

Larchwood Care Homes (South) Limited

Heathmount

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 and 23 June 2016 and was unannounced. Heathmount is registered to provide accommodation and support to 31 older people who may experience a physical disability. At the time of the inspection there were 19 people living there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the first day of the inspection. However we were assisted by the general manager and the registered manager on the second day of the inspection.

At our last inspection of this service on 17 and 24 October 2014 we found breaches of legal requirements in relation to people's care and welfare, mental capacity assessments, dignity, complaints and clinical governance. Following the inspection the provider wrote and told us they planned to meet the requirements of these regulations by 31 March 2015. Since that inspection the provider of the service has changed their name.

People told us they felt safe in the care of staff. People were safe as staff understood their roles and responsibilities in relation to safeguarding. Safeguarding alerts had been made to the relevant authority as required to ensure people were safeguarded against the risk of abuse.

Potential risks to people had been identified and assessed; where required people had plans in place to manage risks to them. If people experienced a fall then appropriate monitoring was completed afterwards to ensure their safety. Required actions were taken to minimise the risk of re-occurrence for people.

The provider had a contingency plan in place which staff followed when a power cut occurred during the inspection to ensure people's welfare and safety.

People told us there were enough staff to meet their needs. Records demonstrated there were sufficient staff rostered to meet people's needs safely. Appropriate recruitment checks had been undertaken in relation to staff to ensure their suitability to work with people.

People's medicines were managed safely by trained and competent staff. There were processes in place to acquire, store, administer and dispose of medicines safely for people.

People told us staff sought their consent in relation to their care. Where people were deprived of their liberty legal requirements had been met. There was evidence staff had correctly completed Mental Capacity Act 2005 assessments and best interest decisions for people. However, staff had not ensured legal requirements were always followed in relation to obtaining people's consent for the use of bed rails. The registered

manager took swift action to ensure this was done for people; however, this practice needed to be embedded and sustained over time.

People told us their experience was that staff were well trained for their role. Staff underwent the industry standard induction and received regular supervision in their role. Action was being taken to ensure all staff were up to date with their required training; however, this needed to be embedded and sustained over time.

Risks to people associated with eating and drinking had been identified and where people were at risk from malnutrition or dehydration guidance was in place to enable staff to manage these risks to people effectively.

Staff arranged for people to be seen by a variety of health care professionals as required to maintain their health.

People told us the staff were nice. There was good interaction and communication between people and staff. Staff treated people with consideration and respect. They ensured people's dignity was maintained during the provision of their personal care.

People were provided with the information they needed about the service. People's preferences about their care had been recorded and people could make choices about their care.

People's complaints had been dealt with in accordance with the provider's policy and the appropriate actions taken to address these for people.

The activities co-ordinator had sought peoples' feedback on what activities they wanted and based the activities programme on their wishes. Staff ensured people who were cared for in their bedrooms were not socially isolated. People were encouraged to maintain their independence and to see their families regularly.

Staff had access to information about people's care needs and their personal history, although some people's records lacked detail. Staff spoken with demonstrated a good understanding of people's needs. People's care plans were regularly reviewed but it was not always easy to identify in peoples' records when they had last been involved in a review of their care and the level of their involvement. Action was being taken by the provider to address this for people.

There were processes both within the service and externally to monitor the quality of the service provided and to drive service improvement. If any improvements were required these were documented on the service improvement plan and action was taken to address the issue for people.

People and staff told us there was good leadership of the service. There was a clearly defined senior management structure and management at all levels of the service were visible and accessible to people and staff.

The service had an open and transparent culture where staff were encouraged to speak out about any concerns they might have. People's care was underpinned by a clearly defined set of values which staff applied in their work with people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse. Staff had received relevant training and understood their roles and responsibilities in relation to protecting people from the risk of harm.

Risks to people were identified and managed safely.

People were supported by sufficient staff to meet their needs safely. Staff had undergone relevant recruitment checks.

People's medicines were safely managed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Overall people's consent had been sought and legal requirements met. However, staff practice in relation to ensuring legal requirements for the use of bed rails for people were not met. This issue had been addressed by the registered manager but improved practice needed to be embedded and sustained over time.

People received effective care from staff who were supported in their role. The process of ensuring staff's required training remained within date needed more time to be embedded and sustained.

People were supported by staff to eat and drink sufficient for their needs.

Staff supported people to access health care services as required.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected and promoted.

People experienced positive, caring relationships with staff.

People were encouraged to express their views and to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's social care needs had been met and activities were based on their expressed interests.

Processes were in place to ensure staff had access to information about people's care needs.

There were processes in place for people to express their views about the service and people's feedback had been used to improve the quality of the service.

The service had learnt from people's experiences, concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

The service was well led by the registered manager. There was a clearly defined and visible senior management team.

Robust processes were in place to monitor the quality of the service provided and to drive service improvements for people.

Staff applied the provider's values in the way they delivered people's care.

Heathmount

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.

The inspection took place on 20 and 23 June 2016 and was unannounced. The inspection team included two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during our inspection.

Prior to the inspection we contacted the local clinical commissioning group, who told us they had not received any feedback about the service. During the inspection we spoke with a GP who provided positive feedback about the service. We also spoke with six people and one person's relative. We spoke with six staff, the registered manager, the general manager and the regional manager.

We reviewed records which included eight people's care plans, four staff recruitment records, eight staff supervision records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe within the service. One person told us "Yes, I feel safe."

Staff we spoke with told us they had completed safeguarding training, which records confirmed. Staff were able to identify the correct safeguarding procedures they needed to follow should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. Staff had access to safeguarding policies, procedures and telephone numbers in the event they were needed. One staff member told us, "I would speak to a colleague if they weren't treating someone well, but I'd still report them to the manager." Records demonstrated the registered manager had correctly reported safeguarding incidents to the relevant authorities. People were protected from the risk of abuse.

A person told us "They always use two staff to hoist me." A variety of risks to people in relation to areas such as moving and transferring, falls and the development of pressure sores had been assessed and they had plans in place to meet their identified needs. Where risks had been identified there was guidance for staff about how to minimise the risks for the person. People had been provided with pressure relieving equipment where required and their care plans identified if they needed assistance with re-positioning and if so how often. A person's re-positioning records had gaps which suggested they had not been re-positioned by staff as required. However, their daily notes demonstrated that during these periods they had actually been out of bed and care staff had not noted this on their re-positioning records. The person had received the care they needed.

If people experienced a wound, then there was a dated photograph, demonstrating the size of the wound to document the person's injury. People had wound treatment plans which documented the treatment the person was receiving for their wound. The risks to people associated with any wounds had been identified, assessed and safely managed.

There was evidence people had been monitored following any falls in case they deteriorated and further medical assistance was required. People's falls incident forms were completed and reviewed by the registered manager to identify if any further action was required to manage the risk of repetition for the person. Records showed staff had liaised with a person's GP following a fall and a change had been made to their medication regime to reduce the risk of the person experiencing further falls. The risks of people falling were managed safely.

The service had a contingency plan in the case of an emergency. On the first morning of the inspection the service experienced a power cut. The emergency lighting came on and staff ensured people's comfort and safety during the period of the outage, whilst making arrangements for the provision of a generator from the electricity supplier in the event that the interruption in supply was prolonged. Staff ensured people were comfortable and safe during this emergency.

Checks had been completed as required in relation to gas, electrical, fire and water safety for the service.

This ensured the building was safe for people's use.

People told us "There are enough staff," Staff are pretty prompt" and "Staff find time for you."

Staff told us appropriate checks were undertaken before they began work, which records confirmed. Staff files showed criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including character references, interview notes, proof of identification and Home Office immigration status documentation. There was also up to date information in staff files concerning the professional registration of nurses working at the service. Appropriate recruitment checks had been undertaken in relation to staff to ensure people's safety.

The provider used a dependency tool to assess the care needs of people living at the service and to determine staffing levels. Staff told us there were two staff shifts; a day shift from 08:00am until 08:00pm and a night shift from 08:00pm to 08:00am. They told us the day shift was staffed by one nurse and four care staff and the night shift by one nurse and two care staff. Staff rosters confirmed this level of staffing. The provider did use agency staff, although this was not extensive and the provider used the same agency staff where possible. In addition there was a cook, housekeeper, laundry and maintenance staff. There were sufficient staff rostered to meet people's needs safely.

People told us "I get my medicines as I need them." Staff told us there was regular training provided in medicines management, which records confirmed. Staff told us they underwent a process of regularly checking their competency to administer medicines. Records demonstrated this was undertaken as part of registered nurses' supervision process.

Staff did not sign peoples' medicine administration records (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts. People's MAR charts contained relevant information about the administration of certain medicines, for example, in relation to the safe management of anti-coagulant drugs, such as warfarin. This is an anticoagulant to prevent the blood clotting and it is important that it is taken exactly as directed for the person's safety. In addition, each person taking 'As needed' medicines, such as pain killers, had an individual protocol held with their MAR chart. This described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. A person was receiving their medicines via a syringe driver. This is a small, battery-powered pump that delivers medicines percutaneously (under the skin) over a prolonged period, usually 24 hours. Authorisation to use this equipment had been given by the medicine prescriber and registered nurses had been trained in its safe use. Staff were knowledgeable about this and all the medicines they were giving.

All medicines were delivered and disposed of by an external provider; the management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medications were safely stored in a lockable cabinet. There was a lockable room for the storage of medicines. Medicines trolleys were locked when left unattended. Medicines requiring refrigeration were stored in a fridge. The temperature of the fridge and the room in which it was housed was monitored daily to ensure the safety of medicines.

Three people's MAR charts were examined every day for errors on a rolling programme. There were also checks made to ensure omission codes were properly used, date and time of opening medicine containers were recorded and that medicines were safely stored and disposed of. The provider had a process in place

to audit the safety of medicines management.

Is the service effective?

Our findings

At our inspection of 17 and 24 October 2014 we found people had not had their individual needs met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which equates to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 20 and 23 June 2016 we found this regulation had been met.

We observed care in communal areas throughout the day and found staff delivered people's care safely and appropriately. There was good interaction and engagement between staff and people. Staff had enough skill and experience to manage situations as they arose and the care given to people was of a consistently good standard. For example, at lunchtime we observed that people who required assistance with food and drink were attended to by staff and supported appropriately.

At our inspection of 17 and 24 October 2014 we found legal requirements had not been followed in relation to people's mental capacity. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which equates to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 20 and 23 June 2016 we found this regulation had been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the 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.

People told us "Staff seek my permission" in relation to the provision of their care. Where people had a DoLS in place the application had been correctly underpinned by a MCA assessment which demonstrated: the person lacked the capacity to consent to their care and treatment; that they were under constant supervision; and that relevant people had been consulted as part of the best interest decision to submit the application for the person.

There was other evidence of MCA assessments and best interest decisions for people where they had had been assessed as lacking the capacity to consent to a particular aspect of their care. However, some people used bed rails to manage the risk of them falling out of bed. These can be used to restrict people's movement and therefore require consent for their use. Although people's records demonstrated a risk assessment had been completed there was a lack of a written record to demonstrate their consent had been sought and that where required a MCA assessment and best interest decision had been completed. Nine people who used bed rails had the capacity to consent to their use and during the inspection staff

obtained their written authority for their use. A further four people lacked the capacity to consent to their use and required MCA assessments and best interest decisions to legally authorise their use. Following the inspection the registered manager provided written evidence to demonstrate these had been completed as required. The registered manager took prompt action to ensure legal requirements were met in relation to bed rails for people; however, this practice needed to be embedded and sustained over time.

People told us "Staff are trained." Staff told us they had undertaken an induction to their role. One said "It was fine. I learned quite a lot". The provider had introduced the Care Certificate for care staff. This is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. People were cared for by staff who received an appropriate induction to their role.

Staff told us they underwent training with the provider and were able to access training in subjects relevant to the care needs of the people they were supporting and their role. Although most staff were up to date with their required training the general manager told us some staff needed to either update or complete their training in relation to moving and handling and the MCA 2005. The registered manager and two nurses needed to update their practical moving and handling training and 12 of the 25 staff needed to update or complete their MCA training. The provider had put in place a training schedule to address these training needs. The moving and handling training was scheduled for the week following the inspection and the MCA training for all staff was due to be completed by the end of August 2016. All staff had already completed their safeguarding training as part of this training schedule. The provider had taken appropriate action and implemented a training schedule to ensure staff received the required training to enable them to provide effective care to people, however this needed to be embedded and sustained over time.

Staff told us they received regular supervision of their practice and an annual appraisal of their work which records confirmed. Staff were also supported in their professional development. Staff had been supported to undertake professional qualifications in social care. Eleven staff were either completing or had completed the Qualifications and Credit Framework (QCF) level two, four staff level three, one level four and the registered manager was undertaking level five. Staff felt supported in their role and had opportunities for professional development to enable them to provide people with effective care.

A person told us they required support to eat their meals and staff provided this and that they "Had no complaints about the food." People had the choice of two main meals for their lunch or a jacket potato, salad or omelette if they did not like either of the options available. The meals provided looked appetising and people appeared to enjoy them.

Staff weighed people monthly and their Malnutrition Universal Screening Tool (MUST) score was calculated monthly. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. People who had been identified as at risk from malnutrition, had dietary care plans in place to provide staff with guidance about how to increase the person's food intake. These people were offered regular snacks, fruit smoothies and foods were fortified to increase their calorie content. Where people needed to have their food and fluid intake monitored they had charts in their bedrooms where staff documented this information. People's fluid charts documented if they required a minimum level of fluid to enable staff to identify if people had not drunk sufficient for their needs. The risks to people from malnutrition and dehydration were managed effectively.

Where people had been identified as at risk from choking their records demonstrated they had been referred to the speech and language therapist (SALT) and their guidance was reflected in people's care plans. The cook was aware of people who required a soft or pureed diet and they ensured this was provided. Even with the power cut they told us how they had sieved people's meals by hand to ensure their meal was

of the required consistency. They had information about people's food preferences, likes and dislikes and knew people's preferred portion sizes. Staff were provided with relevant information so they could effectively and safely meet people's dietary needs.

People told us that the GP visited weekly and that staff were available to take them to healthcare appointments as required. People's records demonstrated that in addition to seeing the GP, people had seen a variety of professionals including SALT, physiotherapists, occupational therapists, opticians, dentists, social workers, chiropodists, and tissue viability nurses. Their records demonstrated that when issues were identified for people referrals were made promptly to other professionals such as the dentist for example. People were supported by staff to access healthcare services as required.

Is the service caring?

Our findings

At our inspection of 17 and 24 October 2014 we found staff had failed to always treat people with consideration. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which equates to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 20 and 23 June 2016 we found this regulation had been met.

People told us "Staff always knock." Staff were observed across the course of the inspection to knock and await a response before entering people's bedrooms. When people were receiving personal care staff displayed a privacy notice on the door of the person's bedroom to ensure staff and visitors were made aware of the need not to enter that person's bedroom in order to uphold their privacy and dignity. Staff were able to describe the measures they undertook to ensure people's privacy and dignity were maintained during the provision of their care, such as closing doors and keeping people covered. Staff ensured people's rights to privacy were upheld.

People were observed to be well dressed. Their clothes were clean, neat and colour co-ordinated. Staff told us they ensured people were involved in making decisions about what they wanted to wear.

People told us the staff were nice. One commented "Staff are always around and willing." Another person commented "Staff are nice and caring." A person's relative told us "Staff are caring and kind." Staff were observed to interact with people in a kindly and friendly manner. They ensured they were on the person's level and maintained eye contact with people as they spoke with them to support their communication. Staff used humour with people where appropriate. When staff supported people with their meal they did this in an unrushed manner, chatting with the person as they supported them. A person was observed to spend the day in the lounge in their favourite seat. Staff had personalised the area around the seat for them, displaying photos, cards and had made a display based on the person's interests. People experienced positive, caring relationships with staff.

Staff told us the provider was in the process of installing a television unit in the reception which would display information for people and visitors, such as who the staff were and who was on duty that day. This would provide people with information about the service in an accessible, electronic format. The activities co-ordinator told us they had introduced a monthly newsletter for people and their relatives to ensure people were informed of what had been happening in the service and what future events were planned. The cook was seen to visit each person and consult them about their meal choices for the next day. They explained what the options were to people to ensure they were provided with the relevant information to make a choice. People were provided with the information they needed about the service.

People's preferences about the gender of care staff they preferred to provide their care had been noted on their records and in the daily staff allocation sheet, to ensure staff were aware of people's preferences. People's records also demonstrated their preferences about their personal appearance for example for women whether they liked to wear make-up. People were able to personalise their bedroom. One person

told us they had brought a number of items of their own furniture from home with which to furnish their bedroom. This enabled them to exercise a choice about what they wanted and gave their bedroom more of a 'homely' feel. People's preferences about their care had been recorded and people could exercise choices about their care.

Staff were provided with written information about people's communication needs and guidance about how to communicate with people more effectively. A person's care plans instructed staff to ensure they maintained eye contact with the person, whilst speaking clearly and not too quickly. This enabled staff to communicate more effectively with the person.

Is the service responsive?

Our findings

At our inspection of 17 and 24 October 2014 we found people's complaints had not always been dealt with properly. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which equates to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 20 and 23 June 2016 we found this regulation had been met.

A person told us that although they had not had cause to make a formal complaint they felt confident that if they did, then it would be listened to and acted upon by the registered manager. Another person confirmed that they felt any complaints they made would be addressed. The provider had a complaints policy. Records demonstrated that where people had made a complaint these had been logged, investigated and responded to appropriately. Where required people or their relatives had been provided with an apology. People's complaints had been dealt with in accordance with the provider's policy and any required action taken.

At our inspection of 17 and 24 October 2014 we found people's needs for social stimulation were not adequately met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which equates to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 20 and 23 June 2016 we found we found this regulation had been met.

A person told us the activities co-ordinator had lots of ideas and people were free to choose what they wished to participate in. A person told us "We do baking." People told us they enjoyed the activities but that when they remained in their bedroom staff still checked upon them. A person's relative told us their loved one had made good friends within the service and confirmed there was a good range of activities for people. The activities board showed a range of activities were programmed across the week and the weekend. These included card games, reminiscence, an outside entertainer playing the keyboard, puzzles, newspapers, word games and music. In addition the hairdresser visited weekly; there was a monthly external piano session, and Holy Communion. People were able to access a range of social activities.

The activities co-ordinator told us they had asked people for their views on the activities provided, earlier this year, through a survey, which records confirmed. They had used the results to plan activities around people's interests and to meet their requests. As a result of feedback they had increased the amount of one to one sessions for people. They had also arranged for a person to come in and show people how to crochet, an event to which people's relatives had been invited. They had created individual boxes for each person which contained items of interest to them which care staff could use to promote conversations or as the basis for activities with people at the weekends. They told us that in addition to activities at Heathmount they were working to arrange more joint activities with Heathmount's sister service to enable people from the two services to mix more socially. People's activities were based upon their feedback about what they wanted to do.

People who were cared for in bed were seen to be checked upon regularly by staff. People had access to

their call bells which were in reach if they needed staff. The care staff were split into two teams across the floors; this meant staff had responsibility for a group of people and ensured their needs were met across each staff shift. Staff were aware of where people were and checked that they were not socially isolated.

People told us they were encouraged to maintain their independence. A person commented "I try and do things myself; staff encourage me to." A person who was cared for in bed told us "They ask me daily if I would like to get up." People's care plans documented what they could do for themselves. If they were able to complete aspects of their personal care for themselves then this was recorded. People's independence was promoted by staff.

There was a link corridor between Heathmount and their sister service. This also served as a lounge area, with tea and coffee facilities which staff told us people were able to use to meet with their family and visitors. People told us their families were free to visit them whenever they wished. People were provided with a private area other than their bedroom within which they could meet their family.

People's care plans mostly contained a good record of their life history, which staff could use to initiate conversations, although some were lacking in detail. So staff may not have had access to such a good level of information about that person. Staff told us they received information about people at the staff shift handover, they were also provided with a handover sheet which provided key information about people and their care needs. Staff told us that when they had time they reviewed people's care records. Staff understood people's care needs.

A person told us they had been consulted about their care and that their family was also involved in reviews of their care. People's care plans were reviewed monthly by staff. Staff told us people had an annual review of their care and records demonstrated people's families were regularly consulted about people's progress and any issues in relation to their care. However, it was not always very easy to identify in peoples' records when they had last been involved in a review of their care and the level of their involvement. We spoke with the general manager who told us the new provider was in the process of introducing new care planning paperwork to the service which would more clearly demonstrate people's involvement in their care planning and reviewing. The provider was aware of this issue and was taking action to address this for people.

Staff told us resident's meetings were held every other month in accordance with people's wishes, which records confirmed. At a meeting people had raised an issue about the safety of an external ramp, records showed staff had immediately addressed this for people with the maintenance team to ensure their safety. People had also raised an issue about how often the tablecloths were changed and this had also been addressed for people. At a resident's meeting people had suggested a meeting was set up for them to provide their feedback on the meals. As a result a food committee meeting had recently taken place. A person and a relative both told us that since this meeting, staff had listened to the feedback provided and the quality of the meals had improved. A relatives meeting had been held on 19 May 2016, this enabled peoples' relatives to express any issues they wanted to about the service. They were also made aware that a comments box had been placed in the dining room for people or relatives comments and feedback on the service. There were processes in place for people to express their views about the service and feedback had been used to improve the quality of the service provided for people.

Is the service well-led?

Our findings

At our inspection of 17 and 24 October 2014 we found that the quality monitoring process was not fully effective. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which equates to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 20 and 23 June 2016 we found this regulation had been met.

People told us there was good leadership of the service. One person told us "The manager is nice; she comes and has a chat" and "It is well managed." A person's relative told us the service was well-led. Staff told us the service was well-led. One told us "Yes it is well-led; you can raise issues as required." "The manager is open. They have an open door policy." They told us that the registered manager was very visible.

There was a clearly defined management structure for the service. The registered manager was supernumerary, but worked on the floor with staff on two mornings of the week. This enabled them to work alongside staff, support them and to observe their practice. In addition, there was a general manager who was based on-site in another of the provider's services. Staff told us they came over to the service on a daily basis to visit and discuss issues. In addition there was a regional manager who told us they visited the site two or three times a week. There was a good level of senior management cover for the service and they were visible and accessible to people and staff.

There was an allowance for two senior care staff to lead the day shift for people, however, one of these posts was currently vacant and the provider was taking action to fill this post. In the interim one of the senior care staff from another of the provider's services covered some of the shifts. When there was not a senior staff rostered on the day shift staff told us the nurse in charge would allocate a member of the care staff to lead the team for that shift. This ensured there was adequate leadership of the care staff. At all levels of the service there was good leadership.

A number of audits were completed within the service on a monthly basis. These included an audit of people's weight loss and the actions being taken to address this for people, such as fortifying their meals. There was a mattress audit which identified what type of mattress people had and a bed rail audit; and if any actions were required. In addition there was a pressure cushion audit which identified who had one, their condition and whether any actions were required. A sample of care plans were audited monthly and any required actions documented. Records were maintained of what infections people had experienced each month and accidents and whether these had been raised as safeguarding alerts with the relevant agency. The registered manager had recently identified items within the service which required replacement or repair by the maintenance team and had provided them with a list of work to complete within the next two months to improve the environment for people. Internal processes were in place to ensure the registered manager had oversight of people's care. This enabled them to identify and address any trends that might indicate action was required for people to improve the quality of their care or to keep them safe.

There were also external processes to ensure the provider had oversight of the quality of the service provided. The registered manager completed a weekly management report for the regional manager. This

provided information about occupancy, agency staff use, staff training, complaints and safeguarding's. The regional manager then visited and completed a monthly quality monitoring report on the service. They audited a range of aspects of the service, including people's care files, medication, internal audit results, observation of practice. The regional manager also completed a six monthly impact report which was last completed on 24 March 2016. This assessed aspects of the service such as quality, health and safety, infection control, safeguarding, medicines and records. Any areas that were identified as requiring attention from either the monthly or six monthly external audits of the service were then incorporated into the service development plan. This identified what action was required, by whom and by when. Review of the service development plan demonstrated that works identified as required such as the electrical testing for small electrical items had been completed and signed off. Medicines were audited last by the external pharmacist on 21 July 2015 and no issues were identified. There were robust external processes in place to monitor the quality and safety of the service for people and to drive service improvements.

Staff told us they learnt about the provider's values during their induction. These were to ensure people's privacy, dignity, independence, choice, rights and fulfilment. Staff were observed to uphold these values in the manner in which they cared for people and delivered their care.

The culture of the service was open and transparent. Staff told us there was a good staff team that worked well together and were well motivated. Staff told us they felt able to share any concerns they may have in confidence with the registered manager. Staff told us there were regular staff meetings where they had the opportunity to speak up about any issues. They also said their views were sought through surveys. Staff were encouraged and supported to speak out about any issues they needed to raise in order to ensure people's safety.

Records showed that this year a 'Friends of Heathmount' group had been set up to encourage people with an interest in the service to visit, volunteer and fund raise. This was a way of the service reaching out to the local community to build links and to invite external involvement in the service for people.