Anchor Trust

Heathside

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Heathside provides care and treatment for up to 51 people, some of whom may be living with dementia. The home is divided into seven units, each with their own lounge and dining areas. There is a communal lounge on the ground floor where the majority of activities are held. On the day of our inspection 46 people were living in the home.

This was an unannounced inspection that took place on 2 March 2016 and 11 March 2016. We carried out the inspection over two days because the home had a bout of illness and as a result we were unable to complete our inspection on the first day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager assisted us with our inspection.

Some elements of correct medicines management were not followed by staff, although we did see staff administer medicines safely to people. Staff had considered individual risks for people but had not always taken action to monitor these risks.

There was a lack of appropriately deployed staff to meet people's needs and proper recruitment processes had not been followed to help ensure only suitable staff were employed to work in the home.

The home was not always a suitable environment for people to live in. For example, we found areas of the home required a good clean. The registered manager did not always have good management oversight of the home.

Quality assurance checks were carried out by staff as well as the provider and feedback was sought from relatives. However, actions or recommendations from these audits were not always followed up by staff.

Staff did not always follow the legal requirements in relation to consent and where people required a referral to a health care professional this was not always done promptly. Care records for people lacked information which would help ensure people received responsive care and some records were not accurate or up to date.

Staff were kind and caring and showed compassion to relatives who were made to feel welcome in the home. However, on a couple of occasions staff did not provide people with the attention they should have.

People were supported and encouraged to make their own choices and remain independent. However, activities provided for people were not always meaningful or suitable for people who may be living with dementia.

Accidents and incidents were monitored by the registered manager and action taken to mitigate their reoccurrence. Staff were aware of their responsibilities to safeguard people from abuse or able to tell us what they would do in such an event. Staff followed legal requirements in respect of restrictions or decisions made on behalf of people.

People's care would not be interrupted in the event of an emergency and if people needed to be evacuated from the home as staff had guidance to follow. Complaints about the service were responded to appropriately by the registered manager.

Staff were provided with appropriate training for their role. Staff were given the opportunity to progress professionally and meet with their line manager on a one to one basis.

People were provided with the food they preferred and staff monitored people's weights to help ensure they kept healthy. People, relatives and staff were involved in the running of the home.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made some recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the 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 completely safe.

Planning for staff deployment was poorly organised.

Safe recruitment practices had not been followed.

Risks to people had been identified but staff had not always taken action in relation to these risks.

Safe medicines management processes were not followed by staff.

The environment was not always a suitable place for people to live.

There was a contingency plan in place in the event of an emergency.

Accidents and incidents were monitored and action taken when appropriate.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always follow the correct procedures in relation to consent.

Staff did not always refer people to health care professionals when they needed it.

People were provided with the food they wished and were cared for by staff who had received appropriate training.

Staff were able to meet with their manager on a regular basis.

People's health was monitored.

Is the service caring?

Requires Improvement

The service was not always caring.

People received kind caring attention from staff but this lacked on some occasions.

People could remain independent and make their own choices.

People, relatives and healthcare professionals felt staff provided good care.

Visitors were made to feel welcome in the home and staff showed consideration and compassion to relatives.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Activities were not always meaningful for people or appropriate for people who may be living with dementia.

Care plans contained information about people but at times lacked detail for staff to ensure people would receive responsive care.

People had access to a complaints process and the registered manager responded appropriately to complaints.

Is the service well-led?

Requires Improvement

The service was not constantly well-led.

The registered manager did not have an effective management oversight of the home.

Recommendations or actions from quality assurance audits carried out were not always followed up.

Staff felt supported by the registered manager.

People, relatives and staff were involved in the running of the home.

Heathside

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 was an unannounced inspection that took place on the 2 March 2016 and 11 March 2016. The inspection was carried out by three inspectors.

Prior to our inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The provider had completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive the PIR in advance of the inspection as we inspected sooner than we had planned so were unable to review it before we visited the home.

As part of our inspection we spoke with ten people, six staff, five relatives, one visitor and the registered manager. Anchor's area managers were also present during both days of inspection. Following the inspection we received feedback from six healthcare professionals who were happy for their views to be included in our report. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included eight people's care plans, five staff files, medicines records and policies and procedures in relation to the running of the home.

We last inspected Heathside in September 2013 when we found no concerns.

Requires Improvement

Is the service safe?

Our findings

When we spoke with people about whether or not they felt safe in the home one person told us, "I don't always feel safe because there are too many agency staff and they don't know me and they don't know what I need, so it worries me."

We asked people, relatives and external professionals if they thought people were safe in the home. We received a mixed response. A relative told us, "I never used to worry about her, but now I do worry at times." They said this was due to (low) staffing levels.

We asked people if they felt there were enough staff on duty. We were told by one person, "They work hard and are always rushing around. Sometimes I have to wait, but it's not their fault." This person added, "I would like to see less agency staff." A relative told us, "We have noticed two staff on the units now, this wasn't always happening." A visitor said, "More staffing is needed, there are times there is only one member of staff on the unit and on some occasions no staff. That's fine when I am around, but I will have to go and find staff on occasions. Sometimes you can't get through the front door because there is no one on the desk." Another relative told us, "They now have two carers on each unit. That didn't happen before, it was one. But in the last month they've brought in a lot of agency staff."

People were not cared for by staff who were deployed appropriately to meet their needs. The registered manager told us they were working towards two care staff in each unit and two team leaders across the home. On our first day of inspection one care staff was in each unit and two team leaders across the home as well as two care staff who acted as 'floaters', meaning they helped out when needed throughout the home. On the second day two care staff were on each unit, however these included a large number of agency staff and some units were manned by agency staff only. So, although we saw two members of staff on duty on each unit staff had not been deployed appropriately because people may be receiving care from staff who did not know them because they had not worked at the home before. We had been told by the registered manager that agency staff on induction would not undertake personal care without being shadowed by an experienced member of staff. However this was not the case because one agency staff member was carrying out personal care alone despite this being their first shift at Heathside. A member of staff said, "It's a bit tough with agency staff as you're supposed to shadow them."

People told us they felt there was reduced staffing at the weekend. One person said, "They (staff) are thin on the ground at the weekend." Another said, "The staff are okay, although slightly less at the weekend so you have to wait more." A relative told us, "The care is lovely but there is a lack of staff at the weekend." A second relative said, "There are times I haven't seen a member of staff for three hours. It's a bit worrying because mum is not very good on her legs." They added, "My Mum has a keyworker, but she hasn't seen her for weeks – there is a high turnover of staff." Staffing rotas showed us that weekends during January and February had low staffing numbers on occasions. For example, one afternoon in January recorded five care staff on duty and another afternoon four care staff. The registered manager told us they had topped levels up with agency staff.

We recommend the provider reviews deployment of staff to ensure people receive care from staff who are familiar with the home and its residents and in enough numbers to meet peoples needs.

People's medicines records were completed properly when they received their medicines, however we found a medicines error which staff had not acted upon. Medicines administration records (MARs) for people had photographs to aid identification for staff and where people had allergies these were recorded. We found no gaps in these written records. However, one person required a PRN (as required) medicine several times throughout the day but this medicine had run out on 26 February 2016 and staff had not taken action to order more stock. We spoke with the registered manager about this who was unable to explain why this had happened or how staff had managed this person's pain during the period their PRN medicine was not available. In addition, due to the regularity the person required this PRN staff had not taken action to request the GP change this particular medicine to a routine prescription. By the end of the first day of our inspection staff confirmed the medicine had been received by the home and this person's medicines had been reviewed by the GP.

Whilst there was a system to administer people's medicines staff did not always follow this which meant people may not receive their medicines in a safe way. Tabards were available for staff to wear to avoid being distracted when they were dispensing medicines but we found the tabard on one unit folded under the medicines trolley and not being used. On another occasion we saw a member of staff administering medicines but they had left the medicines trolley open adjacent to where people were sitting which meant they could have accessed medicines not meant for them. The registered manager noticed this when they came into the unit. They locked the trolley, handed the member of staff the key and reminded them they should ensure the trolley was locked each time they moved away from it. However despite this intervention from the registered manager the staff member left the trolley open again on the next occasion they dispensed medicines. We spoke with the member of staff about the training they had received in relation to medicines and they told us they had undertaken an external pharmacy 'care of medication' training course, but had not completed Anchor's in-house training. They said however they had been observed by a team leader on five occasions before dispensing medicines single-handedly.

Medicines were stored securely and stock checks carried out by staff, however some recording was not completed and equipment was not always appropriately cleaned. When not in use medicines trolleys were secured to the wall. Bottles of medicines were labelled with the 'opened' date and stock checks were recorded by staff. However, the records for the medicines fridge temperatures were not always completed by staff. For example, in one unit over a period of 88 days, the fridge temperature had not been recorded 35 times. Fridge temperature monitoring matters as medicine that requires chilled storage could become unfit for use if not stored at the correct temperature. In another unit, we found similar discrepancies. We also found the tablet cutters and crushers were not clean. There was dust and residue in place.

We recommend the registered provider ensures staff follow safe medicines management procedures.

The environment was not always a suitable place for people. Although staff were able to describe to us good housekeeping procedures we found that not all areas of the premises and equipment were suitably clean or suitable for the purpose for which they were to be used. There was a malodourous smell in parts of the home throughout the day and we found one person had soiled blankets in their room which remained there for the whole day. The sluice rooms were dirty, some lacked hand wash, two had dirty handwashing sinks and all lacked paper towels. The laundry room was untidy and required a good clean. The sink area was covered in lime scale and the soap dispensing drawer in one washing machine was black with mildew. Outside in the garden area there was a 'pile' of cigarette ends and orange peel and table cloths in some units were un-ironed and there were no handtowels for staff in one kitchenette. During the morning plates of

fruit and snacks were left in each unit for people to help themselves. Despite one person having an open wound on their hand staff ignored this person when they touched the food. The main lounge area was extremely cold. A relative said, "It is always cold in here. We've complained about it before. My mother really feels the cold." The registered manager told us they were in the process of having a deep clean in the home and this would continue over the next couple of days.

We recommend the registered provider ensures people live in an environment that is clean and appropriate for them.

The registered provider had not carried out suitable checks on staff before the started work at the home. This meant staff unsuitable to work with elderly people or people living with dementia may have been employed. For example, there was missing evidence of references, application forms, photographic ID and disclosure and barring checks for staff.

The lack of safe recruitment processes was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accident and incidents were recorded in order that staff could take action to prevent reoccurrence. The registered manager held an incident file and they monitored the number of incidents that took place each month, particularly in relation to falls. He explained if a person had one fall staff would look at likely causes, for example, poor footwear, trip hazards or an infection. If the person fell a second time a sensor mat was put by their bed and if falls increased people were referred to the falls team (support team who give advice to help prevent further falls). One person had recently had a number of falls and the registered manager had convened a 'risk management' meeting with the GP and other relevant health care professionals to discuss a course of action to reduce the risk of further falls for this person.

Risk assessments were in place. Care plans included risk assessments in relation to people's mobility and nutrition. For example, where people's mobility had changed there was information around the type of mobility aid they should use, such as a four-wheel trolley or wheelchair. A healthcare professional said, "On each of my visits to the home, I didn't note anything that concerned me." Another healthcare professional told us, "Residents at Heathside are encouraged to be independent within their own limits and supported to do what they would like whilst remaining protected."

People were protected from the risks of abuse and harm. Staff received safeguarding training and there was information about safeguarding displayed throughout the home for both staff and people. This included the local authorities safeguarding procedure and local contact telephone numbers. One member of staff told us, "We promote safety through the staff. They have to recognise when someone needs something. All of the staff have training in safeguarding." Staff knew of the local safeguarding team and that they could contact them if they had any concerns. One member of staff told us they had actively raised what they thought was a safeguarding issue and the registered manager had taken their concerns seriously.

People's care and support would not be interrupted or compromised in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency and there was a contingency plan in place in the event the home had to close for a period of time. People had their own personal evacuation plan in their care records which gave guidance to staff on the support people required in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

Staff demonstrated an understanding of the principals of the Mental Capacity Act 2005 (MCA) but did not always follow the correct legal requirements. The MCA protects people who may lack capacity and ensures that their best interests are considered when decisions that affect them are made. Mental capacity assessments had not been undertaken and notes in relation to any best interest decisions not recorded. For example, in relation to one person who refused personal care. Another person had signed their consent to care form, however they were recorded as 'living with dementia'. There was no mental capacity assessment or best interest decision to show this person understood what they had signed.

We discussed this with the registered manager and Anchor area manager's at the end of our second day of inspection and they explained there had been conflicting guidance and information circulating in relation to the MCA which had meant registered manager's in all of their homes had followed different processes. An Anchor wide initiative had taken place to address this shortfall and area managers were working with registered managers to ensure the necessary processes were followed and paperwork completed.

We recommend the registered provider rolls out this piece of work as soon as possible to help ensure their services are adhering to legal requirements.

People were supported to access health care professionals. For example one person was referred to the GP when staff noticed their leg was swollen. A healthcare professional told us, "They always tell me things and see things through to completion (if I give advice). I work well with the team."

Staff followed the legal process for people who lacked capacity and had their freedom restricted. 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. The registered manager had submitted suitable applications for people. For example, in relation to the locked doors. The registered manager had understood the need to make an urgent referral for one person in particularly who regularly asked to go home. The registered manager demonstrated their understanding of the legal process as DoLS applications had not been submitted for people who had capacity. People were able to access the garden whenever they wished and we saw people move between units within the home to spend time with other's they knew.

People's dietary requirements had been identified and staff and the chef were aware of them. For example, one person had recently undergone an assessment by the Speech and Language Therapy team and they were now on a pureed diet. Staff were able to tell us of this change and the chef had spoken to the person and would be meeting with them weekly to discuss their meal options. Each unit held a dietary summary sheet which matched with the information held by the chef. Any changes to this summary were relayed to the chef straight away. This was confirmed by the chef.

People received the food they preferred. One person told us, "I am very fussy and don't always like the food,

but there is always an alternative which I can ask for." Staff sat with people to support them to eat and they encouraged and prompted people when appropriate. People who were diabetic were offered low sugar foods and snacks and people who did not eat meat were provided with a vegetarian option.

People's health was monitored and they were supported to maintain a healthy weight. People were weighed monthly (or more frequently if required) and staff completed regular nutritional risk assessments. Staff knew this was important as a loss or weight gain could indicate an underlying problem. If a person's weight changed staff took appropriate action. For example, some people were provided with snacks mid-morning to help them to maintain a healthy weight. A relative told us, "Health wise the staff are very good. They pick up on things."

People received support from staff who were able to access relevant training. Anchor staff underwent an Anchor induction programme when they first started working at the home. This included shadowing more experienced staff until they were competent to work alone. Following this staff completed Anchor's mandatory training which included manual handling, first aid, falls awareness, infection control and food hygiene. The records demonstrated staff were mostly up to date on their training and where training was overdue staff had booked onto appropriate sessions. A healthcare professional told us that staff were, "Always very committed to learning as much as they could. They were willing to raise issues and to question to ensure they consistently delivered the best care." Other healthcare professionals told us they felt the staff were competent.

Staff could meet with their line manager to discuss their work. This was an opportunity for staff to discuss all aspects of their role, any concerns they had or additional training they required. One to one and group supervisions were carried out to check staff understanding of their role and to check they were putting their training into practice. Discussions covered areas relevant to all staff, such as safeguarding, MCA and DoLS and pre-admission assessments. Staff appraisals were up to date and staff confirmed they had regular supervisions.

Requires Improvement

Is the service caring?

Our findings

We asked people what they felt about the staff and the care they received. We were told by one person, "The staff are lovely. They work hard." Another person said, "The staff are very good." Other comments included, "The atmosphere is good" and "Everyone is very nice."

Relatives were happy about the care provided by staff. One relative told us, "The care is lovely." Another relative said, "Some of the carers are excellent." A third relative told us, "The staff are fabulous, caring and very good. I can't fault the care."

A senior member of staff told us, "The staff really care. It's a big family. I always ask the staff what have you done today to make a difference?" A healthcare professional told us, "We have a few patients at Heathside and I think the staff treat the residents with respect and care." A second healthcare professional said they had always found people, "Happy and content. I have only ever seen staff at Heathside treat residents with dignity and respect." Other healthcare professionals told us they felt people were well cared for and staff treated people with kind care, respect and dignity.

On the whole people received care from staff who treated them with kindness and respect, however there were times staff did not always take the time to give people the attention they should have. For example, one person had wet trousers but staff had not noticed so they were left wandering around in them for some time. Another person had left their unit early in the morning to go to another part of the home. When they returned breakfast had been cleared away but staff did not check whether or not this person had eaten. The person told us they were hungry at which time we intervened and asked that staff arrange for breakfast to be made for them. Another person was given a drink they did not ask for by staff and not offered a biscuit whilst others were. A third person was being cared for in bed. Their room was chilly and they told us, "I'm cold." We saw staff had not taken the time to brush their hair or wash their face.

The lack of respecting people was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However we did see some good examples of attentive care from staff. Staff were seen to explain to people what their medicines were for and why they needed to have them. Staff sat at the same level with people and spoke to them in an individualised, discreet way encouraging and prompting them to take their medicines when they were reluctant to do so. They described the benefits of the medicine to people to help encourage them to take them. When people had PRN (as required) medicines staff gently asked people if they needed these medicines. Staff supported people to access facilities within the home. Staff were patient and encouraged people to take their time and not feel rushed. Staff communicated with people in an appropriate way throughout and checked people's understanding.

People could make their own choices and decisions. Some people remained in their wheelchairs whilst they ate their lunch and we spoke with staff about this. We were told it was their individual choice to do this. We looked at these people's care records which confirmed staff were complying with people's choices. Staff

gave people the choice of where they wished to sit at lunchtime. One person had stated in their care plan they did not want to be checked during the night and we noted staff had respected this.

People were supported to remain independent. A healthcare professional told us, "Independence is encouraged." People moved around the home freely and went out into the garden when they wished.

Visitors were able to visit when they wanted. Relatives told us they visited at any time of day and staff were kind and compassionate. One relative said their family member had recently become poorly and staff had been kind-hearted, considerate and had shown sympathy. They said, "The staff are compassionate, warm and friendly. Nothing is too much trouble for them."

Requires Improvement

Is the service responsive?

Our findings

Relatives felt there was enough going on for people each day. One relative told us, "There are always things going on. I hear sing-songs and see other activities taking place." A healthcare professional told us, "People are always at the heart of the service and are constantly moving around the building joining in as they feel fit."

However, people told us they would like to do more meaningful things. For example, one person told us, "I would like to go out more. To the shops." Another person told us, "It's boring on a Friday, Saturday and Sunday – there is not much going on." A visitor said their friend was not as stimulated as they would like them to be. They told us, "They used to be able to play dominoes when I visited, but because staff haven't been able to keep this up they have forgotten how to play." A relative said the activities were, "Poor" adding that some games were not suitable for the age of their family member For example, the game that staff had played with them that morning was for 3-6 year olds. The relative said their family member had exclaimed, "That's for children, I'm not playing that!" The television was on in each unit throughout the day as a way of 'activity' for people but the majority of times they were tuned into inappropriate programmes for the people watching.

The environment did not provide suitable stimulation for people who may be living with dementia. There was a lack of sensory items or activities suitable for people who may have a cognitive impairment. We saw one person in particular walking around the home but staff did not have access to any form of activity that may distract or engage this person. We talked with the person who told us about a particular interest they had and yet staff had not considered ways in which to create anything that would stimulate their interest.

We did hear however that things were improving. One person told us, "Up until about a month ago there wasn't much activity at all. It's getting better – a singer came in." Activities that we saw had taken place were varied ranging from cooking and singalongs to bingo and tea parties. On the second day of inspection people were participating in an art session in the afternoon. People were encouraged to prepare for special events, such as Chinese New Year or Easter. The home had a small 'shop' which sold a range of items, such as toiletries. This gave people independence to purchase their own things as well as simulating a 'shopping' experience. People who had particular religious preferences could attend a church service once a month in the home.

We recommend the registered provider continues to develop meaningful, individualised activities particularly for those who may be living with dementia.

Some care plans did not contain the necessary information about people which meant people may not receive care responsive to their individual needs. We noted in one care plan the person was on a medication which could be affected by what they ate but this had not been highlighted in a way that would be clearly evident to staff. This same person had a medical condition which affected their mood, although there was information about this condition there was no guidance to staff on what to do if they displayed symptoms or signs. One person's care plan stated in November 2015, 'another blood test in three months to check if

diabetes indicator has changed'. We spoke with a team leader about this as there was no further information in the care records and a recent review of the care records stated, 'no change'. After some investigation the team leader confirmed that a blood test had only just been requested. This same person was recorded as having 'high cholesterol' in November 2015, but the nutrition care plan did not record this in order to ensure this person was provided with appropriate foods.

A third person's care records stated, 'must have three meals a day and snacks in between'. We did not see staff actively offer this person snacks from the nutrition trolley so consequently this person did not eat anything between breakfast and lunch. This same person could sometimes show 'erratic behaviours' but there was no guidance for staff on how to deescalate these. This same person was suffering from a serious illness but their symptoms were not recorded and there was no management plan in place on how to care for this person in relation to their condition. Two further people at risk of malnutrition or dehydration did not have food and fluid charts in place where staff could record and monitor their daily intake.

The lack of planning and delivery of care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were involved in their care plans wherever possible. We noted people who had capacity had signed a consent form to agree to the care and treatment that had been arranged for them. Care plans contained personal information about people from their childhood, family life and work. We read staff checked people's weight, food preferences and mobility. Pre-admission assessments had been completed to determine whether the home was a suitable place for people to live. The medical history of people was recorded together with information on the way they liked to spend their time.

People were provided with information on how to raise a concern or make a complaint. 11 complaints had been received in the last twelve months. We read that these had been dealt with by the registered manager and resolved. For example, one person had complained about a member of (agency) staff's behaviour. The registered manager had not used this staff member again. Someone else had complained about the food they had at breakfast. We noted the registered manager had responded to this complaint in a formal letter and had taken appropriate action.

Compliments from people were recorded by the registered manager. One person had written, 'A happy and beneficial experience, I feel both physically and emotionally better for being in a happy atmosphere'. A relative had written, 'I have no hesitation of telling others of the fantastic care given by yourselves'.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager and care manager in the home and staff told us they felt supported by them. A healthcare professional said, "I fed back to the care manager who appeared well informed about the residents and receptive to my advice/recommendations." Staff said the registered manager was very approachable, they had a good rapport with him and felt supported. However a visitor told us, "The manager is very good, but he needs to organise more activities and more staffing." This person's view was consistent with our findings during the inspection.

Despite the registered manager being aware of their statutory requirements (for example, to submit notifications of accidents and events to CQC) they did not have good management oversight of the home. They had allowed agency staff to work unsupervised and without being inducted into the home. They had allowed unsupervised agency staff to undertake personal care tasks. They had also allowed a member of staff to administer medicines without undertaking Anchor's medicines training. Two of the seven units were manned by agency staff only, some of whom had not worked in the home before and had not received an Anchor induction. On one unit the member of staff responsible for co-ordinating the care for the day, which included shadowing the agency staff, was also responsible for administering the medicines. This meant they did not have time to do both effectively. The home had gone through a difficult time towards the end of 2015 and Anchor senior management had provided additional support to the registered manager. However this had not been sustained and the registered manager had not sought the continued support of their superiors to maintain a well-led service.

Records held for people were not always correct or up to date which meant staff may not know the most relevant information about a person. For example, one person's weight indicated they had lost 10 kilograms in one month. We questioned a team leader about this who confirmed this was not the case and the record was incorrect. Another person had a wound on their hand and sore skin on their chest, but their skin integrity care plan did not make mention of either of these.

Quality assurance checks were carried out by staff as well as the provider to monitor the level and quality of the care provided to people living at Heathside. For example, monthly medicines audits. We noted that the actions highlighted during these had been addressed. For example, updating the medicines policy. There were also external pharmacy medicines audits. Staff undertook infection control audits and we noted the curtains had been replaced in one unit because they had been identified as stained.

However actions from other audits were not completed and the registered manager and provider had not recognised all the shortfalls we identified during the inspection. The home's latest provider quality assurance report highlighted, 'deficit in care plans (ensure care plans are up to date) and significant staffing shortages'. We read the local authority quality assurance recommendations following a recent visit were, 'a lack of activities on some units' and 'interaction between staff and people varied in units'. All of these areas were areas we identified during this two-day inspection, however we recognised the registered manager had taken action in respect of a lack of staff. The housekeeping checklist was also not always completed fully. Areas cleaned should have been marked with a 'tick' but there were gaps in the records which meant it was

not clear if an area had been cleaned. The registered manager confirmed the cleaning schedule was not monitored or audited to check if all areas of the home were routinely cleaned.

The lack of good governance at the home was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were involved in the running of the home and their feedback was listened to. Residents meetings were held regularly and they were well attended. Discussions included activities, the garden, the laundry and all other aspects of the home. Residents had asked that the garden was tidied up and the registered manager had arranged for a member of staff to do this. Residents had also asked for more activities during the weekend and there was now an activities co-ordinator working one day each weekend.

We asked people and relatives what could improve to make living at Heathside better for them. A relative told us, "Staffing levels and consistent staff."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured good planning and delivery of suitable care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider had not ensured staff always treated people with respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance processes were consistent in the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured safe recruitment processes were followed.