

Wigan Council

Heathside Residential 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



Overall summary

Heathside Residential Home is based in Leigh and is owned by Wigan Council. The home can accommodate up to 30 older people living with a diagnosis of dementia. All the bedrooms are single accommodation with 15 providing en-suite facilities. Communal space within the home included two dining rooms, three lounges and a conservatory. A separate hairdressing room is also available. There are two secure central garden areas that are easily accessible from the main building.

There was no registered manager in place at Heathside Residential Home when we undertook our inspection. A

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. We were subsequently informed that the acting manager had been successful in their application to be manager at the home and that an application to register with CQC would be submitted.

On the 2 July 2014, we conducted an annual scheduled inspection at the home and found the service was not meeting the essential standards. We judged the service had not taken appropriate steps to ensure the care and

Summary of findings

welfare needs of people living in the home had been effectively met. We issued a compliance action and told the provider to take action to make improvements. We also served a warning notice on the provider as we found people were at risk, because the service did not have appropriate arrangements in place to manage the safe administration of medicines.

During this inspection we reviewed how medication was administered and found people were protected against the risks associated with medicines, because the home had appropriate arrangements in place to manage medicines. However, some improvements were required, as the minimum and maximum temperatures of the medicine refrigerator were not monitored so staff could not be certain that medicines in the fridge were safe to use. Additionally, some people who had been prescribed a painkiller to be taken 'when required' were given the medicine regularly. The inspector saw staff give two people a painkiller (prescribed 'when required') with their other medicines, without asking if they were currently experiencing pain. This meant people potentially received a medicine they didn't need.

The service did not have effective management systems in place to monitor the quality of services provided. This was demonstrated by the failure of the auditing process used by the service to identify concerns we established during the inspection. These included the effectiveness of the medication and monthly meal time audits. The service was also unable to demonstrate how they responded effectively to any concerns raised by people who used the service or their representatives. We found no records were maintained of the interaction between management and people or their relatives in response to any concerns raised or of what if any improvements had been made to the service as a result.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, because the registered provider did not have effective systems in place to monitor the quality of service delivered.

During this inspection, people told us they felt safe and secure living at Heathside Residential Home. Throughout the inspection we observed staff treating people with

respect and dignity. We saw staff supporting people in a sensitive and respectful manner, smiling and encouraging people when undertaking routine tasks such as supporting people with eating and drinking.

We found there were a range of risk assessments in place to keep people safe from harm. These included nutrition; falls; bathing; fire safety and moving and handling. Staff were aware of risks to people and what action was required to keep people safe from harm.

On the whole, we found there were sufficient numbers of trained staff on duty to provide appropriate levels of care and support for the current numbers of people staying at the home on the day of our inspection. Staff and team leaders told us that staffing levels were inconsistent varying from suitable numbers of staff to low levels of staffing. Improvements were required to ensure consistency with suitable staffing levels were maintained on a regular basis.

We found care plans reflected the current health needs of each person. Staff we spoke to were able to demonstrate a good understanding of each person's needs and the care and support required.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found all staff demonstrated a good understanding of the legislation and had received training which we verified from looking at training records.

We found people who used the service and their relatives were prevented from entering bedrooms at will as doors were permanently locked from the outside. This meant people and relatives had to be escorted to bedrooms and a staff key used to allow entry. One of the implications of continuing to adopt this practice was that people who used the service including their relatives were not able to enter their bedrooms without being unnecessarily restricted.

We discussed our concerns with the acting manager about the restrictive nature of this practice for people who lived at the home. The acting manager assured us that for people who had capacity they would review the policy by consulting with them and their relatives to ensure people fully approved and consented to the arrangement. In respect of people who lacked capacity,

Summary of findings

we were told that consultation would take place with the Local Authority Lead on the Deprivation of Liberty Safeguards (DoLS) to ensure the suitability of this practice was reviewed.

Improvements were required as both supervision and appraisal were undertaken inconsistently. While most staff confirmed that they had received recent formal supervision, one member of staff stated that had not received any formal supervision for at least eight months.

Improvements were required to ensure people's needs were effectively met and managed during meal times and that a well organised, calm and relaxed experience was achieved for each person who used the service.

Most of the people who used the service suffered from varying degrees of dementia and were at times confused and disorientated. We found the home did not have the design and signage features that would help to orientate people with this type of need.

We observed staff supporting people in a kind and sensitive manner, laughing, joking and smiling with people who used the service. This included routine tasks such as when toileting and personal hygiene. We noted this was done in a sensitive and discreet manner which respected the person's dignity and choice. This interaction was typical of the many positive interactions we saw during the inspection.

Care files provided clear instructions to staff on the level of care and support required for each person and included detailed instructions on hygiene and personal appearance, toileting and continence, communication and respect, and mobility and falls. Relatives were able to confirm to us that they were involved in determining and reviewing the care needs of loved ones.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. We observed people sitting in one of the lounges where the TV was on but none of the residents seemed to be paying attention. We found improvements were required in the way people were stimulated both mentally and physically in order to meet their individual needs.

People told us they thought the home was well run and managed. They were able to speak freely to staff and the acting manager about any concerns or issues they had and were confident these matters would be addressed. Improvements were required as it was not clear to us how the home responded to people's concerns about the service and how improvements were made and recorded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. People told us they felt safe and secure living at Heathside Residential Home.

On the whole, we found there were sufficient numbers of trained staff on duty to provide appropriate levels of care and support for the current numbers of people staying at the home on the day of our inspection. However, improvements were required to ensure consistency with staffing levels were maintained.

During this inspection we found the provider had suitable arrangements in place to ensure the safe administration of medication. However, improvements were required in the way the service monitored temperatures of the medicine refrigerator so staff could be certain that medicines in the fridge were safe to use. Additionally, some people prescribed a painkiller were not asked whether they were in pain before being given pain relief. This meant people potentially received a medicine they didn't need.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective. We found care plans reflected the current health needs of each person. We saw that referrals had been made to other health care professionals to ensure people had their individual needs met. These included the GP, falls clinic, dieticians and Speech and Language Therapists (SALTs) when needed.

Improvements were required as both supervision and appraisal with all staff were not consistently undertaken by team leaders and managers.

Improvements were required to ensure individual needs were effectively met and managed during meal times and that a well organised, calm and relaxed experience was achieved for each person who used the service.

Most of the people who used the service suffered from varying degrees of dementia and were at times confused and disorientated. Improvements were required to ensure the environment was better suited to deal with the needs of people suffering with dementia.

Requires Improvement



Is the service caring?

The service was caring. People who used the service and visiting relatives told us that staff were caring and kind.

Throughout the inspection we observed staff treating people with respect and dignity. We saw staff supporting people in a sensitive and respectful manner,

Good



Summary of findings

smiling and encouraging people when undertaking routine tasks such as supporting people with eating and drinking. We noted this was done in a sensitive and discreet manner, which respected the person's dignity and choice.

Both people who used the service and their relatives told us they were able to influence the care they received. They confirmed that they were involved in determining the care they needed and were involved in later reviews where they felt concerns and changes in need were listened to and acted upon by the service.

Is the service responsive?

Not all aspects of the home were responsive. The home undertook an initial assessment prior to admission involving the person and their family to determine what the person's individual needs were. We found people's needs were assessed and care and support was planned and delivered in accordance with people's wishes.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. We observed people sitting in one of the lounges, the TV was on but none of the residents seemed to be paying attention. Improvements were required in the way people were stimulated both mentally and physically in order to meet their individual needs.

We looked at 11 completed questionnaires and though comments were mainly favourable, concerns were identified such as handling of laundry. Improvements were required as it was not clear to us how the home responded to people's concerns about the service and how improvements were made and recorded.

Requires Improvement



Is the service well-led?

Not all aspects of the service were well-led. There was no registered manager in place at Heathside Residential Home when we undertook our inspection.

The service did not have effective management systems in place to monitor the quality of services provided.

We saw people who used the service and visitors were at ease talking to staff and the acting manager during our visit. The acting manager spoke knowledgeably about people in their care and their desire to provide good quality care to people who lived there.

Requires Improvement



Heathside Residential 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 checked 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 unannounced inspection was carried out on the 20 November 2014 by a lead adult social care inspector, a Pharmacist inspector and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority quality assurance team and senior manager from the local authority. We reviewed information sent to us by us by other authorities.

Before such inspections the service is requested to complete 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. However, in this instance a formal request from the CQC had not been made.

On the day of our inspection there were 24 people living at the home. During the inspection we spoke with five people who lived at the home, five visiting relatives, and ten members of staff. We also spoke to one health care professional who was at the home on the day of the inspection.

Throughout the day we observed care and support being delivered in communal areas and also looked at the kitchen, laundry area, bathrooms and people's bedrooms. We looked at the personal care records of six people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe and secure living at Heathside Residential Home. One person who used the service told us; “The people are safe here, I feel safe here.” Another person who used the service said “I like it so far, I can’t fault anything. I decided to come in here and they look after me.” Visiting relatives we spoke to also confirmed that they believed their loved ones were safe at Heathside Residential Home. Comments from three relatives we spoke to included; “My X is very vulnerable, but she is in a safe place and being looked after properly.” “X is as safe as she can be here, she can be awkward sometimes, but they are very patient with her.” “My X is definitely in a safe place, they are always watching out for him. He can wander around in a secure garden if he wants.”

We looked at the way the service protected people against abuse. Staff were able to confirm they had completed training in safeguarding adults, which we verified by looking at training records. During the inspection we spoke to 10 members of staff all of whom were able to explain what action they would follow if they had any concerns. We looked at the service safeguarding adult’s policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place.

We looked at how the service managed safeguarding concerns. We found where concerns had been identified such as medication errors, detailed referrals had been made to the local authority for investigation. Staff told us they would have no hesitation in reporting any concerns and were aware of the service’s whistleblowing policy.

We found there was a range of risk assessments in place to keep people safe from harm. These included nutrition: falls; bathing; fire safety and moving and handling. Staff were aware of risks to people and what action was required to keep people safe from harm. For example, where a person was identified as being at risk from falls, a referral had been made to the falls clinic and clear guidance was provided within the care plan in order for staff to keep that person safe.

We looked at how the manager ensured there were sufficient numbers of suitably qualified staff on duty to meet people’s needs. People who used the service and relatives told us that there could never be enough staff on duty to engage people all the time. However, in the main

thought there were enough staff to meet the needs of people who used the service. One person who used the service told us; “I’m usually sitting down watching TV, I used to be a taxi driver and still go out with my mates on Wednesdays to the pub, but usually there’s nothing going on so I just sit around. I’d like to go out for my paper, but there aren’t enough staff to be able to do that.”

Another person who used the service said “The staff are really lovely, they are a bit short now and again, but it’s normally ok. It’s alright.” One visiting relative told us; “I’ve never thought there weren’t enough staff, even at weekends.” Other comments from relatives included; “There seems to be lots of staff about, here and there, and they seem to cope with every situation.” “You can never have enough staff and you can always improve on the stimulation for the residents.”

On the day of our inspection there were 24 people living at the home. They were supported by one manager, two team leaders, six carers, two domestics, a cook and a meals assistant. We also looked at rotas and spoke to staff about staffing levels. We received a mixed response from staff in respect of staffing levels at the home. One staff member told us; “I don’t think people are safe here. There are not enough staff on the floor as we are doing medication, we really need more staff to do medication as we all feel under pressure.”

Other comments from staff included; “Things have improved, but there are problems with staffing issues. There is no consistency with staffing, sometimes we are fully staffed, other times we fall down very badly, not frequently. My view is that people are generally safe, but the management of the service is inconsistent in respect of planning.” “When we are fully staffed with six carers things are brilliant.” “Some days we have eight staff and others we only have four. It’s mainly five or six which we are trying to increase. I feel we need more staff but I’m aware that the local authority is restructuring residential care at Heathside.” “Staffing levels are sometimes low. It doesn’t put people at risk it just stops us going the extra mile.”

On the whole, we found there were sufficient numbers of trained staff on duty to provide appropriate levels of care and support for the current numbers of people staying at the home on the day of our inspection. However, improvements were required to ensure consistency with staffing levels was maintained. We spoke to the manager about the concerns raised by staff who stated that the

Is the service safe?

service had recently lost four members of staff and this had created issues with staffing levels. However, they also told us that recently numbers and consistency of staffing had improved and that staffing levels were being monitored on a daily basis.

We looked at a sample of seven staff recruitment files and found each file contained records, which demonstrated that staff had been safely and effectively recruited. Appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

At the last inspection on 2 July 2014, we found people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. During this inspection we found the provider had suitable arrangements in place to ensure the safe administration of medication.

Medicines were stored safely and records were kept for medicines received and disposed of. This was also the case for medicines that were controlled drugs. The home had an up to date copy of the Wigan Council Medicine Policy (September 2014). Our pharmacist inspector looked at the

medicine records for eight out of the 23 people living at the home and found no omissions or discrepancies. We observed staff record the administration of medicines correctly, after a person had swallowed their tablets.

Both residents and relatives we spoke to thought that medication was given correctly and when it was required. One person who used the service told us; "I'm on about twenty tablets a day. They come at 7.30am in the morning to give me my first lot, and then I get the rest with my meals. They make sure I get my medication." One visiting relative told us; "I'm happy X is getting her medication in the right way." Another relative said "They have sorted his medication out since he has been in here. His GP has been involved and he has been very good."

However, improvements were required as the minimum and maximum temperatures of the medicine refrigerator were not monitored so staff could not be certain that medicines in the fridge were safe to use. Additionally, some people prescribed a painkiller to be taken when required were given the medicine regularly. The inspector saw staff give two people a painkiller (prescribed 'when required') with their other medicines, without asking if they were currently experiencing pain. This meant people potentially received a medicine they didn't need. We spoke to the manager about this concern who stated they would raise the matter with staff and arrange further training.

Is the service effective?

Our findings

At our last inspection we found concerns regarding how people's care and welfare needs were met and how people were involved in their care. We found care plans did not always reflect the current needs of people who used the service. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found those concerns had been addressed.

We saw that referrals had been made to other health care professionals to ensure people had their individual needs met. These included the GP, falls clinic, dieticians and Speech and Language Therapists (SALTs) when needed. We spoke to a health care professional who was visiting the home on the day of our inspection. They told us they had a good relationship with the service who would not hesitate to contact them if they had any concerns. Instructions were followed accurately by staff who had been observed maintaining high standards of privacy and dignity when supporting people.

People and relatives who we spoke to confirmed people had regular access to other health care professionals and agencies. One visiting relative told us; "The doctor has been to see my mum three times in as many days, I'm happy with access to the NHS." Another visiting relative said "If X needs anything they ring the local health centre and get the doctor or District Nurse to come out. She also sees the podiatrist."

We looked at training records to ensure staff were fully supported and qualified to undertake their roles. We found that staff had undergone training in a number of subjects including infection control, manual handling, first aid, medication administration and safeguarding. Most staff we spoke to said they felt supported and appreciated by the manager and team leaders. One member of staff told us; "I feel very supported and appreciated by the manager. It can be a very stressful job but it's very rewarding." Another member of staff said "I feel personally very supported by the manager and I do feel appreciated and valued." Other comments from staff included; "I feel very supported by management and particularly by the manager." "We are not always kept in the loop, morale has been low though things are starting to improve."

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received.

Supervisions and appraisals enabled managers to assess the development needs of their support staff and to address training and personal needs in a timely manner. Improvements were required as both supervision and appraisal were undertaken inconsistently. While most staff confirmed that they had received recent formal supervision, one member of staff stated that had not received any formal supervision for at least eight months. One team leader told us; "I would like to do supervision every 4 months, but I can't manage that. The expectation is every three to four months for each member of staff but that is not being met."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Care home providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

We saw there were procedures in place to guide staff on when a DoLS application should be made. We looked at restrictive practice assessments undertaken by the service, which indicated whether a DoLS application was required and what action had been taken. These assessments had been regularly reviewed. We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found all staff demonstrated a good understanding of the legislation and had received training, which we verified from looking at training records.

We found people who used the service and their relatives were prevented from entering bedrooms at will as doors were permanently locked from the outside. This meant people and relatives had to be escorted to bedrooms and a staff key used to allow entry. Visitors were therefore restricted from freely entering the bedroom at will with their loved ones.

We were informed by a visiting manager from the local authority that this was a long standing policy in response to complaints from residents and relatives concerning the entry into the rooms by confused people who would then damage, remove or otherwise interfere with personal

Is the service effective?

belongings. One of the implications of continuing to adopt this practice was that people who used the service including their relatives were not able to enter their bedrooms without being unnecessarily restricted.

We discussed our concerns with the acting manager about the restrictive nature of this practice for people who lived at the home. The acting manager assured us that for people who had capacity they would review the policy by consulting with them and their relatives to ensure people fully approved and consented to the arrangement. In respect of people who lacked capacity, we were told that consultation would take place with the Local Authority Lead on the Deprivation of Liberty Safeguards (DoLS) to ensure the suitability of this practice was reviewed.

People who used the service told us the food was good in the home with a choice of menus at each mealtime. Comments from people who used the service included; "The food here is alright. I just like basic food and that suits me. I get two choices at mealtimes." "I like food and I do like the food here, I don't need to snack I keep to set meals." "The food here is good, I like ordinary food and I can choose what I eat." One visiting relative told us; "X needs help with feeding and they are very patient." Another visiting resident said "X is on soft foods and liquids, so the staff monitor what she eats."

During our inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During lunch time six members of staff supported thirteen people in the dining area. The food was served from a hot trolley that was wheeled into the dining area from the kitchen. On the day of our inspection people were offered a choice of pizza, chips and baked beans or corned beef hash and vegetables for their meal and a choice of hot and cold drinks.

We observed that people who required support and encouragement with their food and drink were not always

given the level of support they required. Though staff provided individual support at times this was inconsistent and did not effectively meet the needs of people whilst they were eating. The dining experience for people who used the service was chaotic and noisy.

One relative told us that their X ate in the lounge in order to do so in a more relaxed and calm atmosphere. "He eats in his room a lot, or they bring his meal here in the lounge, he likes to be quiet and away from the noise."

Once the meal had been served one person who used the service became noisy and disruptive, rising from their seat and moving round the dining room disturbing and interfering with people whilst they were eating. There did not appear to be any clear strategy for dealing with the disruptive or the confused behaviour of a number of people during lunch time. The deployment of staff appeared to be random and uncoordinated and not consistent. Improvements were required to ensure individual needs were effectively met during lunch and that a well organised, calm and relaxed experience was achieved for all people who used the service. We spoke to the manager about these issues who reassured us that meal time staffing arrangements would be reviewed to address these concerns.

Most of the people who used the service suffered from varying degrees of dementia and were at times confused and disorientated. We found the home did not have the design and signage features that would help to orientate people with this type of need. The building was located on one level and constructed in a figure-of-eight shape. We saw that several people who used the service were able to wander about the corridors from time to time. Improvements were required to ensure the environment was better suited to deal with the needs of people suffering with dementia.

We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Is the service caring?

Our findings

People who used the service and visiting relatives told us that staff were caring and kind. One person who used the service told us; "It's a lovely home, I can't complain, I trust the staff, I'm very friendly with them all and we have a laugh." Another person who used the service said "I would prefer to be in my own home, but I do love it here everybody is so nice." One visiting family member told us; "When we were looking for a place for my mum this was the best, it's all on one level and has such a good atmosphere, the others didn't seem to be as caring. Staff treat people with dignity and respect, I've never heard a loud word from any of them." Another visiting relative said "The girls here are very good, even the cook will come down and talk to the people here." Other comments included; "I'm impressed with the care here." "I'm very pleased we chose this home, the staff are considerate, helpful and pleasant, they are really lovely."

Throughout the inspection we observed staff treating people with respect and dignity. We saw staff supporting people in a sensitive and respectful manner, smiling and encouraging people when undertaking routine tasks such as supporting people with eating and drinking. We noted this was done in a sensitive and discreet manner, which respected the person's dignity and choice. This interaction was typical of the many positive interactions we saw during the inspection. One relative told us; "I have no qualms about the care here; I just worry if X gets worse and they

have to move her somewhere else. I know if they can't look after her it would not be their fault." Another relative said "I can't recommend the staff enough, they have got used to his ways and can read him; they have learned how he expresses himself."

Both people who used the service and their relatives told us they believed they were able to influence the care they received. They confirmed that they were involved in determining the care they needed and were involved in later reviews where they felt concerns and identified changes in care and support needs were listened to and acted upon by the service. It was clear from looking at care files that people or their representatives had been involved in developing information about people's personal history and preferences. Also included were favourite foods and drinks and how people would like to occupy their day.

We found care files contained evidence of advanced care planning discussions with the person or their representatives to determine the way they would like to be cared for at the end of their lives.

Staff told us they believed individual one to one care was good. One member of staff told us; "I think one to one care is good, I have no concerns about the quality of staff." We were told that the service used a system of key workers with staff being assigned to one or two people who used the service. They were responsible for ensuring people had sufficient toiletries and that clean clothing was always available.

Is the service responsive?

Our findings

The home undertook an initial assessment prior to admission involving the person and their family to determine what the person's individual needs were. We found people's needs were assessed and care and support was planned and delivered in accordance with people's wishes. We looked at a sample of six care files. Care files provided clear instructions to staff on the level of care and support required for each person and included detailed instructions on hygiene and personal appearance, toileting and continence, communication and respect and mobility and falls. Relatives were able to confirm to us that they were involved in determining and reviewing care needs of loved ones.

Staff we spoke to were able to demonstrate a good understanding of each person's needs and the care and support required. Formal consent had been obtained from the person or their representative before any care was delivered. Care plans were detailed and included guidance for staff on supporting people with communication, nutrition, hygiene, medication, mobility and falls. We saw that regular reviews of care plans and risk assessments were undertaken to ensure the service effectively met the needs of each person who used the service.

Relatives were able to confirm that they had been involved in determining the care for their loved ones and that they were consulted when reviews were undertaken by the service. One visiting relative told us; "The staff talk to me about X and her care plan, it's an on-going thing and they keep me up to date." Other comments from relatives included; "My X started here in respite, but when she became permanent they talked to me about her care plan and there was a review last week." "I know who co-ordinates my X's care, they keep me up to date with what's happening. We agreed the care plan, but it has built up gradually as they have got to know him better."

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. We observed people sitting in one of the lounges, the TV was on but none of the residents seemed to be paying attention.

People told us there was very little to do within the home. One person who used the service said "Sometimes we have a few games and things, they could do more but the staff

don't have time." Another person who used the service said "Now and again we have a few games or a singer comes in, but they could do a bit more." One member of staff told us "There is not enough activities to stimulate people, we do try but it's not regular." Another member of staff said "There is just nothing activity wise. Occasionally we go to the day centre. We used to have an activity coordinator but we are now sadly lacking in that area. We have had no training or support to develop that role." We found improvements were required in the way people were stimulated both mentally and physically in order to meet their individual needs.

In respect of complaints and concerns, people told us that they would approach the managers if they had worries. One person who used the service told us; "I would just go to the office if I had any worries." Another person said "I'm not worried about anything. I can stand up for myself, but I have not had to do that here."

Relatives reported that the staff and managers were approachable and willing to address any concerns they had. One visiting relative said "I can talk to any of the staff; they all seem to be concerned with my X's care. Me and my brother have no concerns or worries, we speak to the staff every day. We asked to be kept informed and they ring us up if anything happens." Another relative said "I would talk to the staff in the office if I had any worries". Other comments from relatives included "If I need anything doing I go to one of the team leaders." "I would talk to the manager if I needed anything, she is very nice. We have had meetings with the home and the Social Worker to talk about his care and they have all been very helpful."

Two relatives told us they had been asked to complete a survey about the home, but they were not aware that anything has changed as a result. One relative told us; "I have filled in a survey about what is happening in the home, but that was some time ago now." Another relative said "I've filled in lots of forms about what we think about the home, I think they are on his file, I don't know if anything will happen."

We looked at 11 completed questionnaires and though comments were mainly favourable, concerns were identified such as handling of laundry. As it was not clear to us how the service addressed such concerns, we spoke to the manager. The manager told us that they had not received any formal complaints this year and that any issues identified from returned questionnaires or directly

Is the service responsive?

from people or relatives were dealt with directly with the people or family concerned. We found no records were maintained of that interaction or of what improvements had been made to the service as a result. Improvements

were therefore required as it was not clear to us how the home responded to people's concerns about the service and how improvements were made and learning shared with staff members.

Is the service well-led?

Our findings

The service had completed a range of audits of the service. These were to ensure different aspects of the service were meeting the required standards. We found that regular reviews and audits of care files and care plans were undertaken. We looked at room audits that took place to check on the environment within the home. A monthly record of falls were monitored by the service, however we found that records had not been completed for September and October 2014.

Team leaders carried out a weekly medicines audit of everyone living in the home. When checking one person's medicines upon their return from hospital, we found the weekly audit had not been completed. The person's medicines had not been checked by the audit process, which was therefore ineffective. The acting manager conducted a quarterly medicines audit, however the last audit was dated July 2014 and so that audit was overdue. We found minimum and maximum temperatures of the medicine refrigerator were not monitored and that this omission had not been identified by the medicines audit.

Monthly meal time audits were undertaken, which included monitoring what people ate. However, in view of our observation of a dining experience which was chaotic and noisy, we questioned the effectiveness of this auditing process.

During our inspection, it was not clear to us how the management responded to concerns and complaints. We found no records were maintained of the interaction between management and people or their relatives in response to any concerns raised or of what if any improvements had been made to the service as a result. The covering manager confirmed that such matters were not documented at that time but improvements in recording would be introduced.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, because the registered provider did not have effective systems in place to monitor the quality of service delivery.

There was no registered manager in place at Heathside Residential Home when we undertook our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the

law. We were subsequently informed that the acting manager had been successful in their application to be manager at the home and that an application to register with CQC would be submitted.

We found the service in a state of change on the day of our inspection. We were informed that the team leaders and manager had recently reapplied for their current roles as a result of reorganisation within the local authority residential care department. Staff told us that they felt uncertain about their future with the service and that this had impacted on their morale.

One member of staff told us; "The manager and team leaders have to apply for their jobs, which is happening at the moment. Our futures are uncertain but it doesn't affect our work." Another member of staff said "Staff enjoy their jobs, but we are all uncertain about the future with local authority redundancies and with four managers in the last 12 months things have been unsettled and residents deserve stability." The general feeling amongst staff was that things had began to settle down and staff morale had improved.

We were informed by the acting manager that the service used a communication book to brief staff at changeover of shifts of any incident and developments with people who used the service during the preceding shift. Staff we spoke to stated that it was not always possible to accurately update the communication book due to a lack of time, as a result important information vital to staff was occasionally missed. We spoke to a team leader about these concerns who stated that they had devised a new handover and briefing sheet, which was about to be introduced.

We found that accident and incidents were correctly recorded with corresponding entries made in individual care files detailing any action taken. One incident related to a person with challenging behaviour where details were recorded of what action was required by staff to manage situations.

People told us they thought the home was well run and managed. They were able speak freely to staff and the acting manager about any concerns or issues they had and were confident these matters would be addressed. We saw people who used the service and visitors were at ease

Is the service well-led?

talking to staff and the acting manager during our visit. The acting manager spoke knowledgeably about people in their care and their desire to provide good quality care to people who lived there.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The registered provider did not have effective systems in place to monitor the quality of service delivery</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.