. A seminar on this and other areas was taking place at the time of the inspection. We reviewed a wide range of turn charts and food/fluid charts during the inspection, all apart from one, was completed at the time care was given. The registered manager reported this showed staff were embedding the importance of completing documentation correctly following in-put from both her team and the provider. The registered manager said currently they did not have a clinical lead in post who could support them in auditing people's care plans and staff supervisions.

The registered manager had an effective system for auditing accidents and incidents. The registered manager and deputy manager and reviewed all falls and incidents every week. They had developed an action plan to ensure relevant actions were taken to reduce risk to people, and all accident forms were fully completed to ensure relevant information was documented. For example the manager had queried an accident form after a person was documented as having fallen. This was because the member of staff completing the form had not documented if the person's sensor mat had been activated and if it had not, the reasons for this.

Audit of medicines were effective. The registered manager audited medicines on a regular basis. Medicines were also audited by the supplying pharmacist. A senior manager from the provider was performing a 'spot' audit of medicines during our inspection. This audit included a wide variety of areas relating to medicines. The senior manager was proactive during the audit, seeking to support the senior care worker to consider areas for improvement and how these might be achieved, for example by cross-referencing information relating to people's medicines with their care needs.

The registered manager performed other audits. They had a key to the back door and had done unannounced checks on the quality of service at night. They audited the building every week with the maintenance worker to identify any matters which needed attending to. They did not

Requires improvement

Is the service well-led?

document these audits. However when we discussed that some equipment like crash mats needed cleaning and some easy chairs were clean but showed old staining, they told us they had also identified such matters during their audits. They showed us they had recently put in a rolling programme for night staff to ensure all crash mats were cleaned regularly. They also showed us they had put in a requisition for new easy chairs to replace the old chairs.

The registered manager held daily 15 minute meetings with all heads of department to discuss issues and identify any areas for action. These were minuted. Minutes of the meetings followed a standard format to include changes in condition for people, staffing levels and health and safety issues. This ensured the registered manager was aware of current issues of concern across Heather View and all heads of department had relevant information to report back on to their staff team.

Managers held regular meetings with people and staff. These were minuted The minutes of the recent night staff meeting showed it had been well attended. Where issues were identified, action was taken. For example concerns about the availability of podiatry had been brought up, which the registered manager was seeking a solution for.

When staff left Heather View, exit interviews were performed to identify areas for improvement. The interviews we saw did not identify any issues of concern. One ex-member of staff had written they were leaving, "Not because I am unhappy at Heather View, purely for personal reasons. I hope I can be retained on the bank."

There was a clear managerial structure and all staff we spoke with were fully aware of their roles and responsibilities. All staff had a job description, which they signed. We looked at care workers' job descriptions. These were clear and outlined their roles and included relevant key areas such as building relationships with people and working effectively with the rest of the staff team.

Heather View had a statement of vision, aims and values, which was available to people and staff. This stated a primary area was to focus on quality, by engaging with people and commissioners, to understand how they wanted their needs to be met. Staff were aware of their roles and the vision and values. One care worker said the philosophy was to "Make sure the care to everyone is person-centred," another that a key area was to keep people "Happy, safe and secure." A care worker described the staff team at Heather View as a "Lovely bunch of people, we all support each other."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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