

Sheval Limited

Heatherside House Care Centre

Inspection report

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Date of inspection visit: 30 December 2015 and 5 January 2016
Date of publication: 04/03/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 30 December 2015 and 5 January 2016 and was unannounced. The service was last inspected in November 2013 and was found compliant. The inspection was carried out by one Adult Social Care inspector.

The home was located in a rural area and comprised of an original two storey house which had two single storey additions linked to it. The home was divided into three 'units' although all were connected by corridors and

people were able to move freely between them. There were three large sitting/dining rooms. Externally there was a garden laid mainly to lawn, as well as large parking area.

The location was registered to provide care for up to 25 people with learning disability needs. Some people also had physical disabilities. However the registered manager said that the maximum number they could accommodate at the time of the inspection was 21. Work

Summary of findings

had commenced to increase the number of bedrooms at the service to accommodate the number of people the home was registered to provide care to. Everyone living at Heatherside had their own bedroom, some of which were en-suite. There were plans to make more rooms en-suite. At the time of the inspection 18 people were living at Heatherside, all of whom had been resident for a number of years.

There was a registered manager who had been in post for several years. They knew people living at the home well and were also familiar with family and friends. Everyone we spoke with, including people, families, staff and professionals said the registered manager was good at her job and knew people well.

The home was undergoing a major refurbishment programme which had started the previous summer and was due to continue for several months into 2016. The planning of this work as well as the risk assessments associated with carrying it out had not been effectively carried out, which meant that people were at risk from building work not being fenced off outside. There were also trip hazards internally and some building materials not safely stored which posed risks to people. A director of the company agreed to work with the registered manager to address the concerns. Some parts of the home had not been well maintained.

People said they were happy at the home and liked the staff who supported them. Some people said they were sometimes frightened by other people living at the home, but staff supported them so they felt safe.

People were supported to be as independent as possible and chose what activities they would like to do. This included following hobbies they were interested in, going out to activities including swimming and walking as well as joining in activities run in the home. These activities

included weekly music sessions, bingo and art and craft sessions. People were also supported to maintain good health and have access to healthcare professionals when needed.

People got involved in the running of the home, including choosing what food was served. People were able to decorate and furnish their bedrooms to their own personal taste and were consulted about communal areas of the home.

Staff had been trained to support people and were able to describe their role. Staff knew people well and showed kindness, care and compassion when working with them. Risks to people's safety had been assessed and documented. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 and ensured that people were assessed in terms of their mental capacity to make certain decisions. Where a person was deemed not to have capacity, a best interest assessment had been carried out to ensure that any restrictions were kept to a minimum.

Medicines were stored safely and there were systems in place to audit medicines. However, we observed one member of staff who did not administer and accurately record medicine administration safely.

There were sufficient staff to support people, including care workers and catering staff. Staff had received supervision and support to ensure they were delivering care that met people's needs.

Although there were some quality assurance systems in place, these did not cover all aspects of running the home.

We found two breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not completely safe.

Building works that were being carried out had not been fully risk assessed.
Some aspects of the work were being carried out unsafely.

Medicines were not always administered safely, although systems for storing and auditing medicines were safe.

Some people described feeling frightened by other people living at the home but said staff took action to ensure they were supported and reassured when this happens.

There were sufficient staff who had been recruited safely.

Requires improvement



Is the service effective?

The service was effective.

Staff had undertaken training and received supervision. This enabled them to provide effective care.

People's capacity to make certain decisions was assessed. Where a person was identified as not having capacity, staff took appropriate actions. This included undertaking best interest assessments and decisions.

People were supported to have a healthy balanced diet and sufficient to drink.

Good



Is the service caring?

The service was caring.

Staff knew people and their families well and treated them with kindness and compassion.

People were supported to express their views. People were consulted about what they wanted to do and how staff could support them.

People's privacy and dignity was respected.

Families were welcomed into the home and staff supported people to maintain contact with them by arranging visits.

Good



Is the service responsive?

The service was responsive.

People received care which met their needs and wishes.

People undertook activities of their choice both in the community and in the home.

People were supported to go on trips out and holidays.

Good



Summary of findings

People and their families knew how to make a complaint or raise a concern, although they said this had not been necessary. Where an issue was identified, the registered manager took action to address this to the person's satisfaction.

Is the service well-led?

The service was mostly well led.

The home had a registered manager who understood the aims and objectives of the home and supported staff to deliver them.

The manager was supported by directors who visited the home regularly and knew people well.

There were regular staff meetings which enabled staff to identify concerns and issues and consider ways to improve things.

Some aspects of quality assurance had not identified issues relating to the maintenance of the home.

Other quality assurance audits were in place and were effective.

Requires improvement



Heatherside House Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 30 December 2015 and 5 January 2016 and was unannounced. The service was last inspected in November 2013 and was found compliant. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held on our systems. This included statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in December 2015.

During the two days of inspection, we met 12 people using the service. We talked with the registered manager and seven staff, including both care and catering staff. We also met two directors of the provider organisation.

We spoke with one health professional during the inspection. We also contacted four health and social care professionals who worked with people at Heatherside House after the inspection; we received two responses.

We looked at care records which related to two people's individual care and two people's medicine records.

We looked at two staff records, one of whom had started working at the home in the last twelve months.

We reviewed records which related to the running of the home, including staff rotas, supervision and training records and quality monitoring audits.

Is the service safe?

Our findings

At the time of inspection, there was major refurbishment works being undertaken at the home. These works had been going on since the summer of 2015 and were expected to continue for several months. We expressed concerns on the first day about the safety of some areas where this work was underway. Building materials, including plaster board had been left in some corridors and bedrooms which were accessible to people. The entrance hall which had been redecorated and had a new concrete floor laid, had not had appropriate floor covering put down. The registered manager explained they were waiting for carpets to be laid. Where the concrete floor was adjacent to a carpeted corridor, there was a trip hazard due to the different levels and the lack of taping on the carpet edge.

On the second day, a director of the provider organisation, who was responsible for overseeing the building works, met with us. They said they had a staged project plan, but that some of the work had needed to be done earlier than planned due to problems that had occurred. They described how they had updated some bedrooms earlier than planned because there had been a problem with water coming in from the flat roof. This had meant the builders had been diverted to renovate and update four bedrooms which they had also made en-suite. One person showed us their 'new' room describing it as "lovely". They also proudly showed us their "lovely wet room where I have a shower".

The director gave us a guided tour of the building describing the works that were being carried out. We raised some concerns with him about a number of safety risks which he agreed to address immediately. These included fencing off the back of the building where works were underway including the excavation for foundations to a new extension. He also said he would make sure that builders were reminded to keep all building materials away from people living at Heatherside. This included restricting access to a skip area, making a trench that had been dug safe and making a corridor safe leading to one person's bedroom. This corridor had an unfinished ceiling with wiring exposed and lights not securely fitted as well as recently plastered but unfinished walls.

We expressed concerns about the ongoing disruptive impact of this work on people. The registered manager did

not have a detailed risk assessment or project plan for the work. They said as the people had all lived in the home for so long, it would have been more disruptive for them to move to another home whilst the works were underway. However, there was no evidence of people being individually risk assessed to identify particular issues that might arise from the ongoing work. For example, the director described how one person had, in the past, gone through rubbish bins, but there was no evidence that the risks of having an open skip accessible to this person and others in the home.

We also discussed the scale and the length of the refurbishment. One person who passed us in the corridor during the tour, when asked about the works said it was "all too much" and was clearly agitated about the works being done close to their bedroom. Other people said they didn't mind the building work and thought there were some improvements and benefits from it. The director said he would work with the registered manager the following day to address these concerns.

Medicines were not always administered safely. We observed one member of staff who twice signed to say they had administered the medicine to a person before they had actually given the person the medicines and observed the person swallowing it. In one instance the person dropped one of their tablets on the floor which meant they could not take it. However since staff had already signed to say the person had received the medicine, they then had to alter the medication record to show the person had only received one rather than two tablets. This meant that staff were not following the correct procedures and medicine administration records (MAR) were not always being accurately completed. We discussed these concerns with the registered manager, who arranged to discuss this with the member of staff concerned. The registered manager also said they would discuss medicine administration at the next staff meeting to ensure all staff were reminded of the correct procedures.

However there was a clinical waste wheelie bin outside which was overfull and not securely closed. We discussed this with the director and registered manager who said this would be dealt with immediately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014.

Is the service safe?

Other aspects of medicines administration were well managed. Medicines were administered by staff who had been trained. Medicines were stored safely and staff ensured that stocks were monitored and audited to ensure they were in date. Medicines which were no longer required were disposed of safely by returning them to the pharmacy.

Some areas of the home were not clean and hygienic. For example, on the first day of inspection there was a communal toilet which had broken flooring around the toilet area. This had been taped up on the second day of inspection, but remained an infection risk. We also noted on the second day that a sink in the same toilet tilted slightly which meant that dirty water collected around the taps at the back of the sink, which was an infection risk. Some communal areas, for example a sitting/dining room, had stained carpets and furniture. We discussed the laundry area with the director as there was insufficient space to ensure that soiled clothes and linen were kept separate from clean items. The director agreed there were a number of concerns and said he would discuss plans with the registered manager about how these could be addressed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014.

Some areas of the home, particularly those which had been refurbished were clean and maintained to protect people from the risk of infection.

Staff used personal protective equipment, including disposable gloves and aprons when necessary. Staff were able to describe their responsibilities in relation to infection control. .

Everyone living at Heatherside at the time of inspection had been resident for a number of years and some people had been there for over 20 years. People were therefore very familiar with their surroundings and described it as

“home”. People said they liked living at Heatherside House and we observed people acting in a relaxed manner throughout our visits. However two people said they felt “a couple of people sometimes are a bit frightening.” However, they said they managed this by avoiding spending time with those people. They also said staff took action to ensure people were supported and reassured when this happened.

Staff knew people well and supported them safely by undertaking risk assessments and putting support plans in place to reduce the risks.

There were sufficient staff to meet people’s needs. The registered manager explained how they assessed the number of staff required, based upon what activities people were planning to do which required staff support as well as people’s needs. Most people required some support with personal care, but staff described how they supported people to be as independent as possible. The registered manager said when they required additional staffing, they had some flexibility to increase staff hours. If a significant increase was necessary, they would discuss how to manage this with senior managers.

New staff were recruited safely and underwent both an informal and formal interview. Once staff were offered a post, appropriate checks to ensure they were suitable to work at Heatherside were undertaken. These included following up references from previous employers as well as a Disclosure and Barring Service (DBS) check, before they commenced working at Heatherside. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We discussed with the registered manager that not all information about the recruitment process was documented, although she told us some particular issues had been addressed at interview. She agreed that in future she would ensure that all issues were documented fully on the interview notes.

Is the service effective?

Our findings

Staff were trained to undertake their role effectively. A person described staff saying “they know how to help me” and a relative said about their family member “I wouldn’t have left her here if I had any concerns” and “All staff are really good.” A health professional said “The staff and manager are really good.”

When first recruited, staff were supported to undergo an induction programme. The registered manager said that new staff were now expected to complete the nationally recognised Care Certificate and were also supported to do nationally recognised qualifications. One member of staff described how they were doing the Care Certificate and other staff said they had undertaken a National Vocational Qualification (NVQ) at level 2 and level 3 in the past.

Training records showed that staff had completed training in fire safety infection control, health and safety, manual handling and emergency first aid at work. Staff had also completed training courses to enable them to support particular needs of people living at Heatherside, for example, courses in dysphagia (choking risks) in people with learning disabilities, epilepsy awareness and safe administration of medicines. A few staff had also attended workshops in autism and Asperger’s although this had been over five years ago.

Staff received regular supervision and appraisal. Staff also said that they could always ask for additional support from team leaders and the registered manager if they were unsure about any aspect of their work..

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. Records showed over half the staff had received training about the MCA and DoLS. The registered manager and staff were able to describe their responsibilities in relation to the Act.

We found people’s capacity to make certain decisions had been assessed from time to time and where they did not have capacity to make a particular decision, best interest assessments had taken place and best interest decisions recorded. Staff were aware of the need to follow the decisions and support the person in a way that supported them to be as independent as possible. The registered manager who said people were free to move inside and outside the home. If people wanted to go further afield, staff would discuss with them the risks and offer to accompany them, which they said people were happy to agree to.

People described the food as really good. On the days of inspection, we observed meals being prepared using fresh ingredients by a member of staff. People were offered an alternative if they did not want what was offered. Some people liked to help prepare food and this was encouraged by staff, who had taken into account any risks to the person. They said some people enjoyed taking part in preparing meals and were supported to do so wherever possible. One person said “I like making buns.” A healthcare professional commented “whenever I attend which is typically around lunchtime they have been provided with what appears to be well cooked healthy food.”

Because of one person’s needs, the kitchen was kept locked but other people were able to access it with staff support. Staff recognised the importance of helping some people to eat as they were at risk of choking. We observed a member of staff sitting with one person, helping them to eat in a quiet area. They said this helped the person concentrate better. People were able to choose where to sit to eat meals. There were two dining rooms and people could also eat in the adjacent lounges if they preferred. Two people chose to eat their lunch at a table in the registered manager’s office. We discussed this with the registered manager who said both people enjoyed doing this, so they felt it was important to enable them to do so.

People were involved in decisions about the home. For example, people had chosen décor and pictures in areas of the home which had been recently refurbished. Some bathrooms had been refitted to become wet rooms with

Is the service effective?

showers. One person said how this had made it easier for them to use. There was a large garden which people used in dry weather and the parking area and driveway had been resurfaced which helped people move outside more easily.

People were supported to maintain good health and had access to healthcare services to support their needs. A visiting health professional said “staff always call us if there is a concern. Staff are always visible when I arrive, they know why I have come and who I need to see.” Care records had evidence of appointments with health professionals including their GP as well as occupational therapists, physiotherapists and speech and language therapists. There was evidence that where advice was given by a professional, staff took action to ensure this was followed.

For example, one person had been identified as at risk of choking and the staff had followed the speech and language therapist’s advice in terms of the person’s seating and how the meals should be presented. A hospital ‘passport’ had been completed for each person. This passport provided details about medical conditions, level of comprehension, how to support the person and things they liked and disliked. Staff said they ensured that if a person had to go to hospital, they would take this with them so that hospital staff had information about how to help the person. A healthcare professional commented “I certainly find the staff at Heatherside House very effective in terms of the care of their residents. Residents are supported regularly with regards to good health.”

Is the service caring?

Our findings

Most staff had worked at Heatherside for a number of years and knew people very well. Throughout the inspection we observed staff working with people in a supportive and friendly manner. There was a lot of banter and friendliness between people and staff, when they talked about things they were going to do together. One person said “I really like living here, I wouldn’t change anything. Staff are really nice.” A relative commented “As a family we are so thankful for the wonderful caring treatment [relative] receives.”

Another relative wrote “I am extremely happy with Heatherside, you and your team do everything possible to make sure [relative] is safe and happy and I will always be grateful for that.” A health professional said “The staff and manager know people well.” Another healthcare professional commented “the staff care significantly about the residents.” Staff described how they felt there was “a good community spirit” and “it feels like a big family, everyone gets along”.

Families and friends were encouraged to visit the home when they wanted to see their relatives. They said they always felt welcomed and able to call whenever it suited them. One relative described how their family member had been supported by staff to visit them in their new flat. They explained this had been really important for both of them and how much they had appreciated staff being so supportive. They also described how staff supported their relative to meet them regularly in a local city.

Throughout the two inspection days, the registered manager and staff responded to people in a caring manner. Where one person was clearly agitated and unsure about what they wanted to do, staff took time to help them come to a decision. They also showed patience and understanding when the person changed their mind

several times. Staff also supported another person who was feeling sad. They talked with the person who was feeling low due to it being the anniversary of a relative’s death, helping the person to come to terms with their grief.

Staff described holidays and trips they had gone on with people from the home. One person said they were particularly looking forward to a trip to Torquay with staff to celebrate their birthday. Staff described how the person had chosen to go shopping and then finish the trip with a three course meal where they dressed up specially.

Each person had a key worker, who took responsibility for ensuring that the person was able to get involved in decisions about their care. This included making choices about what activities they did, what trips out they wanted to do and how they wanted their care delivered in the home. Staff described how in the past, people had tended to do activities as a group, but this had changed, so that people now tended to do more activities of their choice on their own.

People’s privacy and dignity was respected. Throughout the inspection, we observed staff knocking on people’s doors and waiting to be invited in, before entering. On the first day of our visit, one person chose to remain in their bedclothes for the day as they were not going out. Staff discreetly made sure the person’s dignity was maintained as well as checking they were warm enough on several occasions throughout the day.

A senior manager described how they were improving the building so that people would have en-suite facilities in their bedrooms, which would afford them more privacy. One person said they found it really helpful that they already had this facility as it enabled them to be more independent.

Is the service responsive?

Our findings

Although there was some evidence in care records that risks and needs had been identified, it was not always evident from the documentation whether these had always been addressed. For example one person had been assessed by an occupational therapist (OT) as requiring particular support. It was unclear whether this had occurred. However staff were able to describe the care and how they supported the person using the advice from the OT. The registered manager said they would review the care records and consider ways to ensure that staff recorded information in the care plan fully and accurately.

People received personalised care which met their physical, social and spiritual needs. People were supported to take part in social activities and follow interests and hobbies that were important to them. Each person had a key worker who would help them decide what, and when, they wanted to do something. For example one person said they really enjoyed model making, bingo and music and movement. They described how they did some of these activities on their own but did other activities with other people in the home. The person invited us to see their room which they had set up so they could do their hobby when they wanted. A relative said staff involved themselves and their family member in planning the person's care.

Care records showed that people undertook a range of activities including swimming, going to the cinema, participating in a local 'walk and talk' group and attending an arts and craft group. Some activities were arranged within the home including a weekly bingo session, a music and movement session, cooking and visiting singers. People showed us items they had made during the art and craft group, including Christmas decorations. One person owned a cat, which they were able to look after in their room. They described how this was very important to them.

The registered manager said they recognised that as people had lived in the home for a number of years, their needs were changing as they got older. They described how some people were now also supported to go each week to Age Concern in a local town. On the second day of inspection, we observed people getting ready to attend a group which they were very enthusiastic to go to.

One person said they liked to help the registered manager "in the office – I take phone messages for her." The

registered manager described how they felt it was important to ensure people were involved wherever possible as it gave people a sense of purpose. She also described how she asked a person to help her with encouraging other people living in the home to get involved in resident meetings.

People were able to voice their opinions and concerns at these resident meetings which the registered manager said were held every six to eight weeks. However the only minutes that were available were from March 2015. One person described how they had attended resident meetings and been able to contribute ideas which had been acted on, however was not sure when the last meeting had been. The registered manager said they would arrange dates for resident meetings for the coming year.

The registered manager said the agenda at resident meetings was open, and included people's feedback on food and activities. Staff took action where issues were identified, for example one person had said they did not like liver, so staff had offered alternatives when liver was on the menu. People had also discussed at a recent meeting what they wanted to do for the Christmas festivities.

The home had a complaints policy. However this identified the Care Quality Commission (CQC) as a body who would investigate individual complaints if a person was not satisfied that it had been addressed by the home. We discussed this with the registered manager as the CQC do not investigate individual complaints. They agreed to review the policy and amend it where necessary. They also agreed to develop an easy read version of the policy which would be appropriate for people living at the home. The registered manager said they had not received any formal complaints but would address any issues if a person had a concern. One person said "I have never had any complaints, but would speak to [registered manager's name] if I had."

The provider information return described improvements the home planned to introduce in the next 12 months as "Create a comment/concern and compliment box, accessible to everyone, which the Manager would look at one x weekly, acting accordingly. They also described how they planned to arrange a meeting every six weeks with friends and families, discussion would involve a named person doing a health and safety inspection of the

Is the service responsive?

communal areas of our home, and any feedback would be acted upon. Encouraging family and friends to offer their thoughts are changes that could be made within our home.”

Is the service well-led?

Our findings

Directors of the provider organisation visited the home on the second day of inspection to address concerns we had raised about the building work. Both directors were welcomed by people living at Heatherside and were clearly known to them and staff. One director was able to show us a project plan for the work, although they did say that due to problems that occurred in the building, the plans had been adjusted to deal with them. This included a problem with a leaking roof which had caused some bedrooms to be in need of renovation earlier than planned. The director acknowledged that the scale of renovations had been ambitious. They also said they recognised that the disruption to people had gone on for too long. They agreed to undertake some immediate works to complete certain areas of the home and then consider the next steps, taking into account the impact on people in the home.

There were some quality assurance checks and audits in place including medicine audits, care plan audits and fire safety and equipment audits. However, although building work was being undertaken to address some aspects of the building which required renovation, there were other areas which had not been identified as requiring improvement. There were areas of the home where general maintenance was required which had not been identified or addressed. For example, audits had not identified problems with cracked flooring in a bathroom. Audits had also not identified some carpets and furnishing were stained and dirty and curtains were not fully hung in one dining room. The director who accompanied the inspector on the tour of the building said they would complete an audit with the registered manager immediately following the inspection and arrange for maintenance and cleaning of areas identified as needing work.

Most people said that the building work had not inconvenienced them and they “did not mind it”. However one person said “too much going on, too much going on” when asked about the work being done in a corridor near their bedroom. A health professional commented “the refurbishment has been going on a long time but was badly needed.” Staff said they had raised concerns about some aspects of the renovations as people had been required to move bedrooms and there had been no hot water in parts of the building. They also commented there had been

times when they felt the home had been cold. However, they said most of these problems were being resolved and they were looking forward to working in a nicer environment.

People were involved in making decisions about the home including the décor and furniture in their own rooms and had a say in how communal areas were decorated.

Throughout the two days of inspection, the registered manager was present and very accessible to people, visitors and staff. Everyone we spoke with, including people living at Heatherside, relatives and staff, described the registered manager very positively. Comments described her as knowing people well, always happy to listen if there was a concern and someone who would take action when needed. The registered manager had been in post for nine years and had built a good relationship with the local community, including the pub across the road, where people would sometimes go. The registered manager knew and understood her responsibilities including notifying the Care Quality Commission of significant events, such as deaths, serious injuries and safeguarding concerns. A healthcare professional said the registered manager “has been extremely proactive in looking after the physical and mental health of all of the residents. She and the team that she leads have a clear direction and goal and they work very closely with [healthcare professional and their colleagues] to ensure the needs of the residents are met.”

The registered manager said they felt supported by directors and the nominated individual, who, like the registered manager is registered with the Care Quality Commission. Directors said they had confidence in the registered manager and staff, but were always happy to provide advice and guidance when necessary. The registered manager had a clear vision for the home as providing a safe, comfortable, friendly place for people to live in, supported by staff who respected people’s right to choose and promoted their independence. Staff were able to describe this and explain how they worked to achieve this.

The registered manager and directors described Heatherside as the long-term home for the people who lived there and said they felt it was important for people to see it as unrestrictive as possible. Throughout our visits, people did show that they felt they could go to all parts of

Is the service well-led?

the house and garden. For example, people came in and out of the registered manager's office and would sit for a while in a comfortable chair, chatting to other people in the office.

Staff said there were regular staff meetings where they were able to express their views and make suggestions for improvements and these were taken into account. The

registered manager said staff meetings were held approximately every three months and showed us minutes of meetings held in June and October 2015. Records of these meetings showed that actions had been followed up and addressed. The next staff meeting was scheduled for January 2016.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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>Major refurbishment and building work had not been fully risk assessed. Some areas where building work was being undertaken were not made safe for the people living at Heatherside.</p> <p>Medicines were not always administered safely.</p> <p>Clinical waste was not always safely disposed.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Some areas of the home were not clean and hygienic.</p>