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Heaton Grange Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Heaton Grange is a single storey detached residence located in the Heaton area of Bradford. The service is registered to provide care and support to a maximum of 20 people, some living with dementia in both single and double bedroom accommodation. At the time of inspection there were 15 people using the service.

We inspected Heaton Grange on 16 January 2018 and the inspection was unannounced.

Our last inspection took place on 2 June 2017 and at that time we found the service was not meeting four of the regulations we looked at. These related to 'safe care and treatment', 'person centred care', 'fit and proper persons employed' and 'good governance'. Three of these breaches were continued breaches from the inspection before last. The service was rated 'Inadequate' for a second time and continued to be in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if any improvements had been made since the last inspection and whether or not the service should be taken out of 'Special measures.'

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 five key questions. Therefore, this service is now out of Special Measures. However, while we concluded improvements had been made they needed to be fully embedded and sustained to make sure people consistently received safe, effective and responsive care. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

At the time of our inspection the service had a manager who was going through the registered manager's process. The manager was being supported by a registered manager from another service. A registered manager is a person who has registered with the Care Quality Commission (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.

During the inspection people who used the service told us they felt safe. We found staff knew how to recognise and report concerns about people's safety and welfare. Safeguarding policies and procedures were in place and risk was assessed. We saw guidance in place to ensure risks were minimised with as little impact as possible on people's independence.

At the last inspection we found risk assessment documents were not always relevant or up-to-date. At this inspection we found that overall improvements had been made although further work was needed to ensure risk assessments were reviewed following incidents such as falls. Incident/accident forms did not reveal any concerns themes or trends with regards to incidents.

We found some improvements were needed to some aspects of care planning. For example some reviews required more meaningful evaluation.

Staff were recruited safely and we found the necessary checks were carried out in line with the provider's policy. Staff were on duty in sufficient numbers to provide timely care and support; including ensuring people could maintain their independence as much as possible.

Staff told us training was good and we saw evidence that training was regularly updated.

Although the décor was tired the home was clean. Gloves and aprons were readily available and seen to be used by staff when providing personal care.

Overall, we found medicines were safely managed. Medicines administration charts were well completed.

People told us they were happy with the food. People received a nutritionally balanced diet and were offered sufficient fluids to keep them hydrated.

People's health care needs were supported with access to a range of professionals including GPs, district nurses and physiotherapists. Appropriate equipment was in place to meet people's health care needs.

The service was working in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected and promoted. People's rights to choose and make decisions were supported in accordance with good practice and legislation. Staff asked people's consent before any care or support was given.

People were treated with kindness and compassion. There was a clear emphasis on people's individuality, dignity and independence. There was a lively and homely atmosphere and we saw people and staff knew each other well.

There was a good approach to planning and supporting activities which people wanted to participate in.

People were provided with information about how to make complaints. Complaints were documented and evidenced actions taken as a result.

Staff told us the manager and support manager were approachable, and we saw people who used the service felt free to approach management at any time.

People, their relatives and staff were consulted on the running and operation of the home. Regular residents' meetings were held and actions seen to be taken as a result of concerns raised.

We did not find adequately robust governance systems in place. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Further work was needed to ensure risk assessments were consistently reviewed following incidents. People were supported with their medicines in a safe way by staff.

Systems were in place to help keep people safe, which included safeguarding them from abuse.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

Although the provider had made some improvements to the safety of the service, it was too early for them to be able to demonstrate that things were fully embedded and that these improvements could be sustained over time.

Requires Improvement ●

Is the service effective?

The service was not always effective

Systems and processes were seen to be in place which provided staff with planned supervision and appraisals

The service was working in accordance with the requirements of the Mental Capacity Act which helps to make sure people's rights are protected and promoted.

People were supported to have an adequate dietary intake and their preferences were catered for.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff that were caring and compassionate.

Staff knew about people's individual likes, dislikes and preferences

Good ●

People and their relatives were involved in developing plans of care.

Is the service responsive?

The service was not always responsive.

Some information was missing from people's care plans and care plan updates did not always provide a full evaluation of people's care and support needs.

People were supported to take part in a range of activities in the home.

People knew how to complain and said they would raise issues if this was necessary. Complaints had been responded to appropriately and in a timely manner.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were systems in place to monitor the quality of the service. More work was required to improve care plans and risk assessments to ensure they were reflective of people's current needs. A mixture of documents were used which made it difficult to find the latest information on people's needs.

The manager at the home was going through the CQC registration process. People, relatives and staff told us the management team was approachable and supportive.

Staff and residents' meetings were held and actions taken as a result of these.

Although the provider had made improvements it was too early for them to be able to demonstrate that things were fully embedded and that these improvements could be sustained over time.

Requires Improvement ●

Heaton Grange Residential Home

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 checked 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.

Our inspection took place on 16 January 2018. The inspection was unannounced. The inspection team consisted of two inspectors and an expert-by-experience with a background in supporting people to use this type of service.

Before the inspection we reviewed all the information we held about the service, including past inspection reports and notifications sent by the provider about key incidents and events, which they are required to tell us about by law. We contacted people who commission services from the provider, safeguarding teams and other bodies such as Healthwatch to ask if they had any significant information to share. Healthwatch is an independent consumer champion that represents the views of people who use health and social care services in England. We did not receive any information of concern.

We did not ask provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a variety of methods to find out about the experiences of people who used the service. We spoke with the manager, support manager, one senior care worker and two care staff. We also spoke with five people who used the service and three relatives. As it was evident people were able to speak with us and share their experiences, we observed care and support but on this occasion did not carry out a Short Observational Framework (SOFI). We looked at records relating to care and support including five people's care plans, medicines records and a sample of information about the running of the home

including audits, maintenance records and three staff files.

Is the service safe?

Our findings

At the last inspection in June 2017 we found medicines were not managed in a safe or proper way. There were a lack of evidence to show lessons had been learnt following incidents. Water temperatures were not recorded in a satisfactory way. At this inspection we found significant improvements had been made.

People we spoke with thought the service was a safe place to live and they or their relatives were safe living at Heaton Grange. Comments included, "Everyone is so nice they look after me." "I have an alarm if I need help in my room." "My door is always shut and I have my alarm if I need help." "I think so it seems to be a really good place".

A visitor told us their relative was more settled than when they came to live at Heaton Grange, "He is more settled here people are around he can't wonder about." We saw in people's rooms they had access to alarms (Call system) if they required help.

We observed throughout the day staff storing equipment such as wheelchairs and walking frames safely and securely out of the way so people wouldn't fall over them.

Staff we spoke with understood how to recognise and report any allegations of abuse. They were aware of external organisations such as the Adult Protection Unit and Care Quality Commission (CQC) to whom they could report concerns. Staff said they had never witnessed any abuse in the home and were confident people were safe and well looked after.

At the last inspection we found risk assessment documents were not always relevant or up-to-date. At this inspection we found that overall improvements had been made although further work was needed to ensure risk assessments were reviewed following incidents. Risk screening tools were in place to assess risks such as poor skin integrity, nutrition, falls and moving and handling. These were subject to monthly evaluation and review. However following falls and other incidents, care plans were not always updated, meaning there was a lack of evidence of the action taken to protect people from harm. For example, one person had experienced a fall on the 9 January 2018, but their falls care plan had not been updated and the accident form did not detail the preventative measures taken. Another person had experienced two falls in December 2017 and again the care plan had not been updated with this information and how to reduce the risk of a reoccurrence.

At the last inspection in August 2017 we found there were no evidence to show lessons had been learnt as a result of accidents and incidents. This had breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found improvement was still required. We found incidents/accidents were logged on a dedicated form, however this did not provide sufficient detail of the action taken to prevent a re-occurrence nor did people's care plans. For example one incident stated that the person had obtained a small skin tear to their left leg when they were being assisted into bed, but there was no information within the person's moving and handling plan or accident form to show the risk to the person had been re-assessed and measures taken to prevent this from happening again. Incident/accident

forms did not reveal any concerns themes or trends with regards to incidents.

These findings evidenced that the provider is still in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw written evidence the provider had notified the local authority and the CQC of safeguarding incidents. The service had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

Overall we concluded there were enough staff to meet people's needs. Staff we spoke with said that there were enough staff to ensure people's care needs were met. Three care staff worked to care for the fifteen people in the home, supplemented by a cook. Care staff told us they had to do the laundry and cleaning as well but said that this was manageable and the management team assisted on the floor when required.

We spoke with people about whether they thought there was enough staff to look after people at the home. Comments included, "Sometimes they can be very busy and I have to wait." "I think so there seems to be. I am not kept waiting long." "They are getting more staff at the moment they seem to come and go you get used to one then they go." Relatives said, "There seems to be [enough] when I come they interact and chat with him." Another relative was positive about the staffing levels "Yes always a lot of staff around I have never notice a lack of staff."

At the last inspection there were some issues with recruitment and the service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. We saw there were safe recruitment practices in operation at the home. Staff files we looked at contained evidence of background checks being made, including requesting references and making checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people.

We spoke with a new member of staff who said they were subject to the required recruitment checks including attending an interview, providing a (DBS) check and providing references from previous employment.

At the last inspection there were some issues with staffing level and the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. The manager told us they thought sufficient staff were employed and staffing levels were based on people's needs. During the inspection we saw staff responded well, and people were not waiting for long periods. We looked at the staff rotas for two months and concluded staff levels were sufficient to provide safe care and support to the number of people who used the service.

At the last inspection there were some issues with medication and the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. Medicines were administered by senior care workers, who had received training in medicines management. Competency assessments were now completed on staff who administered medicines on a regular basis. This was to check staff had the right skills to administer medicines safely.

However, due to senior care worker sickness, there were occasions when there was nobody trained to give out medicines during the night shift. Whilst the manager said that on-call support could be utilised if people needed medicines, this likely reduced people's accessibility to some PRN (as required) medicines such as

pain relief. We saw a plan was in place to recruit further staff to ensure trained staff were in the building 24 hours a day.

We looked at a sample of Medicine Administration Records (MAR) and found these were well completed, indicating people had received their medicines as prescribed. Stock balances were kept for boxed medicines which meant the service was able to fully account for all medicines within the home. We counted a selection of medicines and found the number present matched with what records stated should have been present. This gave us further assurance people consistently received their medicines.

Arrangements were in place to give medicines which needed to be given at specific times such as before breakfast at the correct time to ensure they worked effectively. PRN protocols were now in place to provide staff with guidance on when to offer "as required" medicines such as pain relief. This helped promote consistent use.

If people refused their medicines, the reasons why were clearly documented. We saw the service was working with one person's GP to help reduce the impact of their refusal to take one of their medicines.

Medicines were stored securely. Since the last inspection improvements had been made to medicine storage with a dedicated controlled drugs cabinet provided. Controlled drugs were stored and managed safely with appropriate records kept.

Improvements had been made to the system for managing topical medicines such as creams. Clear records were now kept of administration and body maps maintained showing staff were to apply creams. This led us to conclude people were receiving their medicines as prescribed.

Although there was no dedicated cleaner within the home, we found the home to be clean and hygienic. We also saw staff wore protective aprons and gloves when carrying out care and support duties. This meant the service had taken appropriate actions to prevent and control infection.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEPS provide staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of PEEPS based on people's physical abilities, ability to understand verbal instructions and willingness to follow instruction.

At the last inspection we found risks associated with the premises were not appropriately managed. At this inspection improvements had been made. For example, radiators were now guarded to reduce the risk of scalding and access to hazardous areas was restricted. We looked around the premises and whilst the décor was tired and dated we did not identify any safety related issues.

At the inspection August 2016 and the last inspection June 2017 we found water temperatures were not recorded in a satisfactory way. This breached Regulation 12 of the Health and Social Care Act 2008 (Regulations 2014). At this inspection we found this was no longer the case. We saw documentation relating to water temperatures carried out, service records for the gas safety, electrical installations, water quality, fire detection systems and we found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested as required and equipment such as hoists was regularly serviced and kept in good condition.

The manager told us money was held in safekeeping for several people and transactions were dealt with by care staff. We checked the money and records of five people and found monies were managed safely. Staff

were following the provider's policy which is ensuring two signers when any transaction takes place.

We concluded significant improvements had been made since the last inspection. However, while it was apparent improvements had been made to ensure people who used the service were safe; it was too early for the provider to be able to demonstrate that the improvement were fully embedded and that these improvements could be sustained over time.

Is the service effective?

Our findings

We looked at records relating to staff support. We saw staff completed a comprehensive induction. As a part of their induction new staff spent time shadowing more experienced members of staff, to help them understand how care and support was delivered.

We spoke with a new staff member who said they had received an induction to the service and training in subjects which included moving and handling. Staff said training was delivered face to face and was interesting, varied and valuable.

We looked at staff records and the training matrix. This had improved since the last inspection. We saw training was either completed, booked, or in the process of being signed off as completed. Staff were required to complete a number of courses including fire safety, moving and handling, infection control, safeguarding, health and safety, nutrition, dignity and respect. Staff we spoke with told us the training was good and equipped them with the skills to carry out their role. Systems and processes were seen to be in place which provided staff with planned supervision and appraisals. The manager told us staff supervision has fallen behind and they were working to address this. Staff we spoke with reported they felt supported.

We saw people had a choice of two main meals at each mealtime. We saw staff asking each person which they preferred. We observed the mealtime experience and saw staff provided patient and appropriate support to people to assist them. Drinks were available to people throughout the day.

We asked people if they thought the food was good and if they got plenty of choice. Most thought it was reasonable. Comments were, "It has improved a lot some days we get a choice. They ask me what I would like if I don't like what's on offer that day." "The food is alright." "It's gorgeous." "It's alright. It varies. I leave what I don't like. I tell them and they give me something else." Relatives thought the food was reasonable. "The food always looks nice. He looks forward to his food. I don't know if they give him a menu choice." We asked two people if they had enjoyed their lunch and they said they had.

People's weights were regularly monitored to identify any emerging nutritional risks. We reviewed people's weights and saw most people's weights were stable. Where weight loss had occurred, appropriate measures were taken which included increasing snacks or referring to health professionals such as the GP. We saw people received their nutritional supplements as prescribed. Staff we spoke with were familiar with those who were of high risk of malnutrition and understand the action needed to help them increase their nutritional input. However, care plans required more personalised information on how to do this for each person.

One person was having their food input recorded. However records did not state how much of each meal they had eaten which made it difficult to establish whether they were receiving an appropriate diet. The person's care plan also stated that they needed 1330mls fluid a day and this should be monitored but we saw staff were not recorded this. We spoke with the manager who said there was no longer a need to do this, but recognised that this contradicted the care plan.

Care records showed us the service worked with a range of health professionals to help meet people's individual needs. For example the local mental health team had been involved to helping the home to devise a plan of care to meet one person's needs. District nurses and GP's were involved and contact with them was recorded within care and support plans. People and relatives we spoke with said the service liaised appropriately with health professionals. Relatives we spoke with said they were always consulted and contacted should people's healthcare needs changed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had made DoLS applications for three people who used the service. They explained that these people lacked the capacity to consent to their care and support and had assessed were likely being deprived of their liberty. Care plans demonstrated the reasons why these decisions had been made. These assessments were with the supervisory body awaiting assessment by the local authority. Senior care workers were aware for whom DoLS applications had been made, although a new care worker told us they did not understand the process as they had not yet received training in DoLS.

We saw evidence people had consented to plans of care/and or relatives had been involved in best interest decisions. We did identify one person who lacked capacity did not have any relatives, however the service had not arranged for an advocate to represent them during best interest decisions and care plan review. We spoke with the manager about the need to do this to ensure their rights were protected.

The manager told us the service had a good working relationship with other healthcare professionals to ensure people received appropriate care and treatment. Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as GPs, dentist, opticians, chiropodists, dieticians and the community nurse. A diverse range of equipment was in place to improve and support people's independence and this had been sought in conjunction with other health professionals.

At previous inspections we recommended the registered provider looked into making the environment more dementia friendly. On this inspection we found the registered provider had acted on some of our recommendation. Some adaptations such as signage had been installed thorough the premises to help people navigate around the home. However the general environment was tired, with carpets, wallpaper, skirting and door frames worn or damaged. Carpets were heavily patterned which may be confusing for people living with dementia. We found one bathroom door did not have an appropriate lock on it and one bedroom door could not be unlocked from the outside, which might be necessary in the event of an emergency. We raised these issues with the manager who said they would address. They showed us a refurbishment plan of work to be carried out.

Is the service caring?

Our findings

People we spoke with thought the staff were very caring and helpful and support was always there. We asked people if they thought the staff treated them or their relatives with privacy and dignity and were they respectful and polite. Comments included, "They always ask me before moving me and always knock on my door before they come in. They shut the curtains." "Staff are kind and polite we have a laugh." "I can have a shower when I want usually once a week more if I ask."

Relatives also thought the staff were caring and kind. Comments included, "Because he is always settled. He is looked after in a caring way. They refer to him as (preferred name)." "We provide her with her favourite toiletries and staff use them she is never smelly and her clothes are always clean. Her clothes never go missing."

We saw people were supported to maintain on-going relationships with their families and could see them in private whenever they wished. One relative we spoke with said they visited the home on a regular basis and were always made to feel welcome and offered light refreshments.

Throughout the day observed staff knocking on people's door and waiting before entering their rooms. We saw staff talking and engaging in conversation with people while doing personal care. For example, we observed staff changing a dressing on a person's knee in the lounge. Staff asked them if it was painful speaking quietly and politely. Staff told us that the person requested them to change their dressing in the lounge as it was painful for them to be moved. "(Name) requests she has it changed here as we have to use the hoist to move her and this is painful for her she prefers we do it here."

We saw staff helped people individually into the dining room and seating them safely in a chair. One person didn't want to sit down they wanted to walk around the building for a while. Staff patiently waited until they were ready to sit. One person had spilt their drink on their clothes, staff saw this and took the person to their room to change their clothes. A few minutes later that person arrived in the lounge with clean clothes on and a fresh drink was given. This demonstrated staff were aware and vigilant of people's individual needs.

We observed staff transferring a person from a wheelchair into a chair in the lounge. This was done swiftly and professionally without any problems. One person was in a special chair with their feet up. They had pillows, cushions and a blanket to make them more comfortable. This demonstrated staff ensured people were safe and comfortable.

We observed care and support. Staff treated people well with kindness and compassion. Staff had time to talk to people as well as completing care tasks. We saw staff talking to people, sitting with them and provide comfort, chatting to people about a range of topics. Staff were warm and smiley with people and people looked comfortable and content in the company of staff.

Staff demonstrated they knew people well and that they had good caring values centred around what was best for people. Information on people's life histories and personal preferences had been sought to assist

staff in the provision of appropriate care.

Staff told us they encouraged people to be as independent as they could be. For example they described how they helped people to choose what they were going to wear, by opening their wardrobe and showing them options. They told us some people would help to dust, wash up and help make their own drinks. They talked with fondness about the people living in the home, and their commitment to providing the best care possible

Staff were able to give examples of how they ensured people's dignity was maintained including closing doors and curtains. We saw staff had a high regard for dignity and respect for example adjusting people's clothing.

The care records showed people's relatives were involved in decisions about their care and treatment.

People's end of life care needs were assessed and plans of care put in place to help meet these needs and preferences. The manager explained the importance of ensuring families members were well supported when their relative approached the end of their life. They told us families were the people who were left behind when a person died and therefore it was extremely important they supported them through this difficult period. We saw complimentary letters where relatives had thank the service for their support during difficult times.

We saw information about how to communicate effectively with people was included in people's care records. This provided an individualised approach for each person and demonstrated the service was responsive to the diverse needs of people living at the service and working within the framework of the Equalities Act 2010. We spoke with the manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service. We saw no evidence anyone living in the home was discriminated against.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and about keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

Care plans contained an assessment of people's care and support needs carried out before they began to use the service. This meant the provider had checked to make sure they could meet people's needs. From this assessment, the level of risk was evaluated and a series of care plans written.

We looked at daily notes that recorded the care and support delivered to people. Overall these showed people's needs and preferences were being met. The care records we looked at contained some information about people's likes and preferences to help staff provide personalised care and support.

At the last inspection we found care plans did not reflect people's needs. This breached regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement made. Care plans were in place which covered areas of assessed need for example continence, nutrition and safety. Overall these were an improvement on the previous inspection and were subject to regular review. We asked staff about people's care and support needs and they were knowledgeable and able to confidently describe plans of care, giving us assurance appropriate care was consistently provided.

We found some improvements were needed to some aspects of care planning. Some monthly reviews required more meaningful evaluation. For example reviews often stated "no changes" rather than reviewing the success of the care plan. We identified that some people did not have skin integrity care plans in place detailing how staff were to keep their skin healthy. This was despite people having known skin conditions or being rated high risk of developing pressure sores. From speaking with staff we were confident that people were receiving the required care in these areas, however to ensure this was consistently provided these care plans should be created. The manager agreed to ensure these care plans were put in place.

People's social needs and preferences were assessed and used to develop plans of care. Although no activities co-ordinators were employed a lead care worker was responsible for co-ordinating activities. We spoke with them and they demonstrated that people had access to a range of internal activities including games, exercises, bingo, pampering and film nights. During the inspection we saw staff spending time with people meeting their social needs, singing, laughing and talking to them. Staff all said they now had more time to spend with people to keep them occupied and felt this had been beneficial in terms of people's mood and behaviour.

The lead carer explained that external entertainment was sought on a regular basis. Age UK had recently visited the home to do reminiscence based activities. The home had raised funds through an event to spend on future resident activities.

We asked people if there were enough activities for them to do at the service and did they get involved. Comments were, "I don't like to get involved but I watch other people getting involved. I am not in a good place today I just want to be left alone. The staff looks after me well they respect this. I like it here." "I don't do any; I am a telly addict I like to be left to my own devices." "My granddaughter takes me out for a coffee I

enjoy that." "A young man comes in and sings."

A relative spoken with thought there could be more to do. "He likes the music and singing, he doesn't do very much. In the summer he sits in the garden the last time he went out was three years ago when we took him out." Another relative thought the activities had improved. "They have brought in more activities since the new management took over." Overall we found activities were suited for the people at Heaton Grange.

A system was in place to log, investigate and respond to complaints. We saw a low number of complaints had been received about the service and when complaints had been made, action had been taken to investigate. People and relatives said they were aware of how to raise any concerns. We noticed there was a complaints procedure on the wall in the entrance to the building. An easy ready complaints policy was also on display to help people identify how to make a complaint.

Comments from people included, "There is a book at the side of me here telling me what to do. I would talk to one of the staff. There is one staff that has been here the longest I trust her." "I would tell staff what the complaint was. I don't know what I would do if it didn't get sorted." "Just tell staff they would sort it." One relative said, "If I have any problem I would go to staff or the manager and I'm sure they would deal with it."

We looked at what the service was doing to meet the Accessible Information Standard. We saw people's communication needs were assessed and plans of care put in place to help staff meet these. During the inspection we saw staff using tailored communication techniques to ensure information was appropriate communicated to people and to help ensure they understood what was being asked of them. For example, we saw staff observing people's body language as a way of determining if they consented to care and treatment. Some documents such as the complaints procedure were in an easy read format to promote understanding amongst the client group.

Is the service well-led?

Our findings

At the last inspection we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulation Activities) Regulation 2014. This regulation relates to the governance of the service. At this inspection we found significant improvements had taken place, however, there were still some areas which required further improvement.

Staff we spoke with said the home had improved over the last year with more effective management, and better organisation. One staff member said, "We feel we can make suggestions, it is totally open." Another staff member said, "Lots of improvements, it's made us all closer, there are more activities and we have more time to spend with the residents." Staff had well defined roles and responsibilities and received a task sheet each day to help ensure all tasks were completed in an efficient manner.

A range of improvements had been put in place following the previous inspection and we found most of the issues we raised had been addressed. The service had been supported by external consultants to bring about these changes. Whilst this had clearly had a positive effect, some care plan documents were in a format suggested by the consultants and others by the manager which meant there was a mixture of documents used. Further work is required to improve the consistency and clarity care plans. We spoke with the manager about the need to ensure a more uniform approach. The manager agreed to address this.

Since the last inspection the manager had improved the range of audits and checks undertaken by the home. Audits and checks were completed in a timely manner and included weekly and monthly medicine checks, equipment, environment and care plans. Although we saw some evidence these checks were identifying and rectifying some issues, audits of care plans and the environment could have been more robust to identify some of the issues we found. Incidents and accidents were subject to monthly audit and review, however comments on preventative measures were very brief and did not provide any evidence that actions had been taken following incidents. Some risk assessments lacked evidence of action taken to protect people from harm.

These findings evidenced the provider continued to breach Regulation 17 (Good governance) of the Health and Social Care Act (Regulation Activities) Regulations 2014.

We saw since the last inspection the provider visited the home more often. We saw documents of visits made by the provider to the service, where discussion had taken place with the manager and the provider. Topics covered, staff, safeguarding, discussions with service users, incidents and accidents in the home, complaints, care plans and medication audits.

People and staff were consulted on the running/operation of the home. We saw there were regular resident meetings held by the manager where aspects of the service including service quality, activities and menus were discussed. There was an annual survey sent to people and their relatives in an accessible format. The most recent had been undertaken in October 2017, and we saw a high level of satisfaction had been recorded. Where people had not given the highest level of feedback in response to certain questions, the

manager said they will be preparing an action plan to ensure improvements are made.

There was also a programme of staff meetings to enable the manager to receive and act on feedback raised. Staff were asked for items to include on the agenda of meetings and if they were unable to attend minutes were made available to them. We also saw copies of these minutes.

The service has established good working relationships with agencies involved in people's care. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

We saw the registered provider had the current CQC rating for the service on display at the entrance to the home and the manager was aware the rating must also be displayed on any website the provider may develop in the future.

We concluded the service was being well managed and that significant improvements had been made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that these improvements could be sustained over time.

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>Following falls and other incidents, care plans were not always updated. Regulation 17(2) (c).</p> <p>Audits of care plans and the environment could have been more robust to identify some of the issues we found. Regulation 17(1) (2) (a).</p>