Surrey Rest Homes Limited

Heath Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of Heath Lodge Home took place on 12 April 2016 and was unannounced.

Heath Lodge Care Home is a care home which provides accommodation and personal care for up to 26 people. At the time of our visit there were 18 people living at the home all of whom were living with dementia. The home is a large detached house with accommodation arranged over two floors. There was no lift and access to the first floor was via a stair lift.

At the time of our visit there was a registered manager in post. 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.

Quality assurance systems were not robust or effective enough to identify all the shortfalls in the service. These included poor infection control practices, lack of some risk assessments and not all records being up to date and accurate.

Although risk assessments were in place, there were some inconsistencies in the recording of information which could put people at risk of harm. Arrangements in place to identify and support people who were at risk of diabetes or smoking were not up to date or monitored. We found that staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. However new staff would not have this knowledge or access to up to date information to provide appropriate and safe care to people. We made a recommendation that the provider reviews risk management and assessments in line with people's current needs.

There were sufficient staff to provide people's care needs but the deployment of staff had an impact on the personalised support provided. Although staff were provided in the numbers that had been assessed as needed by the registered manager, staff were very busy, responding and providing care tasks such as personal care to people. We made a recommendation that the provider reassess the way staff are deployed to ensure that people have all of their needs, not just the need for personal care, met.

Although the home was clean, people were not always safe because the processes in place to prevent and control infection were not always followed by staff. We made a recommendation that the provider ensures that staff follow the current guidelines and policies in regard to infection control

People were at risk as information for people with special dietary requirements were not always up to date. Although people had enough to eat and drink throughout the day and night they were not involved and consulted in the development of the menus. We made a recommendation that the provider ensures that specialist healthcare professionals are involved with people who have special dietary requirements.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS), the Mental Capacity Act (MCA) and their responsibilities in respect of this. Mental capacity assessments were fully completed and DoLS applications had been submitted in accordance with current legislation.

People were cared for by caring staff. People's privacy was respected and promoted. We saw examples of caring practice from staff. People's preferences, likes and dislikes had always been taken into consideration and support was provided in accordance with people's wishes.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The home worked effectively with healthcare professionals and was proactive in referring people for treatment.

People told us they felt safe at the home. One person told us, "I feel safe here and the girls look after me and I do not have to worry about anything." Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. There was a business contingency plan in place to minimise the risk to the home in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding. Staff knew what to do in the event of an emergency.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted a good quality of life.

People received their medicines when they needed them and the administration and storage of medicines was managed safely.

People told us if they had any issues they would speak to the staff or the registered manager. People were encouraged to voice their concerns, complaints or ideas about the home and there were different ways for their voice to be heard. Although it wasn't always clear from records what action had been taken as a result of these consultations.

People had access to activities that were important and relevant to them. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests and religious beliefs in their local community. People's relatives and friends were able to visit. People did say they would appreciate more interaction with staff at times other than when their personal care was being provided or when organised activities took place.

The environment was monitored and checked regularly to make sure it was safe for people, relatives and staff.
People told us the staff were friendly and management was always visible and approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff told us they had good management and leadership from the registered manager.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Peoples' risk assessments were inconsistent and did not always contain accurate information about people's risks.

There were sufficient staff to provide people's care needs but the deployment of staff had an impact on the personalised support provided.

Recruitment practices were safe and relevant checks had been completed before staff commenced work

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

People received their medicines on time and they were administered and stored safely by trained and competent staff.

Is the service effective?

Requires Improvement

The service was not always effective.

People were at risk as information for people with special dietary requirements were not always up to date. People had enough to eat and drink throughout the day and night.

Staff had an understanding of current legislation. Mental capacity assessments were completed and Deprivation of Liberty Safeguards applications had been completed and submitted.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy were respected and promoted.

Staff were cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed when they entered the home and on a continuous basis. Although information regarding people's treatment, care and support was not always up to date.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Quality assurance checks were not always robust or effective enough to ensure that shortfalls in record keeping and identifying poor practices.

Records were not always kept up to date or contained relevant information for staff.

The provider sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and could report any concerns to their manager.

Heath Lodge Care Home

Detailed findings

Background to this inspection

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

We visited the home on 12 April 2016 and it was an unannounced inspection. The inspection was conducted by three inspectors.

We spoke to nine people living at the home, two relatives, four staff, and the registered manager. We observed care and support in communal areas; looked at four bedrooms with the agreement of the relevant person. We looked at five care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, four staff records, complaints records, policies and procedures and external and internal audits.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

We last inspected this home on 4 August 2014 where concerns were identified. We found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This Regulation has been superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which took effect from April 2015. We asked the provider to take action in relation to proving adequate and safe premises. The provider sent us an action plan on 19 March 2015 and provided timescales by which the Regulation would be met.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and secure at the home and with the staff who provided care and support. A person told us, "I feel very safe here." A relative told us, "My family member is safe and is quite happy." We observed that people were safe and were provided with guidance about what to do if they suspected abuse was taking place. However improvements have been recommended to ensure people were protected from cross contamination and the risk of harm.

At our last inspection on 4 August 2014, we identified a breach in relation to unsafe premises as the registered person had not ensured adequate maintenance of the fire safety system. At this inspection we found that improvements had been made and there were adequate fire safety systems. The home had installed new fire doors and alarm systems along with improved fire safety arrangements which has been reviewed by the Fire Safety Officer.

During this inspection we found people were not always protected from the risk of cross-contamination because the systems in place to prevent and control infection were not robust enough. Infection control policies and procedures were in place and staff had been trained in preventing the spread of infection; however we observed staff were not always following the policies or putting their training into practice. A member of staff was seen disposing of a used pad in the wastepaper bin in one of the bathrooms instead of in a clinical bin. We also saw a member of staff place a soiled item of laundry amongst the general laundry. When questioned staff told us the process of cleaning soiled items was that they would place it in a red bag and then put it, separately, on a specific cycle in the washing machine. This indicated that staff were not following their own company processes or best practice. After the inspection the registered manager confirmed that all staff had been re-issued and understood the company policy and their responsibilities regarding infection control.

We recommend that the provider ensures that staff follow the guidelines and policies in regard to the safe disposal and laundry of soiled items.

There were inconsistencies in the information recorded on people's risk assessment which meant people may not be kept safe from risk of harm. Whilst some information was relevant to people's needs and up to date, others were not. Where people had mobility issues, falls, and bed rails, risk assessment had been carried out to identify potential risks to themselves. However, when people were at risk of diabetes or smoked, there was no risk assessments carried out to identify, or manage the risks. We found that staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. However new staff would not have this knowledge or access to up to date information to provide appropriate and safe care to people.

We recommend that the provider reviews risk management and assessments in line with people's current needs.

There were sufficient staff to provide people's care needs and to provide a range of activities but the

deployment of staff had an impact on the personalised support provided. People told us, "I don't think the staff have the time to sit with us, they may have time if there were more." Relatives told us, "There seems to be less staff on weekends, I visit most days and when there are three staff it can drop down when they have their break." Staff told us generally the staffing levels were okay but, "Sometimes it's very busy." Although staff were provided in the numbers that had been assessed as needed by the registered manager, staff were very busy, responding and providing care tasks such as personal care to people. We saw when people required two staff to assist in personal care the number of staff remaining on the floor were not sufficient to support people. Therefore staff did not have the time to sit and chat or provide one to one time with people as well as attending to their needs.

We were told by the registered manager that there should be a minimum of three carers and one senior carer on duty and that staffing levels were determined based on people's assessed needs. We reviewed the staffing rota to ascertain the number of staff allocated during each shift and staffing levels never fell below the minimum staffing levels, the registered manager had determined as being needed to support people. The registered manager informed us the home used staff from another home owned by the provider or existing staff to cover absences as they were knowledgeable in people's care and support needs.

We recommend that the provider reassess the way staff are deployed to ensure that people have all of their needs, not just the need for personal care, met.

People lived in a safe well maintained environment. Communal areas, stairs and hall ways were free from obstacles which enabled people to move freely around the home. Regular monitoring and safety checks of equipment were carried out to help keep people safe. People had access to specialist equipment such as wheelchairs, stair lift, walking frames, hoists, specialist beds or bathing aids to use whilst having a bath or shower. Fire, electrical, and safety equipment was inspected on a regular basis. There were systems in place to monitor when maintenance work had been completed, monitoring of water temperatures, flushing infrequently used rooms and descaling of shower heads to prevent legionella infection.

People had access to specialist equipment. Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. Staff supported people to move safely from wheelchairs to armchairs using a hoist or walking frame. They explained the process to people, telling them what was happening and provided reassurance.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. People had a personalised emergency evacuation plan in place, which provided staff with information on how to support people in the event of an evacuation. Staff had a clear understanding of how to support people in the event of an emergency. There was a business contingency plan in place in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding. The provider had identified alternative locations which would be used if the home was not liveable in. This would minimise the disruption and impact to people if emergencies occurred.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. There was a staff recruitment and selection policy in place. All applicants completed an application form which recorded their employment and training history. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people.

Medicines were administered and stored safely. People told us, "Staff give me my tablets when I need them." A medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people received. The medicines administration records (MAR) were accurate and contained no gaps or errors. A photograph of each person was on their MAR to ensure that staff were giving the medicine to the correct person. There was guidance for staff about the recording of medicines if a person refused to take their medicine. All medicines coming into and out of the home were recorded and medicines were checked and recorded at each handover. All medicines were contained in a lockable trolley and was secured to the wall when not in use. Any changes to people's medicines were prescribed by the person's GP.

People received their medicines from competent and trained staff. Only staff who had attended training in the safe management of medicines were authorised to administer medicines to people. Staff attended regular refresher training in this area and after completing this training the registered manager observed staff administering medicines to assess their competency before they were authorised to do this without supervision. When staff administered medicines to people, they explained the medicine to them and why they needed to take it. Staff waited patiently until the person had taken their medicines.

Arrangements were in place when people required medicines for a specific short-term condition. Staff told us, "People will say or they will move in a way which says they are in pain, and we will ask them if they need some painkillers." There were written individual PRN [medicines to be taken as required] protocols for each medicine that people took such as painkillers. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of.

Staff knew what to look for and what to do if they suspected any abuse. The home had a copy of the most recent local authority safeguarding policy and company policy on safeguarding adults at risk. This provided staff with up to date guidance about what to do in the event of suspected or actual abuse. Staff told us that they had received safeguarding adults training within the last year. We confirmed this when we looked at the staff training programme. A member of staff told us, "We keep people safe by always watching them and responding to their needs. If we have any concerns we would report it to the senior carer or manager."

Requires Improvement

Is the service effective?

Our findings

People living at the home and relatives spoke positively of the staff working at the home. A person told us, "They look after me very well."

The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. Training was delivered in different formats such as online learning, DVDs, training courses and certificated learning workbooks.

Staff confirmed they had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with information about people's care and support needs and how they met these. We observed staff when they were helping people to move around the home or assisting them when transferring from a wheelchair to a chair and this was done effectively and according to best practice. This showed staff were using their training in practice. The provider's records confirmed that all staff had received mandatory training such as safeguarding adults; dementia awareness; diabetes awareness; administration of medicines, health and safety and infection prevention and control, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager informed us that she had arranged for a local college to attend the home to provide English lessons for staff that needed assistance with the language. This helped ensure that people were supported by staff who were able to communicate appropriately with them.

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff told us, "I receive supervision every three months and my appraisal is coming soon." Documents confirmed that regular supervision and annual appraisals took place with staff. Management observed staff in practice to review the quality of care delivered and any observations were discussed with staff.

People's care plans detailed whether people had capacity to make decisions, this was reviewed on a regular basis as people's capacity could vary from time to time. Staff had received training in the MCA and how they needed to put it into practice. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Assessments had been completed where people were unable to make decisions for themselves and staff recorded who was able to make decisions on a person's behalf. For example there was a record that a meeting took place with the GP and relative who had legal authority to do so, to give consent to the covert administration of medicines. The administration of covert medicines is a practice of deliberately disguising medicines usually in food or drink, in order that the person does not realise that they are taking it. We noted that an advocate had been used for people who did not have family or when people required additional support during the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some applications had been completed and submitted to the local authority whilst others were waiting. After the inspection the registered manager confirmed that those outstanding applications had been submitted to the local authority for people living at the home this included those who used bed rails or who wanted to leave the home at night.

People were supported to make their own decisions and their consent was sought before care was provided. Staff checked with people that they were happy with the support being provided on a regular basis and attempted to gain people's consent. Staff waited for a response before acting on people's wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. A member of staff told us, "I always make sure I show them things so they understand." Where people declined assistance or choices offered, staff respected these decisions.
People told us about the food at the home. A person told us, "Normally I like the food, but I didn't today." Another person told us, "I would like more of a choice." A third person said, "The food is good." The chef prepared and cooked all of the meals in the home. People were not involved or consulted about the creation of the menu for lunch and tea. People were able to make choices about what they would like to eat for breakfast. An alternative option was available if people did not like what was on offer. A person told us, "The food is in-between; I don't have a choice of meals I'll find out what's for tea when I sit down." There was food, snacks and drink available throughout the day.

People who had specific dietary requirements may not always be provided with appropriate nutritious food. There were inconsistencies with the information recorded by kitchen staff. For example information recorded by the kitchen staff stated that there were two people who had diabetes when in fact there were five people with diabetes controlled by diet. There were a number of foods that were high in fat, sugar and salt. The important thing in managing diabetes through diet is to eat regularly and include starchy carbohydrates, such as pasta, as well as plenty of fruit and vegetables. We questioned the registered manager who confirmed that there had not been a consultation with a diabetes nurse to ascertain people's nutritional requirements in accordance with their diabetes. We raised our concerns with the registered manager who sought advice from the GP to ascertain if there had been any negative impact to people's health or if they were at risk of harm. The GP confirmed that people were not at risk of harm. After the inspection the registered manager provided us with evidence of the changes made to ensure people whose diabetes were controlled by diet had healthy and nutritious choices.

We recommend that the provider ensures that people are included in choosing their meals and specialist healthcare professionals are consulted for people who have special dietary requirements.

Staff confirmed that a dietician had been consulted regarding people at risk of choking. As a result some people required products to be added to their food and drink to enable them to swallow without harm and instructions were given to staff regarding the dosage and consistency required.

Lunchtime was a social occasion. People were able to choose who they sat with and people enjoyed their lunch together in the dining room, the lounges or in their room. Information about people's food likes and dislikes and preferences was available. Some people required a pureed diet, staff knew who these people were and the meal was served according to their needs. We noted that soft or pureed food was presented in an appetising form. We saw staff assisting people to get ready for lunch, at a slow and steady pace. People who were unable to eat independently were supported by a member of staff. Throughout the day people were encouraged to take regular drinks, to ensure that people were kept hydrated. People confirmed that they had sufficient quantities of food and drink.

People had access to healthcare professionals such as the GP, district nurse, optician, dietician, physiotherapist, speech and language therapist. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

People's bedrooms were personalised with pictures, photographs or items of personal interest. People's art work was displayed throughout the home including outside of their rooms. All communal areas had large signs to describe the room. Areas of the home were painted in different colours which helped those living with dementia to move around the home and to find their rooms, toilets and bathrooms.

Good

Is the service caring?

Our findings

Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. A person told us, "They are very good, they're all really nice to me." Another person told us, "I like my room and I have my own things." A third person told us, "I like living here."

The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs. For example, staff knew that one person liked to be called by their preferred name otherwise they won't answer people.

People were able to make choices about when to get up in the morning, what to eat for breakfast, what to wear and activities they would like to participate in. For example residents have their breakfast at different times, on the day of the inspection; some people were having breakfast at 9:55 am because they chose to get up later than other people. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was information in care records that highlighted people's personal preferences, and also what constituted a good or bad day for people, so that staff would know what people needed from them. Staff were knowledgeable about the techniques to use when people were distressed or at risk of harm. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. During the inspection we observed people's behaviour and how staff responded to help them calm down. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them.

Staff approached people with kindness and compassion. A relative told us, "The staff are caring, they know my [family member] and what they like and dislike." We saw that staff treated people with dignity and respect. For example, where people required support in getting up from their chair, staff ensured people's clothes were hanging correctly and untangled. Another example, a member of staff noticed as a person was walking that their slippers were not on properly and asked if they could assist them with their slippers. Personal care was provided in private. Staff interacted with people throughout the day to provide personal care and activities but some people felt they would appreciate more one to one interaction at times. When attending activities, listening to music and watching television, at each stage staff checked that the person was happy. Staff spoke to people in a respectful and friendly manner.

People were involved in making decisions about their care. A person told us, "I can make my own decisions, if I don't want to do something I won't and staff make sure I am okay." Another person said, "I didn't go out today but I didn't want to." We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks. Staff did not rush people for a response, nor did they

make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

People were protected from social isolation with the activities, interests and hobbies they were involved with. A person told us, "It is a good home, my family come to visit me and I have friends here." Another person told us, "They take great care of me and they make sure that I am able to speak to and they help me see my husband." Relatives and friends were able to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs, because the provider, friends or relatives offered support to attend the local religious centres. We saw that religious services were held in the home and these were open to those who wished to attend. This demonstrated that care and support was provided with regard for people's religious choices.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the support they received. One person told us, "They are always willing to help me as I need help with certain things." They went on to say "They are patient with me as it can take a while to get to places." A relative told us, "I have spoken to the manager about staff letting mum know when they are about to use the hoist. She cannot see and will not know, I worry her feet will be hit if she doesn't know." The registered manager confirmed that staff now warn the person before they start to use the hoist. A person told us, "Staff are lovely, they take care of me very well."

We saw that pre-assessments were carried out before people moved into the home and then were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs and details of health and social care professionals involved in supporting the person. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support plans in accordance to people's needs and to help ensure staff had the most up to date information.

Staff were able to build a picture of the person's support needs based on the information provided and the knowledge they obtained by talking to people. People had care records which outlined their individual care and support needs, including any identified risks. For example, personal hygiene, safety and environmental issues, emotional and behavioural issues and mobility. Changes to people's care was updated in their care record. Although some information was not always up to date. It is important that this information is up to date as it is used to provide care and support in accordance to people's needs. We found that staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. However new staff would not have this knowledge or access to up to date information to provide appropriate and safe care to people.

Staff were quick to respond to people's needs. Staff told us by having a consistent staff team they were able to build up a rapport with people and staff knew people well and understood their needs. Where a person had mobility issues, they were moved downstairs so that their needs could be accommodated. Since moving downstairs, it had been noted that one person's falls had decreased since this move.

Staff told us they completed a handover session after each shift which gave them the opportunity to share information about any changes to people's needs. This may be a change in people's medicines, healthcare appointments or general messages to staff. Daily records were completed to record each person's daily activities, personal care given, what went well, what did not and any action taken. This ensured that staff had information about people's daily care needs and any changes that had occurred.

People confirmed that they took part in the activities in the home and outside in their community. A person told us, "I like some of the activities so I join in, other times I just want to sit in a chair and listen to some music which is nice." Activities included arts and crafts, board games, pet for therapy, sing a-longs, chair exercises, jigsaw puzzles and ball games. We saw photographs of outings or events people had attended. We observed a timetable of activities on a board. This was in picture format for easy reading and we observed

some activities taking place which was in line with what was stated on the board. People were seen enjoying the activities on offer as well as sitting in the communal areas listening to music and talking to people. Staff encouraged people to engage in activities and offered a variety that catered to people's needs and interests.

People and their relatives knew how to make a complaint. Relatives told us, "I would speak to the manager if I had any concerns." We looked at the provider's complaints policy and procedure to review their processes. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take any complaint seriously. The registered manager maintained a complaints log. We reviewed the complaints log and noted that no complaints had been received in the last twelve months. The registered manager told us that when people had any concerns they tried to resolve the situation before it escalated. We saw information about the complaint procedure displayed in the home, which provided people with the information about the process, contact details for the registered provider, CQC and the Local Government Ombudsman.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff said that the manager and staff were approachable and open to suggestions. A person told us, "The manager is approachable and is seen around the home." Staff said that they worked well as a team. A member of staff told us, "It's a good place to work, that's why I stay here. There's good teamwork."

The registered manager informed us that she manages two homes and splits her time between them. In her absence the senior carer is put in charge of running Heath Lodge. It is apparent that the lack of consistent management presence or support had an impact on the reviewing and monitoring of the quality assurance systems or identifying poor infection control practices.

Quality assurance system in place had not always identified the shortfalls in the records for people or the poor infection control practices. Various audits were carried out such as care plans, medicine administration records, health and safety, room maintenance and housekeeping. However the audit was not robust or effective enough to identify missing or lack of up to date information recorded. For example there were inconsistencies with risk assessments, there was no risk assessment for people with diabetes or who smoked but there was for people who had mobility issues. There were also inconsistencies with the information held by kitchen staff about people who had special dietary requirements. Staff were knowledgeable about people's needs and risks and what action to take to protect them from these risks. However they relied on their knowledge having worked with people for a long time rather than on up to date records of what support they should provide. This meant that although long standing staff were providing care people needed new staff may not have the information they needed to provide safe, effective care.

We noted from the last resident's survey that people's feedback about the home ranged from 'average' to 'good'. Some of the issues raised were that some people did not know the complaints procedure or who their key worker was. (A key worker is a member of staff with special responsibilities for making sure a person gets the care and support that is right for them). The provider had also conducted a relative's survey and we read that relative's felt the home was, 'adequate' to 'good'. Issues identified were who the keyworker allocated to their family member was, unaware of the complaints procedure, a communication issue due to some staff's strong accents and more interaction between staff and their family member needed. The registered manager informed us they had not yet completed an action plan to address the issues that had been raised.

Failure to have effective arrangements in place to protect people by regularly assessing, and monitoring the quality of the service provided and maintaining complete, accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records of accidents and incidents that occurred every month and an analysis of the falls was carried out by the registered manager. The analysis identified a number of issues and as a result recommendations and learning outcomes were made. We noted that action taken was recorded. For example where people were identified as being susceptible to falls; they had access to specialist equipment

such as sensory mats and pendants which alert staff to potential risk.

Services are required to display the rating of their service to people and visitors. We saw this had been displayed in the lobby of the home.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff were able to contribute through a variety of methods such as staff meetings and one to one meetings. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs. We reviewed documentation of a staff meeting held in February 2016 where issues in regards to appearance of staff, staff speaking English, staff's behaviour, cleanliness of the home, care plans and activities were discussed. There was a record of actions taken for example instructions provided on how to complete care plans and that staff must speak English at all times. Staff told us they had good management and leadership from the registered manager.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the home. Events had been informed to the CQC in a timely way.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about the guidance.

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 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements in place to protect people by regularly assessing and monitoring the quality of the service provided and identifying, assessing and managing risks or poor practice.