

Pearl Care (Norwich) Limited

Heatherside Care 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

This inspection was unannounced and took place on the 6, 20 and 21 September 2016.

At the last inspection on 7, 8 and 12 October 2015 we found that the provider had breached three regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014) concerning suitable numbers of staffing, treatment of those living with diabetes and safe staff recruitment working practices. We had also made a recommendation regarding the implementation of a structured and recognised induction and training package for new staff which followed the Care Certificate Standards.

We told the provider they needed to take action and we received a report setting out the action they would take to meet the regulations. At this inspection we found that some improvements had been made with regard to one of the breaches identified. However during this inspection we identified two continuing breaches and a further two breaches of the HSCA 2014.

Heatherside Care Home (referred to as Heatherside throughout this report) is a care home which provides residential care for up to 34 older people living with a range of medical conditions including diabetes and dementia.

The home is situated in a village on the outskirts of Basingstoke. It comprises two floors, is situated within its own grounds and has a two acre secure rear garden. The home has 34 rooms, a communal lounge with a television and doors leading through to a patio area and the grounds. There is a smaller quieter and more private seating area adjacent to the main lounge. There is also a dining room, bathroom and shower rooms and a lift for access. Meals were served according to people's choice in their rooms or dining room. At the time of the inspection 30 people were living at the home.

Heatherside does not have a registered manager in post. 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. The previous registered manager had left Heatherside four months prior to this inspection and a new manager had been immediately appointed by the provider. At the time of the inspection they were in the process of becoming registered with the CQC. Throughout this report care staff will be referred to as 'staff'.

There were not effective systems in place to identify whether there was sufficient staff deployed to meet people's individual needs in a timely fashion. Where the need for additional staff had been identified, the provider did not ensure that these were made available. The provider had not ensured that regular reviews of people's dependency needs were carried out to identify the correct number of staff required to meet people's needs.

People were not always protected from the unsafe administration of medicines. Senior staff responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. However we could not see that appropriate advice had always been sought from healthcare professionals to ensure medicines were safe to be provided in a way other than prescribed.

Care plans and risk assessments contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements and promoted their dignity. People were encouraged and supported by staff to make choices about their care including how they spent their day in the home. However at the time of the inspection these care plans and risk assessments were not being reviewed monthly in accordance with the provider's guidelines. This was required to ensure they contained the most up to date relevant information and guidance to assist staff in delivering safe and effective care.

People were not always supported to have their diabetes safely managed. When advice had been provided regarding the management and monitoring of people's blood sugar levels this guidance was not always followed by staff to ensure people received the most appropriate medical treatment.

People, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people. This involved making decisions in the best interests of people who lacked the capacity to make a specific decision for themselves. Staff sought people's consent before delivering their care and support. However records did not always show people's decisions to receive care had been appropriately assessed, and documented.

People who were unable to make decisions regarding their care and treatment were not always supported by the relevant processes to ensure decisions made regarding their care were made in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager showed an understanding of what constituted a deprivation of a person's liberty.

People were not provided with the opportunity to participate in activities allowing them to live interesting and fulfilling lives. Recruitment of new activities staff was on-going at the time of the inspection however people told us they were bored as there were no opportunities available to them.

The provider had not always ensured that quality control audits had been completed in line with the provider's policy to improve the quality of the service provided. The manager was aware of this and had started work to ensure appropriate actions were taken.

People were not always able to immediately recognise the new manager however had no hesitation in raising concerns with them if required. Staff did not feel that the manager was always a visible presence in the home.

Staff told us they felt supported by their colleagues and senior staff however they did not always feel this support from the manager.

People using the service told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people. People's safety was promoted because risks that may cause them harm had been identified and guidance provided to staff to help manage these appropriately. People were assisted by staff who encouraged them to remain independent.

Recruitment procedures were fully completed to ensure people were protected from the employment of unsuitable staff.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as a fire, flood or utilities loss. These were easily accessible to staff and emergency personnel such as the fire service if required to ensure people received continuity of care in the event of an on-going adverse situation which meant the home was uninhabitable.

People were supported to eat and drink safely whilst maintaining their dignity and independence. We saw that people were able to choose their meals and they enjoyed what was provided. People's food and drink preferences were documented in their care plans and were understood by staff. People were supported to eat and drink enough to maintain a balanced diet.

People told us that care was delivered by kind and caring staff who sought to meet their needs and ensure they were happy. We saw that people had friendly and relaxed relationships with staff who would stop and speak with them when they had the opportunity to do so.

People and relatives we spoke with knew how to complain and told us they would do so if required. No complaints had been made since the last inspection but procedures were in place for the manager to monitor, investigate and respond to complaints in an effective way. People and relatives were encouraged to provide feedback on the quality of the service through annual questionnaires.

The manager promoted a culture which focused on people receiving care in a relaxing and homely environment. Staff and people felt that the home had a homely and happy environment.

The manager had informed the CQC of notifiable incidents which occurred at the service allowing the CQC to monitor that appropriate action was taken to keep people safe.

We found two continuing breaches and three new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

People were not always supported by sufficient numbers of staff to be able to meet their needs in a timely fashion. The provider did not consistently use a dependency tool to identify when people's needs changed and when additional staff were required.

Risks to people had been identified and detailed. Recorded guidance was provided for staff to understand how to manage these safely for people. However these had not been updated regularly to ensure they contained the most up to date and accurate information for staff.

Medicines were administered safely by senior staff however people were not always provided their medicines as prescribed placing them at risk of harm as a result.

People were safeguarded from the risk of abuse. Staff were trained in safeguarding, understood how to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability for their role.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider had not ensured that all action had been taken to mitigate the risk relating to people's diabetes management. Monitoring was not completed as identified to be necessary by health and social care professionals to safely and effectively monitor people's changing health needs.

People were supported by staff who understood the principles of the MCA. Staff demonstrated a detailed awareness of how to enable choice in their daily lives. However the provider had not ensured that people who did not have capacity to make choices around the care were supported by the appropriate best interest

Requires Improvement ●

decisions.

The provider did not ensure that when required relevant persons were involved in the planning and managing of people's care to ensure it met their needs.

New members of staff were participating in a nationally recognised training induction process to ensure they had the skills and knowledge required to meet people's needs in an effective way.

People were encouraged to participate fully in mealtimes to ensure they ate and drank sufficiently to maintain their health and wellbeing.

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever required.

Is the service caring?

Good ●

The service was caring.

Staff were compassionate and caring in their approach with people, supporting them in a kind and sensitive manner.

Staff had a well-developed understanding of people and had developed companionable and friendly relationships with them.

Where possible people were encouraged to assist in creating their own personal care plans to ensure their individual needs and preferences were known and provided by staff.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not always provided with opportunities to participate in meaningful activities to ensure they lived an active and enjoyable life.

People's needs had been appropriately assessed by the manager prior to moving into the home. Risk assessment and care plans were not always reviewed and updated on a regular basis or when required to ensure staff were able to meet people's

changing needs.

Processes were in place to record, investigate and respond to complaints received. People felt able to approach the manager and staff if required to raise a concern however had not had the need to do so.

Is the service well-led?

The service was not always well led.

The provider sought feedback from people and their relatives; however the provider did not regularly monitor the quality of the service provided in order to ensure its continuous improvement.

The provider had not always appropriately addressed areas of concern identified through audit processes which were in place to ensure the safety and wellbeing of people living at the home.

Staff were aware of their role and felt supported by their colleagues and senior members of staff. However they did not always feel supported by the manager.

The manager promoted a culture which placed an emphasis on creating a homely and relaxed environment.

The manager had informed the Care Quality Commission about important and significant events at the home allowing monitoring that appropriate action was being taken where required.

Requires Improvement 

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

This inspection took place on the 6, 20 and 21 September 2016 and was unannounced. The inspection was conducted by two inspectors.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people, two relatives and 13 members of staff including senior care staff, care staff, maintenance, administrative staff, the chef and the manager. We pathway tracked nine people's care which included looking at their care plans and associated daily care notes, six staff recruitment files, staff training records, 30 medicine administration records and an additional seven care plans relating to people's medicines. We also looked at the staff rotas for the dates 20 June to 11 September, policies and procedures relating to the running of the service, maintenance records, quality survey results and service improvement action plans.

During the inspection we spent time observing staff interactions with people which included lunch time sittings. After the inspection we spoke with an additional healthcare professional.

Is the service safe?

Our findings

At our last inspection of the service in October 2015 we found the service was not meeting the legal requirements relating to a number of Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 (HSCA 2014). The provider had not followed robust recruitment procedures to ensure staff employed were of suitable experience and character, this was a breach of Regulation 19 (Fit and Proper persons employed). The provider had also not ensured that sufficient numbers of staff were deployed to be able to meet people's needs safely, which was a breach of Regulation 18 (Staffing).

Following the last inspection the provider submitted an action plan which stated they would meet the requirements of Regulations 19 and 18 by 25 December 2015. At this inspection we found the provider had met the requirements of Regulation 19 but there was a continuing breach of Regulation 18.

As a result of staff feedback and a recently completed dependency level assessment of people's needs, the newly appointed manager had identified the need for an additional member of staff to work between the hours of 08:00 and 11:00. However, the provider had not always ensured this additional staff member was available. From 1 August 2016 until 4 September 2016 this position was not staffed on 15 of 35 occasions. On these occasions the manager said that they were available to assist if required. However staff did not consistently report that this additional support was provided as described. This meant staff took longer to meet people's care needs in the morning.

People's daily care notes included a dependency profile used to assess people's level of care needs. These assessments were used to determine if people's needs had increased or decreased allowing for staffing numbers to be altered accordingly. However these had not been regularly reviewed to ensure that staffing numbers reflected people's current dependency levels.

The new manager had recently completed a dependency needs review before the inspection in August 2016. However, we saw in some people's care plans that there had been a period of 10 months where their dependency levels had not been assessed during which time their level of needs had increased. The increase in people's level of dependency had not been reflected in planned staffing levels which placed them at risk of not receiving the care they required at the time it was needed.

People gave mixed opinions when asked if there were enough staff to be able to meet people's needs at the time required. All the people we spoke with told us they felt that staff were around to help them when they wanted however they felt that there were not enough staff working during the night.

One person told us "At night time when there's only two of them (staff) and one is serving tea they then have to come through (and assist people to bed) but its night time and we're waiting, a lot of us are waiting to go to bed but they don't have the time". This person continued that they were not always receiving their bath/shower when they wished due to a lack of staff available. When asked if they had their bath and shower when they wanted, "Not very often, if I haven't had a bath or shower it's because there's no staff that particular time". Another person said they would sometimes not be supported to have their bath or shower

when they wanted due to a lack of staff availability, "Oh no, I suppose it will be missed from time to time".

Staff we spoke with told us they felt there were not always enough staff to be able to meet everybody's needs in a timely manner. One member of staff told us, "Sometimes I think, yeah, in the evening time if they (people) need to have a shower and you haven't got enough staff we miss that night and make sure they have one the next day, but personal care, no I don't think that anything's being missed, we always make sure they're dressed, showers would be the next day". Another member of staff told us, "I know that they've (provider) have been trying to recruit new staff but the level of care is quite high and we raised with the owners and they have put in the short shift in the morning but it's the evenings now...sometimes baths and showers do get missed because the time (available to staff)".

The manager had identified that sickness levels had recently been high which necessitated the use of agency staff. However they were not always reliable and during the inspection an agency member of staff failed to arrive without providing any warning. This meant the morning shift on that day was short of one member of staff. Staff told us this had happened on a number of occasions and as a result the manager was moving their contract to another agency to ensure reliability.

The provider had not ensured that a suitable number of staff had been employed and deployed in order to meet people's needs at the times they required and wanted. This was a continuing breach of Regulation 18 (Staffing) HSCA 2014.

Safe staff recruitment procedures were followed by the provider to ensure people were supported by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment.

Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. The provider had ensured that safe and effective recruitment procedures were followed when employing new staff.

People we spoke with were happy with the support they received with their medicines. One person told us, "Medicines are done very well here, I have a lot of respect for staff, they are very good indeed". Another person said, "Yes, I get that (medicines) alright twice a day". Another person told us they had always received their medicines at the required time.

During this inspection we could not see that people were always receiving their medicines safely. Whilst arrangements were in place for the safe storage, administration and disposal of medicines we could not see that these were always being followed. The provider could not assure themselves that medicines levels were accurate and available to meet people's needs.

Senior staff were responsible for administering people's medicines after undergoing training in medicines management. They were then required to shadow senior members of staff to observe how medicines were administered and then observed to ensure their competence. The deputy manager was planning to introduce annual competency assessments as part of staff supervision however this was not yet in place at the time of the inspection.

We could not see that appropriate advice regarding people's medicines was always included in people's Medicines Administration Records (MAR) to ensure they were given in the way they were prescribed. MARs

are records which detail how, when and why medicines should be given and include details of when people have or have not taken their medicines as prescribed. For example, during the inspection one person received their medicines during their breakfast when their MAR detailed that this should have been provided 30 minutes before breakfast. Some medicines must be provided before food to ensure that the body has had the opportunity to process them effectively before eating. People were not always receiving their medicines as prescribed.

One person experienced difficulties with swallowing and staff said that medicines should be dispersible or crushed to administer as per a healthcare professional's advice. There was no written information included within this person's MAR about how this medicine should be given. This placed the person at risk of not being provided their medicine with the required thickener to prevent them from choking. The home had also not checked with the pharmacy that the medicines prescribed were safe to crush. If medicines are altered without pharmaceutical advice this could place the person at risk by reducing the amount and effectiveness of the medicine. This person was receiving medicines in a way that had been not documented as safe therefore placing them at risk of not receiving the medicines required to maintain their physical health and wellbeing.

Where people had been prescribed topical medicines such as creams to prevent skin deterioration or breakdown they had topical MAR in place (TMARs), however, records did not always show that creams were administered as prescribed. For example, some people required the administration of cream twice daily to ensure the risk of acquiring a pressure ulcer was minimised. People's TMARs did not show this was always occurring. At the time of the inspection nobody at the home was living with a pressure ulcer however we could not see people's topical medicines were being administered as prescribed.

Medicines were stored in an appropriate way with fridge temperatures being monitored to ensure they remained safe for the storage of medicines. However Controlled Drugs disposal was not always completed as per legal guidelines. Controlled drugs (CDs) are particular medicines that require additional controls in the way they are handled to ensure people remain safe. We could not see that disposals of CDs were always being appropriately documented in the correct CD book. This meant that it appeared that the balances in the CD book were not correct and could lead to confusion regarding the levels of CDs being stored in the home.

For people who received 'as required' medicines, commonly known as PRN, we could not see that guidance had been provided to staff as to when their use was appropriate. PRN medicines are those given infrequently to people and guidance is required regarding when it is appropriate for that medicine to be given. We could not see that any PRN protocols were in place to ensure that staff knew when it was appropriate to provide people with PRN. Staff said they knew when people required their PRN medicine, however, as this was not documented, it may not be clear for newer members of staff who may begin to manage medicines.

The provider had not sought advice from the prescriber when required ensuring that people's medicines were administered safely. Suitable guidance was not in place to ensure that staff understood when people needed their 'as prescribed' medicines to ensure their health was maintained. This was a breach of Regulation 12 (Safe care and treatment) of the HSCA 2014.

Risks to people's overall health and wellbeing were identified and guidance provided to mitigate the risk of harm to them. People's care plans included their assessed areas of risk. These included risks associated with people mobilising, risks regarding people's ability to eat and drink safely and risks regarding people's ability to communicate effectively.

Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people. For example, some people living at the home were at risk of suffering low mood and anxiety. Information in people's care plans provided guidance for staff about recognise and take action when it was identified that someone was experiencing a low mood. Staff understood these risks and were able to describe the action they would take to prevent further deterioration in a person's mental health. This included making sure that any changes in behaviour were noted and appropriate healthcare professional advice was sought when required.

However risk assessments were not always reviewed regularly to ensure the identified risks were being managed safely. Some people's risk assessments required monthly reviewing however this was not always being completed. For example, one person had been identified as at risk of receiving pressure sores as a result of their limited mobility. We could see that their care plan was reviewed in February, March, April and July 2015, however it had not then been reassessed until February and March 2016 with no further reassessment since this date. Whilst this person had seen a decrease in their risk of acquiring a pressure sore, their risk assessment had not been reviewed monthly in accordance with the provider's requirements.

The manager acknowledged that the care plans and associated risk assessments had not always been regularly reviewed as required. As a result they and the deputy manager were in the process of reviewing all people's care plans to ensure they remained accurate, appropriate and provided the most up to date information to help staff support people safely. This process had already begun at the time of the inspection and we saw that appropriate action was being taken. More time was required to ensure that the process of reviewing care plans and risk assessments regularly was embedded in working practices and remained effective.

People were protected from the risk of harm because there were contingency plans in place in the event of an untoward event such as accommodation loss due to fire or flood. In this event people would be moved to another local residential home or a hotel which was situated in close proximity to the home. These plans allowed a quick reference for staff and emergency personnel such as the fire service, of the actions to take in the event of evacuation to ensure continuity of care for people living in the home.

All the people we spoke with and their relatives told us they and their family members were kept safe. One person told us "I do feel safe yes, the girls (care staff) look after us very well and the boys if ever we get them". Another person said, "Oh safe, absolutely yes". Relatives we spoke with confirmed this.

Staff demonstrated their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. All staff felt confident that the manager would act promptly and effectively in response to any concerns raised. Staff received training in safeguarding vulnerable adults and were required to repeat this training annually. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Is the service effective?

Our findings

At our last inspection of the service in October 2015 we found the service was not fully meeting the legal requirements relating to a number of Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 (HSCA 2014). The provider had not done all that was reasonably practicable to mitigate any risks to the health of people living with diabetes. This was a breach of Regulation 12 (Safe care and treatment) of the HSCA 2014. We also made a recommendation that the provider implement a structured induction programme for staff based on the nationally recognised Care Certificate.

Following the last inspection the provider submitted an action plan which stated they would meet the requirements of regulation 12 by 25 December 2015. At this inspection we found the provider had made some improvements in relation to meeting the legal requirements however a continuing breach of Regulation 12 remained.

The provider's action plan informed us they would provide additional training for senior staff on diabetes care and care plans and risk assessments would be revised to reflect people's needs. During this inspection we could see this training had been provided by a specialist diabetic nurse. The provider continued they would introduce a new document which would show the typical highest and lowest blood sugar levels for each individual. This would provide staff with accurate information and allow for any unusually high or low unusual readings to easily be identified so that appropriate medical action could be taken if required.

We reviewed the care plans and MARs for three people living with diabetes and could see that some of the actions identified as necessary by the provider to meet the legal requirements of Regulation 12 had been completed. However we identified that effective diabetes monitoring and guidance to assist staff in supporting people living with diabetes still required additional work.

We could see that daily records of blood sugar levels were being documented appropriately; however guidance on the correct timings for taking these readings was not always followed. Two care plans stated that people's blood sugar levels should be tested first thing in the morning and before breakfast. However for we saw that of 16 occasions when their blood sugar levels had been tested, four of these occasions were after breakfast. On a further two occasions there was no explanation of what time people's blood sugar levels were tested and recorded. This meant that people were not always being tested in accordance with the guidance provided which could lead to misleading readings being documented. This would not allow for accurate monitoring and detailed review of people's health condition to be easily monitored.

The provider did not ensure that they were doing all that was reasonable practicable to follow healthcare professional advice when testing people's blood sugar levels to ensure that medicines were being administered accurately. This was a continuing breach of Regulation 12 (Safe care and treatment) HSCA 2014.

The Mental Capacity Act 2005 (MCA 2005) 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on any authorisations to deprive a person of their liberty were being met. The manager displayed an understanding of when a DoLS would be required. No DoLS were currently in place for any person living at the home. Staff did not always show a comprehensive understanding of what situation constituted a person being deprived of their liberty which would require a DoLS authorisation. Whilst staff demonstrated that they would support people to leave the home if required people were at risk of having their liberty deprived without appropriate lawful authority.

Staff were not always able to clearly identify the principles of the MCA 2005 however people told us and staff demonstrated that they complied effectively with the MCA 2005 by offering people choices with their day to day care.

We could not see that the provider ensured that relevant persons were involved in making decisions regarding people's care when they were no longer able to do so themselves. For example, documentation stated that where a person was suspected of lacking the capacity to agree to receiving care then appropriate documentation should be completed on their behalf. We could not see this was being completed for all people living at the home who required this to be undertaken on their behalf. One person had been deemed as not having the capacity to consent to agree to their care however no best interest meetings or decisions had been recorded. Best interest decisions are those which are made for people who are no longer able to agree to a particular aspect of their care. Best interest meetings are held with people close to that person the decision is being made on behalf ensuring their needs are met fairly and that any action taken is for the benefit of that person. MCAs were completed where required however we could not see that fully documented best interest decisions were made with the relevant persons. This meant that it was not always clear that people were receiving care which was in their best interests.

The provider had not taken all the steps necessary to actively involve relevant person in decisions relating to what care and treatment was required in order to meet people's needs. This was a breach of Regulation 9 (Person centred care) of the HSCA.

People, relatives and a healthcare professional we spoke with were positive about the ability of staff to meet people's care needs. Staff told us they felt they received the necessary training to enable them to conduct their role effectively.

Following a recommendation made at the last inspection in October 2015 the provider had ensured new staff were in the process of completing an induction which was based on the Care Certificate. This is a structured induction programme staff which ensures staff are sufficiently supported, skilled and assessed as competent to conduct their role and meet the needs of the people they support. Staff spoke positively on whether they received sufficient training in order to meet people's needs. One member of staff told us, "(the training) is quite good actually, obviously we do the mandatory ones and if they (provider) find something (we do training on that). We've just had a dementia course which was a morning one and she (the external trainer) was absolutely fantastic...if we see something we do that and they (provider) are very good about

trying to get the trainings what we want". Staff told us that whilst awaiting training in areas such as manual handling they would observe the correct techniques and would always seek support from experienced members of staff to ensure they were completing the task safely.

The provider identified that staff were expected to complete training in a number of key areas in order to deliver care, this included first aid, safeguarding, food hygiene, health and safety, moving and handling, fire training and equality and diversity. This mandatory training was required to be refreshed annually to ensure staff knowledge remained current. Staff were also being supported to obtain a nationally recognised qualification in Health and Social Care. We could see a number of staff had successfully completed this training. People were supported by staff who were receiving the necessary and relevant training in order to be able to meet their individual needs.

People were assisted by staff who received guidance and support in their role. There had been a period due to a change in manager where staff had not always received their supervision and appraisals within the provider's identified timescale. However staff told us they were able to speak with the manager or their colleagues at any time to discuss any concerns or queries they had. Supervisions and appraisals are processes which offer support, assurance and learning to help support staff to develop in their role. The manager told us that supervisions were to occur approximately every 12 weeks and were in addition to team meetings which were due to be held every 12 weeks. The manager was in the process of ensuring action was taken so staff received the support they required to enable them to conduct their role confidently and effectively.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were offered a choice of menu and enjoyed the food provided. People ate well and were provided with sufficient time to eat their meals at their own pace. We could see that when required guidance had been documented regarding the type of meals people required or the additional support that they needed to eat independently, this was followed by staff. For example, some people required their food to be provided in specific ways to meet their needs, such as in a pureed form, this was provided. This enabled people to eat independently without any additional support from staff. People told us they liked the food which was provided and were involved in making decisions about menu choices. One person told us, "On the whole, (the food is) pretty good". Another person said, "The man in charge (chef) has bent over to help...the food is warm, clean and freshly cooked".

People were supported to maintain good health and could access health care services when needed. Records showed that, when required, additional healthcare support was requested by staff. We saw that people were referred to speech and language therapists when appropriate, such as when concerns had been raised regarding people's ability to swallow effectively.

Healthcare professional advice was documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. We could see for example that appropriate healthcare support had been sought from the community nurses and the GP's. When people's health needs changed, for example their ability to eat safely, appropriate and timely advice was sought, recorded and followed by staff to maintain their health.

Is the service caring?

Our findings

People told us they liked living at Heatherside and we could see they experienced friendly and comfortable relationships with staff. People said that they received caring support from all staff. One person told us, "Oh yes, (staff are caring) we've got a lot of little new ones (staff) but they're very good". Another person said, "Yes, they've (staff) definitely been very kind". This was agreed by relatives, one relative told us, "Yes (they are caring) they seem very attentive". A healthcare professional told us, "Even when they're (staff) are in the middle of doing something if something happens they'll go and sort it out, that's the sort of care they do here".

Staff were knowledgeable about people and spoke fondly of those they were supporting. The development of these positive relationships had been supported by people's care plans which had been written in a person centred way. Care plans included information regarding people's personal histories and life stories as well as what was important to them. The manager was in the process of rewriting people's care plans to ensure they all remained highly individualised however we could see that all care plans were person centred. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what support they required and when. The details contained within these care plans accompanied by the staff's relationships with people allowed staff to tell us about people's preferred activities, personal care needs and any particular diet they required.

All staff in the home took time to engage and listen to people. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate for them. Staff allowed people time to process what was being discussed and gave them time to respond appropriately. We saw supportive and positive interactions between people and all staff. This included engaging people in friendly conversation whilst staff continued their daily tasks. All staff treated people with respect and showed genuine concern for people's wellbeing.

People who were distressed or upset were supported by staff who could recognise and respond appropriately to their needs. Staff knew how to comfort people in distress which included offering physical contact such as stroking people's arms until they settled. Despite being busy all staff demonstrated that they recognised the support people required with their emotional needs and could offer them additional time and support when needed.

People were supported to express their views and, where possible, be involved in making decisions about their care and support. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or how they would like to spend their day. Attention to appearance was important to people and staff respecting this by assisting them to ensure they were well dressed, clean and had their personal appearance maintained.

People were treated with respect and had their privacy maintained at all times. Records were kept securely in a locked cabinet to protect confidentiality; however these were easily available to staff to review as

required. During the inspection staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion. This included allowing people additional time with tasks they could complete independently whilst remaining vigilant to their needs and providing people's personal care with their doors shut. We saw staff knocked on people's doors awaiting a positive response before entering.

Is the service responsive?

Our findings

At the last inspection in October 2015 we identified that the provider had not always organised activities for people to participate in at the weekends. The provider proactively responded with an action plan that they would create activities such as dancing groups/singers at the weekend. Staff were also to engage with people to by playing board games with them and participating in film afternoons. The provider stated staff would be given a weekend's activities rota which would identify when they would be required to provide people with given choice about what they wished to do. They continued additional purchased or voluntary activities would be arranged through the activities coordinator to ensure activities were available every weekend.

However since the last inspection in June 2016 the activities coordinator changed roles and was no longer in a position to provide any activities support to people living at Heatherside. The manager had been attempting to recruit activities staff and successfully interviewed two people for the position immediately following the inspection. This was for the recruitment of two activities coordinators which would enable there to be one member of activities staff available including at the weekends. This would allow for the provision of daily opportunities for people to participate in activities should they wish to do so. People, a healthcare professional and staff we spoke with said that as a result there were very limited activities available to people. The manager recognised that the moving of the activities coordinator had meant people were no longer encouraged to participate in meaningful activities to keep them occupied during the day. As a result the manager felt that there had been an increase in the number of falls people were experiencing because people were no longer stimulated with activities. As a result people were more susceptible to walking in the night time placing them at increased risk of suffering a fall. At the time of the inspection there was no weekly or daily activity programme available to people to participate in.

People told us that they wanted more interaction and opportunity to participate in activities. When asked how people felt about their days without any activities one person told us, "It feels very dull, you mainly fall asleep, you do (fall asleep) because you get bored, you want something to do". Another person described how their day felt without activities, "I feel it's a pity because the day is so long, we used to have five days of things, whether you were joining in or not it was going on and people were moving about but they tend to come down and sit here all day long...I would think yes, (it has a negative impact), it's very hard for people to sit in a chair all day long...they keep the blooming TV on 12 hours a day but half of them don't look or understand it, it's a difficult thing". Another person said, "Some days do feel quite long (without activities), you feel a bit low when you can't do anything".

None of the staff we spoke with felt that people were supported to participate in sufficient activities to give people meaningful and enjoyable lives. One member of staff told us that as a result of having no activities, "People are getting bored and frustrated and take it out on each other and staff". Another member of staff said, "I do feel for them sometimes, there's only so much you can do sitting there and watching TV all day long, you can see they're bored...I'd be bored...it's boring, there are only so many times you can walk around the garden...I do feel for them (people) sometimes". A healthcare professional told us, "I feel a bit sorry for some of those (people) there isn't any activities at the minute...one of the ladies I'm very fond of

used to sit on a chair in the dining room with her coat on waiting for the mobile library to arrive but there was only less than a handful that used it so it doesn't come anymore...I do feel sorry for them".

The provider had not always ensured that people were provided with opportunities to participate in activities which met their individual needs and personal preferences. This was a breach of Regulation 9 (Person Centred Care) HSCA 2014.

People and relatives we spoke with told us the staff took time to know who they were and address them as individuals. Not all the people we spoke with said they were engaged in creating their care plans. However we could see where people were unable or unwilling to contribute, relatives had the opportunity to contribute to the assessment and planning of the care required. Care plans provided guidance to staff on the importance of promoting people's independence and we could see this was being followed.

People received consistent care and support. People's care needs had been assessed and documented by the manager before they started receiving care. These assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met.

Care plans had not always been regularly and routinely reviewed monthly to ensure they contained the most up to date guidance to enable staff to provide the most appropriate care. The new manager had put plans in place to ensure these would be completed by the newly identified key worker for each individual and this process had begun at the time of the inspection. We could see since the new manager had been in position and was in the process of reviewing care plans that they were now being updated whenever a change in need was identified. One person's care plan had been updated as a result of their increasing support needs and documented that they required a member of staff to support them with one aspect of their personal care. This had been documented and updated accordingly and information passed to staff during their handover process. More time was required to ensure that this practice was effective and consistent.

People were confident they could speak to staff or the manager to address any concerns. Processes were in place so complaints received could be recorded, raised with the manager, investigated and responded to. There had been no official complaints received since the last inspection. People we spoke with told us they knew how to make a complaint and felt able to do so if required.

Is the service well-led?

Our findings

People and relatives said they were happy overall with the quality of the service but had mixed opinions regarding the management of the home. People were asked whether they felt the home was well managed. One person told us, "On the whole it's alright", another person said, "Well sometimes I feel it's a bit running well and sometimes it's a bit up and down in other words". Another person told us of the manager, "She's had 16 years' experience, she's very kind and helpful and she'll listen to you (but) she doesn't seem to have settled in". A healthcare professional spoke of the manager, "She is a young but dynamic manager...she has a clear vision for the home and has been very proactive and organised in her approach (to seeking additional training for staff)".

The manager was keen to promote a service which made Heatherside feel like people's home as much as possible. The manager told us they wanted the home to be a warm, relaxing and cosy place where people and staff felt like they were at home.

The provider had a mission statement clearly displayed in the home which was a written set of values and expectations that people could experience whilst living at Heatherside. These included; staff would provide the highest standards of residential care in a warm and homely environment, people's needs would be identified and addressed on an individual basis, staff would be encouraged to develop their expertise in care provision to meet people needs, the provider would commit to supporting staff and that focus would always remain on people living in the home and care would be delivered to the highest standard.

Staff were not able to demonstrate they knew the provider's mission statement, however, all knew how the manager wanted staff to support people living at the home. One member of staff told us of the manager and provider's values, "Its dignity and equality, the care and wellbeing of the residents and their safety, enjoyment of life. Basically an all-round safe environment where they (people) can choose to do things". Another member of staff told us, "(the manager) wants me to treat people the best I can you know, that's what I do".

The home had a positive atmosphere which was felt by staff and people living at Heatherside. One member of staff said, "It's a good atmosphere, it's good...we've got a team of carers who are lovely in here". Another member of staff said, "I feel (Heatherside) has a homely atmosphere". One person told us, "Well, it's always had a happy one (atmosphere), I think they (staff) work very hard and they deserve all they get". Our observations showed that staff worked well together and were kind, friendly, and supportive to people and responded quickly to people's individual needs to ensure people were happy. This contributed to the happy atmosphere that was felt by most living and working in the home.

The manager promoted an 'open door' policy and was available to people and staff whenever required. However we received mixed feedback from staff regarding the support they felt they received from the manager. One member of staff told us of the manager, "She's just getting into things at the moment, she hasn't been here very long and there's just been a lot of sickness...she's had a lot to deal with...but yes I do (feel supported), I could go in there (office) and speak to her". Another member of staff told us, "No (don't

feel supported) but because we are a good team we support each other. People told us that whilst they may not have always been able to identify the manager, they all felt they were able to approach them and any other staff members to discuss any issues they may have. People felt comfortable speaking openly and honestly with staff and the manager.

The provider had not ensured that there was an effective system in place to monitor the quality of the service people received through the use of regular quality assurance audits. The provider's policy identified that there were a number of daily, weekly, monthly, bi monthly and yearly audits which were required in order to assess and maintain the quality of the service provided. These included daily medication audits and weight loss monitoring, care plan and medication audits, staff and residents satisfaction surveys. These were in place to ensure people received consistent care which met their needs.

The last two Quality Control audits had been completed by the previous registered manager in 2015. During a Quality Audit completed in October 2015 the manager identified that no return to work interviews were being completed following periods of staff sickness. No date for completion or those responsible for ensuring this was completed was documented. During this inspection the manager stated that return to work interviews had not yet been put in place but that they were introducing those as a measure to minimise the levels of staff sickness the home was experiencing. This would enable the manager to identify any themes or trends in staff sickness allowing for appropriate action to be taken. This action would minimise the risk of future sickness and subsequent agency staff usage allowing people to be supported by sufficient numbers of skilled and familiar staff.

We could not see any regular audits were being completed. The manager acknowledged that they had not been in a position to complete quality control audits since joining the service. However they were aware of the need and would be addressing these requirements to ensure that the quality of the service was monitored. People were receiving care which was not regularly reviewed to ensure it remained consistent and appropriate to meet their needs.

The provider did not ensure that effective systems were in place to make sure they assessed and monitored the quality of the service provided. This was a breach of Regulation 17 (Good Governance) HSCA 2014.

The provider was keen to seek people and relatives experiences and sought information on how they could improve the service they received. Feedback was sought from people during care plan reviews, residents and relatives meetings which were to be held every 12 weeks and the use of a questionnaire displayed in the home's foyer which people, family and visitors were able to complete online.

This was an independent national care home survey which allows people to submit their levels of satisfaction on a service in a number of areas. These include people being treated with dignity, the overall standard of the home, quality of the care staff and management. Four reviews had been submitted online since the last inspection in October 2015. These showed that each relatives would be 'extremely likely' to recommend the home to friends and family if they needed similar care or treatment. One person commented, 'Staff are kind, patient and welcoming, Heatherside is a lovely place'. Another relative commented, 'My sister in law was a resident for eight years and during that time she was always treated with kindness and respect...the staff were so kind and caring, I could not have asked for better care and respect, I feel Heatherside have a very dedicated team of carers'

We could see where feedback had been provided by people this had been addressed. In a resident meeting in May 2016 it had been identified that people were concerned about food waste. People felt that they were provided with large portions of food they did not always want which led to waste. As a result each person

was spoken with and asked about their appetite levels. As a result smaller plates were purchased so that smaller portions would look equally filling and people felt happier with the quantity provided.

We could see that the manager had already identified some of the areas of concern identified during the inspection as a result of work they had been undertaking with the local authority. The manager was in the process of addressing some of these concerns by means of a Standards Improvement Plan which had been created in July 2016. This included actions which required completing, by whom and dates for completion. This had already been shared with the CQC and we could see that action had been taken. For example a daily falls analysis was being completed to ensure these were monitored effectively, allowing for early identification if people required additional support. The manager was aware of the need to assess the quality of the care being provided and was taking action to address this, including requesting the authorisation of additional recruitment of staff. However more time was needed to ensure that these actions were put in place and the results effective and sustainable.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance. The manager had also kept the CQC updated with action plans that had been created as a result of their safeguarding investigations. The manager had ensured updates were routinely provided to the CQC to encourage open and transparent communication. The manager was already aware of the issues identified throughout the inspection and welcomed the inspection as a tool to encourage positive changes in care delivery and the overall running of the service.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not actively sought views of people who use the service and those lawfully acting on their behalf to ensure that the care provided met all of that person's needs. This was a breach of Regulation 9(3)(a).</p> <p>The provider had not always provided care to ensure it met people's preferences and social activity needs. This was a breach of Regulation 9(3)(a).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken all action necessary to mitigate risks to people's health and safety by ensuring guidance was sought so medicines were administered accurately. This was a breach of Regulation 12(2)(b).</p> <p>The provider did not do all that is reasonably practicable to mitigate any risks to the health of people living with diabetes and for people receiving 'as required' medicines. This was a breach of Regulation 12(2)(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that there were sufficient numbers of care staff deployed to meet people's needs at all times. This was a</p>

breach of Regulation 18(1).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality of the services provided.

The enforcement action we took:

Issued a Warning Notice