

Heatherdale Healthcare Limited

# Heatherdale Healthcare Limited

## 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

Heatherdale Healthcare Limited is a care home providing personal and nursing care. The service can support up to 42 people. 41 people were living at the home at the time of the inspection. The service supports people aged over 65 years some of whom are living with dementia and a range of health needs, in one adapted building over two floors.

People's experience of using this service

At this inspection we found there was no effective system for the handling of complaints. Some nurses' training was out of date and the processes to assess nurse competency were not always effective. Agency nurses' clinical training was not checked. The system for monitoring the quality of the service needed improvements to ensure it was effective in identifying shortfalls.

Some risks had not been identified and improvements were needed to the way some clinical risks were monitored to ensure there were accurate records. Aspects of the management of 'as required' medicines needed improvement to ensure people received all medicines as prescribed.

Some improvement was needed to ensure people were consistently supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible and in their best interests.

Prompt action was taken to address these areas during and after the inspection. We will check progress on these at our next inspection.

There were enough staff to meet people's needs, although our observations suggested staff could be deployed more effectively at times. The provider agreed to review staff deployment across the home.

People told us they felt safe and staff understood their roles in safeguarding people from harm. Most risks to people had been identified, assessed and staff knew how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns.

People's nutritional needs were assessed and met and they had access to health and social care professionals as required. The environment was suitably adapted to their needs.

People told us staff treated them with care and kindness and their needs in respect of their protected characteristics were assessed and supported. People were consulted about the support they received and told us staff treated them with dignity and respect and encouraged their independence.

People had a personalised plan for their care that reflected their needs. They had access to a range of activities. People's wishes relating to their end of life care needs had been discussed with them or their relatives, where appropriate.

People and their relatives were positive about the registered manager and the way the home was run. Staff told us the registered manager had an open-door policy and was visible as a leader. Some aspects of the quality monitoring system worked to identify where improvements were needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the handling of complaints, staff training and the system to monitor the quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Heatherdale Healthcare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an inspection manager and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Heatherdale Healthcare Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service. This included details about incidents the provider must tell us about, such as any allegations of abuse or neglect. We also contacted the local authority commissioning and safeguarding teams to ask for their views about the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people and five relatives. Some people were unable to express their views about the care they received and so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with two care workers, a senior care worker, a nurse, a clinical lead, the chef, a member of the housekeeping team, the maintenance person, the registered manager and a representative of the provider.

We looked at five people's care records and five staff records as well as records used to manage the service, for example, training records, maintenance records, medicines administration records and meeting minutes.

#### After the inspection

We requested some further information to be sent to us for example, in relation to staff training and meeting minutes. We contacted two health care professionals to obtain their views about the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Assessing risk, safety monitoring and management

- Improvements were needed to ensure risks were effectively managed. Call bells were not always accessible in the lounge and there was not a consistent staff presence to respond in a timely way. This meant people may not be able to summon help when needed. We saw staff did come and go as they brought people to the lounge area and responded to any requests or if a call bell was rung.
- However, we observed one person struggled to reach their call bell which had been placed out of reach and another person called out several times to move seats and there were no staff present to respond. There was CCTV monitoring of the lounge, but this did not result in a response. Another person told us, "When the girls go off for lunch one of us will have the call button in the lounge to call the staff." However, this meant some people may not be able to summon help when needed. We discussed this with the registered manager who told us other people in the lounge had call bells, that staff passed through frequently and there was CCTV. However, they would arrange for more call bells to be installed in the lounge immediately.
- One person was known to have risks related to their behaviour but this risk was not recorded clearly and there was no guidance for staff on how best to support them safely or help identify possible triggers. This required improvement to ensure appropriate guidance was available to reduce possible risks.
- Risks in relation to the premises and equipment such as checks on window restrictors, fire safety equipment and hoists were monitored through a schedule of internal and external checks and servicing. However, some checks required improvement to ensure their robustness as we found a bedroom door opened easily to the car park without any alert sounding. This was a possible risk to people's security and safety. The registered manager confirmed they had addressed this promptly following the inspection.
- Other risks to people were assessed and reviewed regularly. Risk management plans guided staff on how to reduce risks. For example, where there was a known risk of falls, steps had been taken to provide additional equipment to reduce risks and to request a referral to the falls team for advice. One person said, "I am a bit wobbly on my feet. Staff always remind me to use my walker to go through to the toilet."
- Where people were supported to mobilise or reposition they told us this was done safely. One person commented, "When staff are moving me they always make sure my leg and arm are kept supported and don't get knocked." Relatives confirmed staff were aware of known health risks and managed these effectively.

### Using medicines safely

- Medicines were not always robustly managed. At the last inspection on 27 April and 3 May 2017 we made a recommendation that the registered manager seek appropriate advice about effective auditing systems for medicines as we identified some gaps in records. At this inspection we found improvements in this area and

there were no gaps in the medicines' administration records we viewed.

- However, we found some improvements were needed to the way medicines competencies were completed. Nurses and senior care workers had received training on the administration of medicines and had their competency assessed regularly to ensure they remained competent to manage medicines. However, medicines competency assessments did not include an assessed competency on administering medicines via specialist feeding methods which staff were required to do as part of medicines administration. These were completed and sent to us following the inspection.
- We also found 'as required' medicines were being administered routinely for three people. There were no protocols in place to guide staff on the frequency and dosage of these medicines. The registered manager told us they would clarify the guidance with the GP following the inspection. Additionally, three medicine bottles had no date of opening written on them to ensure the medicine was only used according to instructions.
- People told us they received their medicines as prescribed. One person commented, "Without fail the nurse always brings my medicine to me and waits to make sure I have taken it."
- Medicines were stored safely and processes for the administration of medicines covertly for people's own safety were followed.

### Staffing and recruitment

- Appropriate recruitment checks were carried out on new applicants before they came to work at the home to ensure people were protected from risk.
- However, we found that recruitment checks for agency nurses needed improvement. One agency profile had no photograph or dates when training had been completed.
- There were enough staff to meet people's needs. We did not see anyone waiting too long for support, but there were periods when there was not always a staff presence in the lounge. We discussed this with the registered manager and provider who said there were usually staff available in the lounge and they would review staff deployment,
- The registered manager used a recognised dependency tool to assess and plan staffing levels and staffing levels were always above what was assessed. They flexed staffing levels to address any changes in people's needs.
- People and their relatives told us they thought there were enough staff. One person remarked, "I just press this buzzer and someone comes, I don't have to wait long." Relatives told us that where people were nursed in bed and unable to use a call bell they were checked regularly.
- Staff told us they thought there were enough staff if everyone turned up for work and there was no sickness. The registered manager told us that vacancies were being actively recruited to and that they tried to use regular agency staff where needed.

### Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from abuse or neglect. One person told us, "I have nothing to worry about from staff; they always help me." A relative said, "My [family member] is safe here. The staff are quite attentive and when they ask for help they get it."
- Staff understood what might be considered as safeguarding and who they should report any concerns to. They knew where to go outside of the organisation if they needed to. They told us they were confident the registered manager and provider would act to address any safeguarding concerns.
- The registered manager understood their responsibilities in relation to safeguarding. They had raised appropriate safeguarding referrals with the local authority and CQC as required.
- Concerns about people's care and treatment were identified and shared with staff. Accident and incident forms were reviewed by the registered manager to ensure appropriate action was taken at the time and afterwards. These were discussed with staff in handovers, supervision or at staff meetings.



## Preventing and controlling infection

- Staff understood how to reduce infection risk. People and their relatives said that the home was clean and that staff followed good infection control practice. One person said, "This place is very clean, the staff use the hand sanitisers to freshen their hands and wear their aprons and gloves when they help me in and out of bed or when they are washing me." A relative told us, "It's always clean and doesn't have that smell that some care homes seem to have."
- We saw hand wash facilities and sanitisers were available throughout the home. We observed staff used personal protective equipment such as gloves and aprons. The kitchen had been awarded the top rating at the last inspection by the Food Standards Agency in May 2019.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always sufficiently supported to ensure their skills and training were up to date. People and their relatives said that they thought staff demonstrated sufficient skills and experience to care for them. One person commented, "I rely on staff for everything. They know the best way to help me." However, we found staff training was not always refreshed to ensure staff knowledge and competency was current and relevant to their role.
- Nurses' clinical training records and competency assessments for areas reflecting people's needs, such as specialist feeding, catheter and wound care were not available at the inspection. These were sent subsequently but were incomplete and some training was out of date according to the certificates. Competency assessments required as part of the validation of training, for example, catheter care were not always completed. For three agency nurses the home had no evidence of appropriate catheter care training or training on specialist feeding to ensure they could meet the needs of people at the service.
- Nurses had signed care worker competency assessments for moving and handling and nurse competency for areas such as catheter care, but there was no evidence of their skills or competence to conduct these assessments. One nurse had signed a competency for another nurse for one type of catheterisation but there was no evidence provided that this nurse had valid training in this area.

Staff were not always supported to ensure they were suitably qualified and competent to meet the full range of people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We discussed these concerns with the registered manager who told us that the nurses had all revalidated their registration successfully last year. They told us they would organise retraining and competency assessments for all nurses for specialist feeding and catheter care in December and early January 2020. They also requested the agency update their profiles and provide details of clinical training. We will check on the progress with this at our next inspection.
- Staff received a range of training the provider described as mandatory. Staff new to health and social care received an induction in line with the Care Certificate which included a period of shadowing more experienced staff. Staff completed a range of specific training to meet the needs of people at the home and were encouraged to undertake wider health and social care training.
- Staff told us they received regular supervision and support. Nurses' clinical supervision had not taken place since October. However, following the inspection the provider advised they had recruited a second deputy manager who would be starting early in the new year and who could support the nursing staff with

clinical supervision.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The principles of MCA were not consistently followed. People and their relatives told us staff asked for their consent before they provided care and support. One person commented, "Staff always ask before helping you, they don't presume." Our observations confirmed that staff checked with people before they provided care. People signed written consent to the use of CCTV in the communal areas when they arrived at the home. However, people's consent to specific decisions was not always recorded. For example, where people shared a room we found no evidence to confirm their consent.
- Where people had been assessed as lacking capacity to make a decision best interest decision were not always recorded. Not all decisions had been separately assessed in line with MCA and these issues required improvement. For example, one person had no best interest decision recorded in relation to the use of bed rails and no mental capacity assessment or best interest decision about sharing a room. Other records we looked at showed MCA principles were followed.
- Applications for DoLS authorisations were submitted appropriately. These were monitored to ensure any conditions were met and that a reapplication was made if needed before an order expired.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out with people, their families, and health and social care professionals where relevant. They included all aspects of people's needs including their protected characteristics. The home used nationally recognised assessment tools to assess and plan care delivery to meet people's needs. People and their relatives confirmed an assessment of their needs was carried out before they came to the home. A relative remarked, "We had an assessment done in hospital, [my family member] was involved. They discussed what they liked to eat and their nursing care needs."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were supported. People and their relatives told us they enjoyed the meals and there was always a choice. One person told us, "The meals are very nice, quite varied and quite tasty." One relative remarked, "There is always a choice and the food looks nicely presented."
- Where people were at risk of malnutrition their weight was monitored and meals were fortified to reduce this risk. People's dietary intake was monitored. The chef had information about people's modified diets, preferences, dislikes, allergies, and cultural dietary needs and we tracked to find people received the correct diet in line with health professional's advice. One person said, "They know I don't like dried fruit in my puddings and I never eat eggs so I always get offered an alternative when these are on the menu."
- We observed the meal time experience. People had adaptive crockery where appropriate to aid their independence. People were individually supported where needed to eat their meals. People had access to drinks and snacks throughout the day and, where there was an identified risk, people's fluid intake was monitored.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare. People and their relatives said that they were supported to access a range of health care services when needed. One person said, "Staff are good at phoning up and making an appointment with the doctor if you need it, if I am in a lot of pain I speak to the nurse."
- Care records detailed that people had access to range of health care advice and were referred to health professionals when the need arose. Records of health professional visits were maintained so people's needs were understood and met.
- People told us that staff worked effectively with other agencies to improve their health. One person said, "The staff have been working with the hospital nurse and physiotherapist to get me back on my feet again." A health professional commented that staff, "were very good at effecting the advice and changes to medication, monitoring blood pressures for example and in referring patients to other health care teams."

Adapting service, design, decoration to meet people's needs

- The environment was suitably maintained and adapted. There were accessible toilets and bathrooms throughout the home with hand rails. There was appropriate signage and lift access to all floors and there was access to an outside garden area.
- The registered manager showed us how they were in the process of making activity equipment more readily available on the ground floor and creating a shop for people at the home to use.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and their diverse needs identified and respected. People and their relatives told us staff were kind and caring. One person said, "Staff appear to love working here, they are compassionate, and I am able to speak openly about my health and treatment decisions." A relative said, "The staff are fantastic, always helpful and extremely efficient."
- Our observations were that staff showed care and consideration to people. When they engaged it was clear they knew people well and understood their needs and preferences. Where people had difficulty within verbal communication staff understood signs of distress, discomfort and enjoyment. A relative commented, "When [my family member] has been upset I have seen the staff hold their hands and give them a cuddle to reassure them."
- People's diversity and human rights were respected. Staff received training on equality and diversity and told us they worked to ensure people were not discriminated against. For example, people's spiritual or cultural needs were identified during the preadmission assessment and care plans guided staff on how to meet these needs. One person said, "I get a bit frustrated with myself sometimes. Staff will put their arm around my shoulder and tell me to be patient with myself."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. People and their relatives told us they were able to express their views and were involved in decisions about their care. One person remarked, "I choose what I going to wear. They (staff) ask what I want to wear and then open the wardrobe for me and I choose either trousers or a shirt and then a top to match." Another person said, "I decide what I want to do, I like walking around, if I feel tired I rest."
- We observed that people were consulted about their care and support throughout the day. For example, they were offered a choice of what to drink from or where they wished to sit or if they wanted to take part in an activity. Relatives said they were kept informed of any changes for their family members. A relative told us, "[My family member] complained of feeling unwell last Saturday, we were kept informed and the nurse checked if she needed more pain relief."

Respecting and promoting people's privacy, dignity and independence

- Overall people were treated with dignity and respect. People and their relatives commented that they thought people were treated with dignity and respect. One person said, "Two staff have to assist me, they give me privacy by standing outside the door until I call or buzz them when I have finished." Another person remarked, "I am in a shared room, to give us privacy staff always make sure the curtain between us is pulled

to give us both privacy."

- People and their relatives told us staff encouraged people's independence as much as possible. A relative said, "Staff always check with [my family member] if they want some help. They like to be independent and do things for themselves." Another relative commented, "They [family member] decides what care they want. They got great encouragement from staff to get out of bed and now walk again."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was no effective system for the managing of complaints. The home had a complaints policy that was available to refer to on the notice board. The registered manager told us this was also given to people and relatives when they joined the service. A relative told us they had made a number of complaints but had not received the outcome of any investigation. Another relative commented they had raised a complaint and were satisfied with the outcome. There was no evidence available as to how these complaints had been logged, handled and investigated or managed.
- The registered manager told us they had an open door and dealt with complaints as they arose and information was recorded in people's care records. However, we were unable to track this information in care records. There was no system to monitor complaints for patterns and identify learning. The home's residents rights charter did not include correct information about where people could go if they were unhappy about the response to a complaint.

There was no effective system to evidence complaint investigation or the action taken to address complaints. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the provider's representative and registered manager. During and following the inspection, the registered manager advised that they had set up a complaints system including a root cause analysis investigation tool to help clarify and analyse the factors leading to the complaint and to identify the corrective measures we need to put in place. We will check on the effectiveness of this at the next inspection.
- Most people or their relatives told us they had not needed to make a complaint and would know how to raise one if needed. One person said, "I have no complaints, if I had an issue I would ask to see the registered manager."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a personalised plan for their care that reflected their needs and preferences. People and their relatives confirmed there was a plan for their care and support needs that they were involved in creating. One person commented, "I am aiming to get well enough to home, all my requirements are recorded on the computer."
- People's care plans described their health care and support needs and included guidelines for staff on how to best support them. Staff were aware of people's preferences, likes and dislikes and important aspects of their life which helped support people in a person-centred way. This information was available in

people's care plans to remind unfamiliar staff.

- Staff supported people with rehabilitation. One person told us, "Staff are keen to see me walking again and have been encouraging all the way in my aim to return back home."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their care plan. The registered manager told us information could be made available for people in accessible formats which met their needs. For example, larger font or pictorial information. The chef showed us a book of photographs they used to help people communicate their food dislikes and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with opportunities for stimulation and socialisation. The home had recently lost their activity coordinator and were recruiting for a replacement. People and their relatives said there had been a wide range of activities when the coordinator was in post. One person told us, "The activities person left a couple of weeks ago, the carers are busy so don't have the time to run the classes. There is no replacement yet." The registered manager told us they were using more external activities until a new coordinator was appointed and that care staff also facilitated activities.
- On the day of the inspection we observed there was a period in the morning where people were sitting unoccupied in the living room. However, care workers organised an art activity late morning for those who were interested and wished to take part. There was an afternoon craft activity led by an external entertainer.
- The registered manager had organised an activity meeting with people and their relatives to try and ensure that activities provided were person centred and meaningful to meet people's personal preferences. People had been involved in life story work where they chose with the aim of a more person-centred and meaningful delivery of activities. The home had developed a relationship with a local nursery and people told us they enjoyed the children visiting.

#### End of life care and support

- People received appropriate end of life care tailored to their needs, so that they and their families were supported at the end stage of their lives. A nurse said, "We do end of life care really well. We work so hard to make sure that people are comfortable, they are not anxious, they are not frightened, and they have the best death possible."
- People had an end of life plan which recorded theirs' and their family's wishes and preferences and considered their protected characteristics to ensure they were respected. Staff worked with the GP and a local hospice to help ensure people received appropriate person-centred end-of-life care.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Improvements were needed to ensure effective oversight of people's clinical care needs and risks. There was no effective oversight of risk management tools such as repositioning charts or records of specialist feeding and while there were no concerns about the care provided, we found gaps in some records which had not been identified. Staff used both the electronic system and charts in people's rooms to records repositioning and so effective oversight was not maintained.
- The provider's quality assurance system was not always effective in identifying shortfalls. For example, checks were made on the premises to ensure their safety; however, these did not identify the issues with safety we found with a bedroom door. Medicine audits did not identify the issues with 'as required' medicines or track where there were issues with the supply of medicines.
- Oversight of nurses' clinical training and agency nurse training did not identify the issues we found with training or the issue with agency nurses' training. The provider's training policy did not address their expectations of nurses' clinical training and competence to guide staff. Nurses were allocated lead responsibilities for aspects of people's care but the oversight of this responsibility was not clear.
- Systems to monitor and manage risk were not always effective. We found the list of people's dietary needs was not reflective of recent changes as the chef had been on leave. This was amended at the inspection. However, there was no system to maintain its accuracy at all times. The care plan audits had not identified the issues we found with consent and best interest decision records.

The systems to monitor the quality and safety of the service were not always effective. While prompt action was taken to address shortfalls during and after the inspection. These issues were not identified by the provider's own systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Other areas of the quality monitoring system were effective. There was a range of internal audits conducted including infection control audits, care review audits, a kitchen audit and meal time observational audits. Medicines audits recorded where gaps in records were identified for action to be taken. Issues arising from audits such as maintenance and premises were overseen through an action plan to ensure effective action was taken. Staff meeting minutes evidenced the registered manager consulted staff for ideas on possible improvements. A bi-annual review of the service was also conducted to monitor for any improvement areas.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities as registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating. They understood the duty of candour regulation and the requirement for openness and honesty when things went wrong.
- People told us that they found the registered manager approachable and helpful and felt that the home was well managed. One person said, "The manager is very approachable, the family like her, they find they can talk to her. From what I can see the home is run efficiently." A relative told us, "The registered manager is very helpful and pleasant. I have a good rapport with her, she manages this home very well, the cleanliness and hygiene of the home is excellent."
- Staff demonstrated an understanding of the responsibilities of their roles. There were a series of regular staff meetings, handovers and a system to allocate roles and responsibilities on each shift.
- The registered manager had appointed two nurses as clinical leads and a new second deputy manager was appointed following the inspection.
- Staff told us they enjoyed working at the home and spoke positively of the registered manager and said they could get support and advice whenever they needed to. One staff member commented, "You can go and talk with the manager if you have any issues or concerns. She does listen."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, people and their relatives spoke positively about the care provided and that they had seen improvements in their family members since being at the home. A relative commented, "Staff have got the right attitude here, when [my family member] arrived they could not get out of bed. Now they can go to the bathroom and get themselves around the home." People and their families received information about the home and information about local services before they came to live at the home.
- Minutes of meetings showed the registered manager sought feedback from people, their families and staff to consider improvements. The registered manager looked to make improvements to the home. They had organised meetings with people and their families about topics such as end of life care and activities.
- Staff told us they thought the registered manager and provider were committed to delivering good quality care. One staff member said, "We are a good team here. We call ourselves the Heatherdale Angels, you look out for one another and you can tell if someone is upset."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to seek the views of people and their relatives through a suggestions box, surveys and resident and relative meetings. Biannual general surveys and specific topic surveys, for example, on the menu or activities were carried out to gain people's views. Findings were analysed to consider any learning or improvements. For example, findings from previous surveys with people at the home had identified gaps in understanding of their rights and the registered manager had produced a Residents Rights leaflet to address this gap.
- Minutes of resident and relative meetings evidenced that issues related to the running of the home and possible changes and improvements were discussed. For example, the creation of a shop had been discussed and had been completed since the last inspection. The registered manager told us they planned to include people at the home in the direct running of the shop.
- Staff views were sought about the running of the service through staff meetings and surveys. The most recent survey from January 2019 showed improvements in staff response from the last survey. A small

number of staff had declined to answer all questions but otherwise the feedback was positive. Staff were positive about the way the service was run. One staff member commented, "The managers and owners are approachable and things are sorted if there are any issues. We are a good team here."

#### Working in partnership with others

- The registered manager worked with the local authority and health and social care professionals to ensure people's needs were met. People and their relatives commented on the way the home worked well with other agencies to meet their needs. One person said, "The staff has worked well with the other agencies to get me on my feet again."
- Health professionals told us staff communicated effectively with them. The local authority who commissioned the service had visited the home in April 2018 and their report showed they had found no concerns. The home sought feedback from health professionals through surveys, we saw responses were positive overall.

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	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	There was no system for the identifying, recording, handling, investigating and responding to complaints. Regulation 16 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor and improve the quality and safety of the service and monitor and reduce risks were not always effective. regulation 17 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of suitably qualified and competent staff were not always deployed as staff did not always receive appropriate training when needed. Regulation 18 (1)(2)(a)