

Mr Andrew Meehan & Mrs Frances Anne Meehan

Heathside Retirement Home

Inspection report

74 Barrington Road
Altrincham
Cheshire
WA14 1JB

Tel: 01619413622






Date of inspection visit:
24 May 2017
25 May 2017

Date of publication:
07 July 2017

Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 24 and 25 May 2017 and was unannounced. The service was last inspected in May 2016 and was rated as requires improvement.

Heathside is a care home registered to provide personal care with accommodation for a maximum of 30 people. The home has 28 single rooms and one double room. Most rooms have an en-suite toilet. At the time of our inspection 30 people were living at Heathside. The home has three lounges and a dining room. There is a large accessible garden area to the rear of the property.

One of the owners / providers is also the registered manager for Heathside. 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 supported by a manager who managed the service on a day to day basis. They had been promoted from deputy manager one month before our inspection. There had been two other managers at the service since our last inspection, but both had left. A training consultant was also employed for four days per week whose role was to arrange staff training and complete staff supervisions and audits of the service.

At the last inspection we found two breaches of the Health and Social Care Act 2008 as not all risks had been assessed and guidance to staff had not always been updated when people's needs changed. At this inspection we found some improvements had been made.

The new computer system, Care Docs, had been implemented since our last inspection. We saw risks were identified and guidance given to staff to mitigate these risks. Care plans were written in a person centred way and identified the support required to meet people's health and social care needs. The manager was in the process of reviewing all care plans and risk assessments at the time of our inspection. They then planned to review them every six months or when people's needs changed.

However we found that action had not been taken when one person was weighed and had lost weight. When the person's weight was re-checked during our inspection it was found the last reading had been incorrect. A senior carer had now been given the responsibility for ensuring people were weighed, entering the weights into Care Docs and ensuring appropriate referrals are made if people lose weight and their care plans are updated. This should help ensure that action is taken if people lose weight in future.

We also saw that a plan of care for one person who had a skin tear had not been updated when the district nurse and GP had visited. These visits had been noted in the daily record, which meant staff reading the plan of care may not be aware of the visits and any advice provided to the home.

Staff received a handover at the start of each shift. This provided information about any changes in people's health and wellbeing.

People told us they felt safe living at Heathside and their relatives agreed. People and their relatives said there were enough staff on duty to meet their needs; our observations confirmed this. People said the staff treated them with kindness and respect and knew their needs well. We heard and saw positive interactions between people and staff members throughout the inspection.

A safe system of recruitment was in place. We saw one person had commenced work before the second reference had been received. The registered manager said they had been completing their training and induction by shadowing experienced staff until the second reference had been obtained.

Staff received a range of training, included distance learning through a national college, to meet people's needs. Staff who were new to care were enrolled on two distance learning courses which met the requirements of the care certificate as part of their induction.

The care consultant completed staff supervisions every three months. The manager planned to complete some supervisions in the future. Regular staff meetings were held. This meant the staff received the training and support to meet people's health and social care needs.

People received their medicines as prescribed and the medicine administration records were fully completed. Guidelines were in place for any medicines prescribed 'as required'. Creams and eye drops were dated on opening. We have made a recommendation that liquid medicines are also dated when opened. A senior carer was responsible for auditing the medicines every week.

All accidents and incidents were recorded and the Care Quality Commission and local authority notified when required. The manager analysed the accidents and incidents each month to look for any patterns.

Systems were in place to meet people's health and nutritional needs. People were regularly weighed in line with the assessed risk and referrals made to the Speech and Language Team (SALT), district nurses and other medical professionals as needed. Medical professionals told us the service made appropriate referrals and followed any advice they were given.

Mental capacity assessments and best interest decisions had been completed and applications for a Deprivation of Liberty Safeguards made to the local authority where required. People confirmed the staff gave them choices over day to day decisions and supported them to complete the tasks they could do for themselves so that they maintained their independence. We have made a recommendation that the service requests copies of any Lasting Powers of Attorney that are in place.

An activities officer had been recruited to work two days per week since our last inspection. A weekly plan of activities was in place, including external entertainers. Regular trips were arranged.

A range of audits was in place; however we saw that the management audit and health and safety audit had not consistently been completed to monitor the service.

People's wishes for their care and support at the end of their lives had been sought. If people wished to remain at Heathlands at the end of their lives the service worked with health professionals to provide the support they required.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of the fire systems and equipment. However the fire risk assessment had not been updated since 2014. We have made a recommendation that a fire risk assessment is completed by a suitably qualified person.

Regular resident meetings were held where people were asked for their feedback on the service. Relatives told us the staff and manager were approachable and they would raise any concerns they had directly with the staff. They said their concerns were acted upon by the staff team. Surveys had been undertaken, which we saw were overwhelmingly positive.

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.

Care records included information about the risks people may face and guidelines for staff in how to mitigate the risks.

Medicines were administered as prescribed. Protocols were in place for any 'as required' medicines. We made a recommendation that liquid medicine bottles were dated when opened.

A safe system of staff recruitment was in place. Staff received training in safeguarding adults and knew the procedure for reporting any concerns.

Equipment had been serviced and maintained according to the manufacturer's instructions. We have made a recommendation for an updated fire risk assessment to be completed by a qualified person.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Action was not taken when one person was incorrectly recorded as losing weight. A new system had been introduced with a senior carer as the lead for nutrition which should reduce the risk of this re-occurring.

People received appropriate health care and referrals were made to health care professionals when required. However not all records were updated following visits by the health professionals.

Staff received the training and support to meet people's needs.

The service was working within the principles of the Mental Capacity Act. We have made a recommendation that copies of any Lasting Power of Attorney paperwork is obtained.

Is the service caring?

Good ●

The service was caring.

People and their relatives said the staff were kind and caring.
Staff knew people's likes, dislikes and needs well.

Relatives were able to visit whenever they wanted to and could access the home through an electronic fob entry system.

People's wishes for their care and support at the end of their lives were recorded. Other medical professionals were involved in people's end of life care as appropriate.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and included details of people's support needs and guidelines for staff in how to support people to meet these needs.

An activities organiser had been recruited, working two days each week. A programme of activities were held at Heathside and regular trips out were arranged.

A complaints procedure was in place and any complaints for concerns were responded to by the service.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A registered manager, who was also one of the providers, was in place as required by the service's registration with CQC. A manager was also employed to manage the day to day service.

A system of audits was in place but they had not been consistently used to monitor the quality of the service. Surveys had been completed but not yet analysed.

The new manager was reviewing all care plans. Senior carers had been given specific areas of responsibility, for example medicines and nutrition.

Staff said they enjoyed working at the service. They said the manager and registered manager were approachable and supportive.

Heathside Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 May 2017 and was unannounced. The inspection team consisted of one inspector 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. The expert had experience of services for older people. The inspector returned for the second day of the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board. The commissioning team noted that the manager at Heathside Retirement Home had recently left and the assistant manager had been promoted to the manager post. They had some concerns whether the agreed improvement actions being implemented by the previous manager were still being progressed since the change in managers.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) during the lunch period in the lounge areas of the home. SOFI is a specific way of

observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service, four relatives, the registered manager, the manager, four care staff and three senior care staff. We observed the way people were supported in communal areas and looked at records relating to the service. This included four care records, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

Is the service safe?

Our findings

All the people who used the service and their relatives we spoke with said they thought Heathside was a safe place to live. People told us, "Yes I do (feel safe)" and "Yes I'm safe; I'd speak to staff if I was worried." A relative said, "Absolutely dad is safe here."

At the last inspection in May 2016 we found a breach of Health and Social Care Act 2008 Regulations (Regulations) because not all risks had been assessed and guidance for staff to manage risks appropriately was not always updated when people's needs changed. At this inspection we found improvements had been made.

We saw the computerised care records identified risks to people's health and wellbeing, including the risk of falls, moving and handling, pressure ulcers and malnutrition using the Malnutrition Universal Screening Tool (MUST). We saw these were evaluated, although this had not been on a consistently regular basis. For example one person's falls risk assessment had been reviewed on the 17 June 2016, 29 November 2016, 31 January 2017 and 17 May 2017. The new manager told us that since their appointment they were in the process of reviewing everyone's risk assessments. They then planned to evaluate risk assessments every six months or when people's needs changed.

Appropriate care plans were developed to mitigate the identified risks. We saw that one person had had a series of skin tears. The district nurse had advised that 'tubi' stockings were used 24 hours a day to help protect the person's legs. The relevant care plans had been updated to reflect this.

Another person was at risk of falling out of bed. The use of bed rails had been discounted following discussions with the district nurse as the person may try to climb over them. As an alternative 'bed wedges,' which were placed on the edge of the bed, had been purchased to reduce the likelihood that the person would roll out of bed. This meant the service had mitigated the risks of the person falling out of bed.

From records kept, we saw people were regularly repositioned in bed to reduce the risk of developing pressure sores. Moving and handling assessments identified the equipment to be used to support people safely.

At the last inspection we noted there was an unsecured door leading to a steep staircase used by staff to reach the basement level. The provider had minimised the risk by installing an electronic lock to reduce the risk of people living at the home gaining access to the steep stairs.

At the last inspection we found that the reason for any gaps in employment had not been recorded. The local authority commissioning monitoring team had found in October 2016 that not all personnel files contained two references. We looked at three staff personnel files, two for staff that had been recently recruited and one from May 2016. We found that they contained application forms detailing their full previous employment histories, with any gaps in employment explained. Appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to

work with vulnerable people. All the files contained two references.

We noted one staff member had started work when the results of the 'adults first' check had been received and before the full DBS check had been completed. The 'adults first' check is against the list of people barred from working with vulnerable adults and once received allows staff to start work under supervision whilst waiting for the full DBS check results. We also saw two staff members had started work three weeks prior to the receipt of their second reference. The registered manager assured us that they were completing their induction and shadowing experienced staff until the second reference was received. Staff we spoke with confirmed that they undertook three weeks of induction / shadowing staff when they started work at the home.

A checklist was now used for each file to record when references and DBS had been requested and received. This meant a system was in place to recruit staff who were suitable to work with vulnerable people.

Staff were aware of what may constitute abuse and the procedures in place to protect people from harm. Staff were clear that they would report any concerns to the senior care staff, manager or registered manager and were confident they would act on their concerns. All staff had received training in safeguarding vulnerable adults.

From the rotas, confirmed by the staff we spoke with, we saw there were five care staff members on duty between 8am and 3pm, including at least one senior carer. Between 3pm and 9pm there were three care staff members on duty, with at least one being a senior carer. At night there were two members of staff. We were told there were five people living at Heathside who required two staff to support them with their mobility and toileting. The remainder of the people only needed one staff to support them. The night staff we spoke with said they thought two staff was enough to meet people's needs at night. The manager also worked during the day five days a week, the registered manager was at the home Monday to Friday and the training consultant worked four days each week.

People and their relatives thought there was enough staff on duty to meet people's needs, although in the mornings staff were busy supporting people to get up and have their breakfast. One person, who required two staff to support them, thought there should be more than two staff on duty at night. The manager told us that if staff were supporting someone at night and a person who required two staff called for support they would inform them that they will be with them as soon as they were able when they had finished supporting the other person.

The home did not use agency staff and were able to cover any shifts required from within the staff team. This meant there was continuity of staff supporting people.

During our inspection we noted that people's needs were addressed promptly and call bells answered in a timely manner. This meant there were enough staff on duty to meet people's needs, although at night people sometimes had to wait longer for support if the staff were already supporting someone else.

We looked at how medicines were managed, stored and administered at the service. One senior carer had been given the role of re-ordering and auditing the medicines and writing the medicines care plans. They had contacted the relevant GP's to clarify the prescribing instructions for creams, for example being specific where the cream was required rather than stating 'as directed'. This then enabled the pharmacy to print a body map marking where the cream was to be applied. We also saw the stock of medicines had been reduced by not re-ordering medicines that were prescribed 'as required' when the home still had a sufficient stock of the medicine.

We saw medicine administration records (MAR) had been fully completed. The quantity of medicines we checked corresponded with the amount recorded on the MAR. This meant people received their medicines as prescribed.

Medicines classed as controlled drugs were appropriately stored and recorded. A stock check was completed every week. This minimised the risk of errors or misuse.

We saw guidelines were in place for when any 'as required' medicines were to be administered. These included details of how the person would inform staff, either verbally or non-verbally through facial expressions or behaviour, that they required a PRN medicine. PRN guidance was also in place for any creams, including information about the skin condition, for example being red or dry and flaky, when the cream was required.

We noted all creams and eye drops were dated when opened. This is important as they can lose their efficacy after being open for a period of time. This meant they could be discarded as per the manufacturer's instructions. We recommend that all bottles of liquid medicines are also dated when opened.

Medicines were delivered every four weeks. Before they were needed they were stored in a locked room for safety. Any medicines that needed to be returned to the pharmacy were also stored in this room.

One medicines trolley was securely stored at the back of one of the lounges. We noted that this room became very warm in the afternoon, especially as the weather was hot. Medicines should not be stored above 25 degrees centigrade. The registered manager said that they would move the trolley to a cooler part of the building during hot weather.

The senior carer responsible for medicines completed a weekly audit. This included checking people's MARs had been fully completed and counting all boxed medicines to ensure the quantity in stock matched the quantity indicated by the MAR sheet. The audited quantity of medicines was noted on the MAR sheet. This meant the medicines at the home were safely managed.

We saw all senior staff members had received training in the administration of medicines. The manager had started completing observations of staff administering medicines to ensure they were competent. This was to be completed annually or following any error made when administering medicines. This meant staff had the knowledge to safely administer medicines.

Incidents and accidents were recorded and monitoring put in place following an incident or fall. All incidents and accidents were reviewed by the manager. We saw the incident forms contained details of what had occurred and what action had been taken by the staff. The manager noted on the forms if the local authority safeguarding team and the Care Quality Commission had been notified of the incident. A monthly summary of all incidents was produced so the manager could monitor any patterns or repeated issues. Risk assessments were reviewed following an incident or fall. The manager explained that referrals were made to other medical professionals, such as the dementia crisis team, as required.

This meant the staff had an overview of accidents and incidents and steps were put in place to reduce the likelihood of them re-occurring.

We saw that the home was clean and tidy throughout, with no mal-odour present. Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. An infection control audit had been completed by the local authority

in April 2017 and the service had been rated as 'green' (high compliance) overall. We saw that an action plan had been agreed to address the issues raised by the audit, which was in the process of being completed. The home also completed internal infection control audits every three months.

We checked the systems that were in place to protect people in the event of an emergency. We found evacuation risk assessments had been written for people who used the service. These contained details of the support a person would need to leave the building in the event of an emergency. The service had a business continuity plan which contained contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak, lift or power failure.

Records showed the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. The service held records of weekly and monthly tests completed for the fire alarm, fire extinguishers and the water systems. Fire drills had been held in March for day staff and April for night staff. This should help to ensure that people were kept safe.

We were shown a fire risk assessment that had been completed by an external contractor. This was dated September 2014. The actions noted in this report had been completed. We recommend the home contracts for regular fire risk assessments to be completed by a competent contractor to ensure the home meets current fire regulations.

Is the service effective?

Our findings

Each person living at Heathside was registered with a GP. We saw referrals had been made to district nurses, the dementia crisis team and other medical professionals when required. This meant that people's health needs were being met. The district nurses visited the home on arranged visits twice per week. Health care professionals told us that the home made appropriate referrals to them, followed the advice provided and the staff had all the information they required ready for them when they visited.

We noted a plan of care was written if people had a skin tear. This detailed any advice from the district nurses and observations of the dressing the district nurses had applied. Details of discussions about any additional referrals to the Tissue Viability Nurse (TVN) were recorded. However we noted from one person's plan of care that it had not been updated for five days at the time of our inspection. We asked the manager about this. They showed us that the district nurse had visited to check the skin tear and this had been recorded in the daily notes, but not in the plan of care. We were told the GP had also visited, which was also recorded in the daily notes, but not on the plan of care. Staff had not recorded any observations of the dressing for five days. This meant staff may not be aware of the health professionals' visits or any advice that had been provided due to the lack of recordings in the plan of care.

Feedback from the commissioning team stated that they had raised a similar issue with the home in November 2016 with regard to TVN advice being known by the staff but not reflected in the care records. This meant that the people were receiving appropriate support with their health however the records did not always reflect this.

We saw that people at risk of developing pressure sores had the appropriate pressure relief mattresses in place and records were kept of when people were supported to re-position.

Staff told us they received the training they needed to be able to support people safely and effectively. One said, "We've done loads of training," and another told us, "I did all my training during my induction."

Records showed that staff had completed key training, for example in moving and handling, infection control, fire awareness, health and safety and food hygiene. The training consultant arranged all the training courses and ensured staff completed refresher training when required. We noted that the majority of staff had gained a recognised national qualification in health and social care. Staff had received training on the computerised care planning system known as Care Docs that was used at the service.

The service also used distance learning courses through a national college. We spoke with the college distance learning co-ordinator who told us staff at the home were supported to complete the work book modules and all completed the courses in the required timescales. Distance learning courses included care planning, dementia awareness and end of life care. Senior staff had also completed courses in stroke care, stoma and catheter care.

Staff who joined the service and were new to care, were enrolled on two distance learning courses which

covered the principles of the care certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

Staff told us they completed an induction when they joined the service, including training and shadowing staff for three weeks to get to know the needs of the people living at the home. A night staff member told us they worked day shifts during their induction so they could get to know people before starting to work night shifts. The two most recent staff personnel files we looked at included a completed induction checklist, signed by the staff and training consultant to show it had been completed. The staff member who joined the service in May 2016 did not have an induction checklist in their file.

One member of the care staff explained how they were being supported to develop their skills with a view to progressing to a senior carer role. They had started to complete distance learning in medicines and been advised to then enrol on the care planning module. They were also going to shadow a senior carer to observe them administering the medicines. This meant the care staff were able to work towards their own career development at the service.

Records showed, confirmed by staff, that supervisions were regularly held. These were completed by the training consultant. The manager told us they were planning to do supervisions for some staff in the future. Staff told us they were able to raise any issues they wanted to in their supervisions and request additional training.

We also saw regular staff meetings were held. Again we were told these were open forums where staff could discuss people's needs and any concerns or ideas they had. All the staff we spoke with said they felt supported by the manager, training consultant and registered manager.

This meant the staff received the training and support to undertake their roles.

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 had a mental capacity assessment in place. This noted any best interest meetings and decisions that had been made on people's behalf. Where appropriate details of relatives or legal representatives who had a formal Lasting Power of Attorney (LPA). An LPA is a legal document which allows a named person to make decisions in a person's best interest if they lack the capacity to make the decision in question themselves. We recommend that the manager requests copies of the LPA's so the home has proof of who was able to make which decisions on a person's behalf.

DoLS applications had been made where people had been assessed as lacking capacity. These had been followed up by the registered manager with the local authority. Where people had capacity, or a LPA,

consent forms had been completed for people's care and treatment.

MCA / DoLS training had been completed by staff. We observed staff seeking people's agreement before providing support during our inspection. Staff also explained how they provided people with choices about their day to day lives, for example what clothes to wear, what they wanted to eat and what time they wanted to get up. This meant the service was meeting the requirements of the MCA.

We observed the morning handover between the night staff and incoming day staff. An update on each person was given providing details of any changes in people's health and wellbeing. The details were also recorded on the Care Docs computer system for reference. For example one person had said they were in some pain overnight. The manager asked staff to check them first and if the pain continued to call the district nurse. The manager designated an area of the home to each staff member to work and support the people in that part of the home to get up when they wanted to. This meant each area of the home had a staff presence. Staff told us they co-ordinated support with their colleagues for the five people who required two staff to support them with transfers and mobility.

This meant staff were provided with up to date information about each person's wellbeing so they were able to provide the appropriate support.

We looked at how people were protected from poor nutrition and supported with eating and drinking. The care records we looked at all contained a risk assessment regarding people's nutritional intake. Where people were at risk they had been referred to a dietician or the Speech and Language Team (SALT). The home had been advised by the dietician to provide fortified meals for anyone they were concerned was losing weight whilst waiting for the initial dietician's visit. Food and fluid charts were available on the Care Docs system. These were used to provide evidence to the dieticians and were completed for three days prior to the dieticians visit. Food and fluid charts were not otherwise completed unless advised by the dietician or a person was seen to not be eating or drinking. At the time of our inspection there was no one requiring a food and fluid chart to be completed.

People were weighed either weekly or monthly depending on the risk of losing weight. We saw people's weights were recorded and the nutrition risk assessment noted. One care plan we looked at stated the person had lost eight kilograms in weight in the last month. There had been no change to the person's care plan or referrals made to the SALT or dietician. We asked the manager about this. They stated the person had not lost weight. The person was reweighed during our inspection and it was found the previous weight reading had been wrong. However the presumed weight loss had not been reported by the staff weighing the person, followed up by the service or the weight re-checked if it was thought to be an error. This meant the person could have been at risk of losing more weight before action had been taken.

The manager told us a new senior carer role responsible for monitoring people's weight and nutritional needs had been introduced since they had become manager. This meant all weights were entered onto Care Docs by the senior or manager. This would help ensure that any changes in people's weight were acted upon appropriately. The senior carer who had taken on this lead role was clear on how they would refer people to the SALT or dietician when required and how they would inform the staff team of any changes in people's nutritional needs, including informing the chef.

The chef was aware of people's dietary needs, including fortified meals and people who required a soft or pureed meal due to swallowing issues. The care staff informed them if a person's dietary requirements changed. Appropriate food supplements were prescribed and offered. The most recent inspection from the environmental health department in January 2017 had awarded the service a 5 (Excellent) rating.

We saw that an early lunch time sitting had recently been introduced. This was for people who required staff support when eating. We were told this enabled the staff to provide the required support and then serve the meals to people who could eat independently. This meant people received the support they needed with their meals.

Is the service caring?

Our findings

All the people we spoke with said the staff were caring and kind. We were told, "Oh yes; they're very caring" and "The staff are lovely." A relative said, "The staff are extremely kind." A comment from a relative's survey stated, 'The caring staff are what makes Heathside special.'

The staff we spoke with all knew people's needs. Staff were able to describe to us the support people needed and their likes and dislikes. Throughout our inspection we observed and heard kind and respectful interactions between staff and the people they were supporting.

Each person had a 'This is Me' life story on the Care Docs system. This gave brief details of the person's family, jobs they had done and hobbies they enjoyed. This meant staff had the information about people and their lives to be able to form meaningful relationships with them.

We noted one person was addressed more formally using 'Mrs' and their surname. It was the person's preference to be addressed in this way. All other people were addressed by their first name. This meant the staff respected how people wished to be addressed.

Staff discreetly prompted people with their personal care needs. Everyone we saw was well dressed. There was one shared room at the home. Staff explained how they maintained people's privacy and dignity by using a dividing curtain in the room. Staff also told us how they ensured all personal care was undertaken in a dignified way and how they maintained people's privacy.

This meant staff maintained people's dignity and privacy and supported them with respect.

We saw staff encourage people to eat, drink and mobilise independently where appropriate. Staff also described how they encouraged people to retain their independence by allowing them to complete any personal care task they are able to do for themselves. One staff member said, "I prompt them to brush their teeth when they are standing at the sink."

People's care plans contained details of their cultural needs, for example any cultural dietary requirements. We saw a local priest visited the home to say prayers with those that wished to take part. They also left information about the local church activities and services with people. This meant people's cultural needs were being met by the service.

People's care records were stored on the computerised Care Docs system. This was accessed through laptop computers in the quiet lounge area. The computers were password protected so people's personal information was kept confidential.

Throughout our inspection we saw visitors coming and going. Regular visitors had been provided with the code to a key safe so they could access an electronic fob to open the front door. Therefore they were able to gain access to visit their loved ones whenever they wanted to without needing staff to let them in. We were

told this helped, especially at busy times such as meal times, when staff may be supporting people and not able to immediately answer the front door.

People's wishes for their support at the end of their lives was recorded in a 'last wishes' plan. This included if the person wished to remain at Heathside if possible at the end of their lives or be admitted to hospital. Information about any funeral arrangements and who the home was to inform about the person's death was noted. We were told that no one currently living at Heathside was receiving end of life care. When people required end of life care the home involved other medical professionals, for example the GP and district nurses, to agree on the care and support the person needed. An end of life care plan was then written to record this information. We saw staff had received training on end of life care. This should enable the home to provide the appropriate support that people wanted at the end of their lives.

Is the service responsive?

Our findings

At the last inspection we found a breach of the Health and Social Care Act Regulations because not all the records contained complete or up to date guidance for staff to follow when supporting people whose needs had changed. At this inspection we saw improvements had been made.

Since our last inspection a computerised system called Care Docs had been fully implemented in the service. The system held all the assessments, care plans, risk assessments and daily records. The service had two laptops and two hand held tablets which could be used to access the Care Docs system. Staff told us they liked using the system and were able to access it when they needed to update any records.

We were told that the previous managers had been the main people who had updated the Care Docs system. This meant when they left, the new manager and senior care staff had to get used to using the system and updating people's assessments and care plans. Staff had received training on using the Care Docs system.

We saw a series of assessments were completed before people moved to the service and initial care plans were written. Staff told us they were given verbal information about new people's needs at handovers as well as being able to read the initial care plans. Staff felt they had sufficient information to support people when they first moved to the home.

We saw the assessments for one person who moved to Heathside in March 2017 had been reviewed each month since they had moved to the home to note any changes in their support needs as they settled into living at the service and staff got to know them better.

We looked at four people's assessments and care plans in detail. They contained details about people's health and social care needs and gave guidance to staff in how to meet these needs, for example mobility, personal care, communication, sleeping and behaviour management. An overview of people's support needs was also available for staff called a 'care needs summary'. Where required a dementia care plan was also written detailing how staff should support people if they became disorientated or confused. For example one person would state there was someone in their bedroom. The care plan guided staff not to debate this with the person but to offer to look in their room. When this had been done they could re-assure the person that there was no one else there.

We saw the manager was reviewing the care plans since being promoted, although we saw some had not been evaluated since November 2016. We did note that some care plans for a person had been updated due to a change in need, whilst their other care plans had not been reviewed as there had been no changes in their needs in those areas. The manager told us they planned to evaluate all people's assessments every six months or when their needs changed and then update any care plans required.

We were told that senior care staff had been given responsibility for some areas of people's care plans. For example one senior completed and updated all the medicines care plans and another was responsible for

recording and updating the weight charts, risk assessments using the Malnutrition Universal Screening Tool (MUST) and eating and drinking care plans. They also ensured referrals were made to the dietician or Speech and Language Team (SALT) when required.

We saw that daily records were completed on the Care Docs system. The system also had forms to monitor people's food and fluid charts and re-positioning charts. We were told food and fluid charts were used at the request of the dieticians and were completed for three days to provide the dietician with information about what a person was consuming. At the time of our inspection there were no fluid charts being completed at the service.

Since our last inspection a part time activities co-ordinator had been employed for two days per week. They arranged activities and trips out from the home. We noted trips had been recently organised to a local garden centre and to Tatton Park. A trip to Manchester airport was also planned. External entertainers also visited the home each week, including a Zumba session, chair exercises and a monthly singer. When the activities officer was not working we were told the staff organised chair based games or reminiscence. People we spoke with confirmed there were 'plenty of activities in the lounge.'

Heathside is a residential service; therefore if people's needs changed they may require a service that provides nursing care. If people's needs increase when they are living at the home referrals are made to the relevant health professionals; for example the dementia crisis team. If the home is not able to meet the changing needs of the person their social worker, clinical commissioning group (CCG), family and medical professionals were involved in a re-assessment of the person's needs. Where applicable the home supports the person to move to another service by providing access to the person's care files. The manager told us that this did not happen very often as the home worked with the other professionals to support the person continue living at Heathside. This should help people transition to a service that is able to meet their increased needs if required.

The service had a formal complaints procedure in place. Any complaints received were investigated and responded to. We saw that four complaints had been received in 2017 about the laundry and clothes going missing or being returned to the wrong room. We spoke with the domestic staff and manager about this. They told us a new system had been introduced where relatives were asked to look at any clothes that were not labelled to establish if they were their loved ones clothes. A label was then put in the clothes. Previously staff had returned the clothes to who they thought they belonged to, sometimes making mistakes. They said that this had resolved the issue.

People and relatives we spoke with said they would raise any issues or concerns they had directly with the staff or manager and they would then be dealt with. This meant issues did not escalate into formal complaints.

We also saw the service received compliments from people. One compliment received stated 'I'm very happy with the care given to my mother; she is always clean, tidy and comfortable' and another was 'there is a homelike atmosphere.'

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC, who was also one of the providers of the service. They were supported by a manager who had been promoted from deputy manager one month prior to our inspection. Two managers had left the service since our last inspection. The service also employed a training consultant who was responsible for arranging all staff training, supervisions and completing daily checks.

A range of audits were completed at the home. The training consultant completed a walk around the home on the four days each week they were working. This involved checking the bedrooms for cleanliness, health and safety checks and speaking with people who used the service to ask how they were and if they had any issues. We noted the Care Docs health and safety audit had been fully completed in February and March 2017. Since then the audit had been used to record that the weekly fire alarm checks had been completed, but the full audit had not been done.

A management audit checked care plans were up to date, bedrail assessments, pressure area care and moving and handling assessments were in place. We saw the last management audit had been completed in February 2017. As previously noted in this report the new manager was in the process of reviewing all people's assessments and care plans on the Care Docs system.

A monthly inspection of equipment, for example wheelchairs, walking frames, pressure cushions and mattresses was completed. Any issues found during these checks were noted and actioned, for example a new pressure mattress had been ordered. A weekly medicines audit was also in place. Incidents and accidents were collated monthly to monitor for any patterns.

This meant that a system of audits was in place; however they were not consistently used each month to monitor the quality of the service. We will check they are being fully utilised at our next inspection.

Staff members told us they enjoyed working at the service. We were told the two changes in managers over the last year had not affected staff morale. One said, "We are a strong team with the seniors and [registered manager] is always around" and another told us, "This is one of the best homes I've worked in; nothing is ever a problem."

Staff were positive about the new manager and said they were approachable and knew them and the people living at Heathside well. One said, "The new manager has been here for years; you can always go to her if you need anything."

The senior care staff members were also positive about their new assigned roles, for example being responsible for medicines or ensuring people's weights were recorded and appropriate referrals made if people were at risk of losing weight. They thought this had improved the oversight of these areas and was working well.

Staff told us regular team meetings were held, including meetings for the day and night staff. They said these were open forums where they were able to contribute ideas or raise any issues they had. Minutes of the meetings were available for staff that had been unable to attend the meetings.

Quarterly residents meetings were held. The minutes from the meeting held in May 2017 showed discussions had been held on the menu, dignity, activities and being safe. One suggestion had been that an ice cream van comes to the home. This has been arranged and the van will visit weekly over the summer.

Surveys for relatives, people living at the home, visiting professionals and staff had been issued in February 2017. We were told the results had not been analysed. The returned surveys we saw were overwhelmingly positive. Comments received included, 'I am happy with the care my father receives.' The main negative comments were concerning the laundry. As stated previously in this report actions have been taken which has resolved the issue of clothes being returned to the wrong person. Following the inspection we were sent a survey report written by the then manager in October 2016. The overall results were again positive, with similar issues with regard to the laundry being identified. The registered manager also showed us responses relatives had left on a website called carehome.co.uk. These comments were seen to be positive.

This meant the service sought people's views on the home and responded to the issues and requests made.

We saw that the service had policies and procedures in place, however they were dated 2015. They did not have a date when they would be reviewed stated. This meant it was not clear if these were the current policies and procedures to be used.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.