

Malhotra Care Homes Limited

Heatherfield Care Home

Inspection report

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20 April 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 17 and 20 April 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting.

Heatherfield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 74 people. The home is divided into three areas for those who have general nursing, dementia care and younger physically disabled care needs [YPD]. The provider referred to these areas as units so we have used this terminology throughout the report. There were 60 people living at the service at the time of the inspection.

At our last inspection in November 2017, we found four breaches of the Health and Social Care Act 2008. These related to safe care and treatment, staffing, receiving and acting upon complaints and good governance. We placed conditions on the provider's registration to minimise the risk of people being exposed to harm. We rated the service as requires improvement overall and inadequate in the well-led key question.

At this inspection we found that improvements had been made and they were now meeting all the regulations we inspected. Following the inspection, we agreed that the conditions placed upon the provider's registration could be removed.

A new manager was in post. They had commenced employment in January 2018 and become registered with the Care Quality Commission [CQC] in April 2018. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff did not raise any concerns about staff practices at the service. Safeguarding incidents were appropriately referred to the local authority and other relevant bodies.

There were sufficient staff deployed although we recommended that the provider reviews staff deployment on the young physically disabled unit because of the mixed feedback we received from people, relatives and staff from this unit. Agency staff were still used at the service. The provider tried to ensure the same agency staff were requested for consistency. Safe recruitment procedures were followed and staff had completed training in safe working practices and to meet the specific needs of people. An effective induction process was now in place which was linked to the Care Certificate. There was a supervision and appraisal system in place to help ensure staff were supported in their roles.

We checked the management of medicines. We identified several minor medicines recording issues in the nursing unit. These were addressed by our second visit to the service. Enteral feeding and medicines

administration was now carried out safely. Enteral feeding refers to the delivery of a nutritionally complete feed via a tube, directly into the stomach or bowel.

Action was being taken to ensure the environment met the needs of the needs of people who used the service. New flooring was being laid and areas of interest had been added in the dementia care unit.

The maintenance of care records and charts had improved and were more detailed. They now reflected people's needs. We identified minor shortfalls regarding enteral records which the registered manager told us would be addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

People were supported with their dietary requirements. Staff were attentive to people's needs and provided discreet support. Portion sizes were reflective of people's preferences and requirements. Meals appeared appetising and were served at the correct temperature.

We observed positive interactions between people and staff. Staff spoke with people respectfully and provided discreet support.

There were four activities coordinators employed, although one activities coordinator was on leave. There was an activities programme in place.

Most people, relatives and staff told us that improvements had been made. Less positive feedback was received from some people, a relative and several staff on the YPD unit. This related to staff deployment, activities and meals. Due to the mixed feedback we received, we recommended that the provider reviews the culture, involvement and person-centred approach on the YPD unit.

A complaints procedure was in place. Complaints were documented and action taken. Feedback systems were in place to obtain people and their representatives' views.

The management structure had been strengthened. The registered manager was supported by a deputy manager. New team leader posts had been introduced on each of the units to oversee the care and support provided. The head of compliance and a compliance officer oversaw the operational management of the service. Strategic oversight was provided by the head of care and the director who were both actively involved in the service and visited regularly.

New monitoring and communication systems had been introduced. These were in the process of being embedded into practice.

The service has a history of non-compliance with the regulations. Improvements which had been made at previous inspections were not always maintained. In addition, there had been a number of different managers at the service since 2013. Action was therefore required to ensure that the improvements made at this inspection were maintained and sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Action had been taken to ensure good outcomes for people in this key question.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. Checks were carried out on the premises and equipment to ensure their safety.

There was a system in place to manage medicines safely. Safe recruitment procedures were followed.

There were sufficient staff deployed although we recommended that the provider reviews staff deployment on the young physically disabled unit because of the mixed feedback we received.

Is the service effective?

Good ●

The service was effective.

Action had been taken to ensure good outcomes for people in this key question.

Training was available in safe working practices and to meet the specific needs of people who lived at the home.

Staff followed the principles of the Mental Capacity Act 2005.

People were supported to receive a suitable and nutritious diet and access health care services.

Is the service caring?

Good ●

The service was caring.

People and relatives told us that the permanent staff were caring.

We observed positive interactions between staff and people.

Staff promoted people's privacy and dignity. They spoke with people respectfully.

Is the service responsive?

The service was responsive.

Action had been taken to ensure good outcomes for people in this key question.

Care records now reflected people's needs.

A complaints procedure was in place. Complaints were documented and action taken to ensure complaints were resolved.

Activities provision had improved. Some people on the younger physically disabled unit felt that more activities would be appreciated.

Good ●

Is the service well-led?

The service was not consistently well-led.

New monitoring and communication systems had been introduced. These were in the process of being embedded into practice to ensure that improvements made were sustained.

A new registered manager was in place. The management structure had been strengthened. New team leader posts had been introduced.

The provider had notified CQC of all notifiable events at the service in line with legal requirements.

Requires Improvement ●

Heatherfield 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.

The inspection took place on 17 and 20 April 2018. The visit on the 17 April 2018 was unannounced. The visit on 20 April 2018 was announced.

The inspection was carried out by two adult social care inspectors and a specialist advisor in nutrition.

We did not request a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, we reviewed information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted North Tyneside local authority safeguarding team and North Tyneside and Northumberland commissioning teams. We also contacted North Tyneside Clinical Commissioning Groups who contracted people's nursing care. We emailed North Tyneside Health-watch. We used the information we received to plan our inspection.

We spoke with the nominated individual, director of care, head of compliance, compliance officer, registered manager, deputy manager, a nurse, a nursing assistant practitioner, four care workers, an agency care worker, a member of domestic staff and the chef. We also spoke with three members of night staff by phone to find out how care was delivered at night.

During our inspection, we spoke with 10 people who lived in the home. We also spoke with three relatives.

We contacted a community matron and a Watch Manager from Tyne and Wear Fire Brigade.

We observed the care and support staff provided to people in the communal areas of the home. We looked at the care plans and records for nine people. We also viewed other documentation, which was relevant to the management of the service including quality monitoring systems and training records.

Is the service safe?

Our findings

At our previous inspection we identified three breaches of the regulations relating to safe care and treatment, staffing and good governance regarding this key question. We identified specific concerns relating to the management of medicines which were administered enterally. There were insufficient suitably qualified, competent, skilled and experienced staff deployed to ensure care was delivered as planned. There were also shortfalls relating to medicines, equipment and the management of behaviour which challenges. In addition, an effective safeguarding system to manage and record safeguarding concerns was not fully in place.

We placed conditions relating to enteral feeding upon the provider's registration to minimise the risk of people being exposed to harm.

At this inspection we found that action had been taken to improve and ensure good outcomes for people in this key question. Following the inspection, we agreed that the conditions placed upon the provider's registration could be removed.

We checked the care and treatment for those people who required enteral care. We found that this was now carried out safely. We observed a nurse administer one person's specialist feed and medicines. The correct procedure was followed.

We looked at the management of medicines. We found minor recording shortfalls on the nursing unit which were addressed by our second visit. The recording of topical medicines and those medicines which were administered via a transdermal patch had been improved and we concluded that there was now a safe system in place for the management of medicines.

People told us they felt safe. Staff were knowledgeable about what action they would take if abuse was suspected. They told us they had no concerns about practices at the home. One staff member said, "There's nothing like that here [safeguarding]. [Name of registered manager] wouldn't let it happen."

Safeguarding incidents had been recorded and referred to the local safeguarding team or person's care manager for review. Appropriate action had been taken to fully investigate any such incidents. The outcome of safeguarding incidents was recorded. Any lessons learnt were discussed during staff meetings or at supervision. One staff member told us, "We learn from mistakes so we can fix things, it's better than it being brushed under the carpet."

We received mixed feedback from people and relatives about whether there was sufficient staff on duty. Most people, relatives and staff on the dementia care and nursing units told us there were sufficient staff deployed. Comments included, "There's enough of them," "Staffing – there's enough staff, but recruitment is ongoing. Some young staff have come and gone, they possibly don't understand the job," "There's enough staff [member of staff on the dementia unit], otherwise if there are more, you are tripping over each other and you don't want a ratio of too many people as I think it makes people feel threatened, and it can create

more tension. You need to find the balance" and "Oh yes, there's enough staff." One relative whose family member lived in the dementia care unit told us, "There's not enough staff to support people, they definitely need more."

People, relatives and staff on the YPD unit told us that more staff would be appreciated. One relative said, "I feel he is safe here, although I think it would be safer with more staff." They also explained that some staff spent time in the office completing paperwork. They stated, "They sit in the office with the door closed. We used to have the records in the room, but now they're in the office." We passed this feedback to the registered manager for their information.

Agency staff were still used at the service. The registered manager told us and rotas confirmed, that they always tried to ensure the same agency staff were requested for consistency. They now only used three nursing agencies which they found provided a higher calibre of staff and who were suitably trained. Recruitment for nursing and care staff was ongoing.

We observed that staff carried out their duties in a calm unhurried manner on the nursing and dementia care units. Staff were busier on the YPD unit; however, we did not see anyone's needs not being met during our two visits. People were also supported to go out of the service.

Due to the mixed feedback we received, we recommend that the provider keeps staff deployment on the YPD under review.

There were risk assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included choking, falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed reflected people's assessed risks.

We observed that staff were skilled in dealing with any distressed behaviours or behaviours which challenged the service. One staff member told us, "It's about giving people love and attention which reduces any behaviour. The behaviour team did some training. Within a few minutes people forget, there's always something underlying, a reason for the challenge."

We checked the safety and suitability of the premises and equipment. Checks were carried out to ensure the building and equipment were safe. Electrical, water and fire checks and tests were carried out. Lifting Operations and Lifting Equipment Regulations (LOLER) checks were carried out on moving and handling equipment.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before staff started work. We examined two staff member's recruitment files and noted that a DBS check had been obtained. Two written references had also been received and identity checks undertaken. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

Is the service effective?

Our findings

At our previous inspection we identified a breach in the regulation relating to staff training in this key question. There was a lack of evidence to confirm the competency and skills of nursing staff. The training matrix had gaps against certain training courses and not all aspects of the environment met best practice guidance relating to supportive environments for people living with dementia. We rated this key question as requires improvement.

At this inspection we found that action had taken to improve and ensure good outcomes for people in this key question.

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "I'm training now to do my meds [medication] and I am coming in on Saturday morning to shadow the nurse," "It's going really well, need to start medication training and I want to do level three...I'm doing care plan training at the minute," "I've had dementia training, safeguarding, MCA, end of life" and "We're doing training online and distance learning training with Durham. There is end of life and care planning." The provider offered staff a number of different training methods to cater for their different learning styles. These included face to face training, e-learning, distance learning and the use of a training app. The provider employed a training manager who organised, oversaw and delivered training for the service.

We spoke with an external trainer who was visiting staff on the first day of our inspection. She told us, "I love coming here. It's really nice – they are absolutely fabulous and they [management staff] are really supportive to the staff."

At the time of our inspection, the provider was consolidating their training records onto one central system. They sent us updated training information following our inspection. This showed that training statistics had improved following our previous inspection. Staff had completed training in areas such as enteral care, dementia care, diabetes and MCA. Training was ongoing and further training was planned.

Induction training was completed to make sure that staff had achieved acceptable levels of competence in their job role. This was linked to the Care Certificate. One new member of staff told us, "I'm doing my care certificate." The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of new care workers.

Work was ongoing to ensure the clinical skills and competencies of agency staff were documented. The registered manager had requested this information from the staff agencies.

We did not observe any concerns with the skills or competencies of staff during our two visits to the service. Moving and handling was carried out correctly and enteral care was carried out safely.

There was a supervision and appraisal system in place. Staff told us they received supervision which was

confirmed by the records we viewed. The provider was reviewing and updating their appraisal documentation. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

Action was being taken to ensure the environment met the needs of the needs of people who used the service. New flooring was being laid and areas of interest had been added in the dementia care unit. One staff member told us, "Improvements include the floor being more dementia friendly, we have the washing line, a garden area and a music area." This was confirmed by our own observations. There were a number of facilities at the service. This included a cinema room, café area and hairdressing room. There was also a hydrotherapy pool. There was an additional charge however to use the hydrotherapy pool.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had assessed whether people's plan of care amounted to a deprivation and had submitted DoLS applications to the local authority in line with legal requirements.

Mental capacity assessments had been carried out for any specific decisions such as the covert administration of medicines and any restrictions on people's movements.

Prior to our inspection, we received information of concern about meals at the service. A specialist advisor who was a nutrition specialist consultant accompanied us on our inspection.

We received mixed feedback from people and relatives about meals at the service especially from those who lived on the YPD unit. Comments included, "Good food," "I always come at meal times. I have no complaints about the food. There never used to be much fruit, but now there is now and they are alert with drinks," "Don't care for the food," "The food is hitty missy," "I personally think the menu needs looking at" and "I would like more spicy food."

We spoke with night staff about people's nutritional needs overnight. Staff on the YPD unit told us that people would appreciate a greater variety of supper options. We informed the registered manager of this feedback. This was immediately addressed and new menus were displayed stating what supper options were available such as soup.

We had lunch with people on both days of our inspection. Staff were attentive to people's needs and provided discreet support. Portion sizes were reflective of people's preferences and requirements. Meals appeared appetising and were served at the correct temperature.

People and relatives told us that people were supported with their health care needs. Comments included, "The doctor comes regularly and the dentist and I've never had my eyes checked as much," "They involve the GP if mum isn't well," "If you need the doctor, they get the doctor" and "They did involve the dietician when she lost some weight and she was prescribed build up drinks."

We received positive feedback from health care professionals. Comments included, "I haven't had a lot of visits to Heatherfield since I started in post, mainly just to deliver training. However, the new manager is very welcoming and the patients I saw on Friday appear well cared for" and "From the times that myself and my colleague spend at Heatherfield I would say that the five key areas [safe, effective, caring, responsive and well led] are consistently met and I certainly haven't ever had any concerns regarding any of the services provided."

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, speech and language therapist, dietitians, the chiropodist, physiotherapists and dentists. A weekly 'ward round' had been introduced by the community matron for nursing homes.

The provider employed their own physiotherapist. There was a charge to use this service. The physiotherapist explained however, that they provided free advice and guidance to staff and completed any complex moving and handling plans. They liaised with NHS community physiotherapists to ensure effective communication and consistent care and treatment was provided. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Staff had recently started to use the, "Situation, Background, Assessment and Recommendation" (SBAR) to communicate with health care professionals. The SBAR technique provides a framework for communication between members of the health care team about an individual's condition. This process meant that health professionals were fully aware of all the relevant information before visiting or providing advice.

Is the service caring?

Our findings

People and relatives told us that staff were caring. We spoke with one person who used a special communication device. They used this to type "I love the staff." Other comments from people included, "They're lovely," "The staff are very good," "The staff are caring," "I find it a friendly caring place" and "The staff are nice." We looked at the results from the latest survey. One relative had commented, "The level of care from the staff is absolutely fantastic. Despite doing a difficult job, they always show great humility and care in looking after [relative]. This gives the family comfort, knowing they are well looked after."

We spoke with one visitor who was looking around the home to check whether it was suitable to provide respite care for a friend. She told us, "The minute you walk in, you pick up on the ambience" and "All the staff seem lovely – they are all smiling."

Staff spoke about the importance of holding people's needs and wishes in the forefront of everything they did. They also explained how they supported people with the same care as they did their own families. Comments included, "We treat them with the same care and respect as we would do our own family," "We all call [person] Nana and she loves it" and "Some people don't have families so we become their family." Other comments from staff included, "You can tell I love my job. The older generation have given us so much. I love talking to them," "The best things are spending time with people, we have a quiet time for one to one time" and "I like this place so much, I sometimes pop in on my day off." This was confirmed by one person who said, "The carers come in on their days off."

We observed positive interactions between staff and people. Staff displayed kindness and patience with people. Some people reached out for a hug which was immediately given. One staff member said, "I love it we're like a family. You will see us giving hugs." One person became unsettled and a member of staff immediately went to get her favourite magazine, a chocolate bar, a drink of Lucozade and a soft toy. The member of staff said, "It's her favourite drink" and "She likes her teddy it calms her down as soon as she has it."

Staff promoted people's privacy and dignity. Staff spoke with people respectfully. They knocked on people's doors before they entered and provided discreet support with personal hygiene.

We spoke with people about whether staff promoted their independence. One person said, "I don't need anyone to help me. I pull my clothes up as far as I can and then I will call and they will help me pull everything up." This person was able to wheel himself around the home in his wheelchair. Other people used electric wheel-chairs and some people used electronic devices to communicate.

People told us that they felt involved in their care and treatment. People, where able, had signed a 'collaborative care planning' document to indicate they had been involved in developing their care and support plan.

Is the service responsive?

Our findings

At our previous inspection we identified a breach in the regulation relating to receiving and acting on complaints. We found that some people's care records had omissions and not all complaints were recorded or dealt with in line with the provider's complaints procedure. We made a recommendation about activities provision at the service. We rated this key question as requires improvement.

At this inspection we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

We checked care records and charts and found that these had improved and were more detailed. Care records now reflected people's needs. One staff member told us, "Paperwork is manageable, we are updating records and adding to them. Every care plan was rewritten after the last inspection, they are evaluated monthly and are all up to date now, we try to involve families as much as possible." We identified minor shortfalls with regards to some enteral feeding records which the registered manager told us would be addressed.

'Caring for the dying paperwork' was being completed for one person. This document considers the issues raised within the Neuberger report and the recommendations in "One Chance to Get It Right," published in June 2014, which sets out the priorities for care when a person is dying. The document was completed by all members of the multi-disciplinary team who were involved in the person's care including staff at the home. The nurse informed us that she was reviewing the person's care with their GP since there had been improvements in this person's condition.

There were four activities coordinators employed although one activities coordinator was not at work. At our previous inspection some people told us that activities provision was not always well organised. At this inspection we found that activities organisation had improved.

New paper work had been introduced to plan and record activities. The registered manager told us, "The documentation enables the team to capture what the individual's interests are and plan activities they want to do. The activities coordinators have spoken to residents, relatives and staff to gain a more in-depth picture of the residents and from this they have tailored our activities to suit."

Most people and relatives told us that activities had improved. Comments included, "We seem to be getting out a lot more," "The activities are good," "Activities have improved," "Sometimes the activities girls come in and massage his feet," "Things have improved. I'm getting out now. I'm going to the local [pub]."

Some people however from the YPD unit still considered that more activities would be appreciated and one relative whose family member lived in the dementia unit said, "We don't see the activity girls do much, they tend to just play music for people" and "You don't see any one to one care they could spend more time with people." We passed this feedback to the registered manager for their information.

On the days of the inspection, some people were supported to go out into the local community, a pets as therapy dog visited and people enjoyed decorating biscuits for the upcoming 'Care Home Open Day.' Care Home Open Day is a national initiative, where care homes open their doors and invite the local community in to help make connections and celebrate older and vulnerable people.

Attention had been paid to meeting people's cultural needs. We saw that staff supported one person to visit the Chinatown district of Newcastle. Staff had recorded, "[Name] had thoroughly enjoyed being able to pick his own personal preference of food and speak his first language to people in the restaurant."

People were supported with their communication needs. We spoke with two people who used a special communication device to speak with us. We read that another person had been referred to the speech and language therapist because staff were finding it difficult to communicate with them. Picture cards were used to aid communication. A third person's first language was not English; staff used a translation programme on the internet to help translate certain words and phrases.

There was a complaints procedure in place. Formal complaints were documented and information was available to evidence what actions had been taken. No one raised any complaints during the inspection. Two relatives however, explained that there had been issues with missing laundry and toiletries. We informed the registered manager of this feedback for them to address.

We discussed with the registered manager about the introduction of a central system for the recording and monitoring of any minor concerns. These were currently documented in people's care files. A central monitoring system would enable the registered manager to have oversight of all issues to help ensure that appropriate action was taken and reduce the risk of a formal complaint being raised. The registered manager told us that this would be implemented.

Is the service well-led?

Our findings

At our previous inspection we identified a breach in the regulation relating to good governance. Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service. In addition, records relating to people, staff and the management of the service were not always well maintained. We rated this key question as inadequate.

At this inspection we found that improvements had been made and they were now meeting all the regulations we inspected. However, further action was required to ensure that the improvements made were maintained. New monitoring and communication systems had been introduced. These were in the process of being embedded into practice.

The management structure had been strengthened. A new manager was in post. She had commenced employment in January 2018 and become registered with CQC in April 2018. They were supported by a deputy manager. We received positive feedback about the management at the service. Comments included, "The new manager is very on the ball," "[Registered manager] is approachable. They have made it clear that they are in charge and I think that is what we needed," "It's improving every day – organisation is better. [Name of registered manager] is more assertive and decisive, they ensure staffing levels [are correct]. We are never encouraged to make do with a staff shortage, we have the autonomy to ring on call agency and get staffing sorted," "The new manager, [name] is brilliant, always in first thing, always pleasant, knows your name, they are fair but won't tolerate things, if there's an issue they address it. They come to team meetings, handovers every morning. They will come in and work the floor as well and has even covered night shift" and "[Name of deputy manager] ... they are supportive, their door is always open as is [name of registered manager's]. A person commented, "I love the manager cos I can talk to them."

New team leader posts had been introduced on each of the units to oversee the care and support provided. One team leader told us, "My role includes medicines, making sure staff and residents are happy, running the shift. There's another team leader as well." Care workers spoke positively about the introduction of this role. Comments included, "The team leaders are doing well, they are supportive and work on the floor as well as trying to run the shift. It's good for the young ones to be trained up as they will stay for longer" and "It's good for us to have team leaders, they are working well, approachable and supportive."

The head of compliance and a compliance officer oversaw the operational management of the service. Strategic oversight was provided by the head of care and the director who were both actively involved in the service and visited regularly. One person told us, "They [name of director] are a very nice man." The director emailed us following the inspection and stated, "Heatherfield is an extremely complex service in terms of the type of care it provides. Enormous resources and hard work has been dedicated to this home since last CQC inspection. It's heartening that inspectors have acknowledged their efforts as it will encourage staff to keep the current high standards that have been attained."

Audits and checks were carried out to monitor all aspects of the service. These included health and safety, medicines, care records and the dining experience. We found minor shortfalls in the management of

medicines and maintenance of records relating to enteral feeding. The issues relating to the management of medicines had been addressed by our second visit to the service. The registered manager told us that the shortfalls regarding enteral feeding records would be addressed.

Accidents and incidents were recorded and analysed. Action was taken if any recurrent risks, trends or themes were identified. Risk assessments were in place and protective measures implemented if any concerns were noted. Some people who were at higher risk of falls were provided with sensor mats so staff could be alerted to their movement.

New communication systems had been introduced. Daily 'flash meetings' were held. Staff from each department including care, the kitchen, housekeeping and maintenance attended. Any issues that were important for the day ahead were discussed. A peer review system was in place. Staff carried out a daily check of care charts for people who lived on different units to where they worked. They checked for any gaps or inconsistencies and alerted the staff responsible if there were any issues. One staff member told us, "Flash meetings are held daily and we go through all the paperwork and make sure it's correct."

A new handover system was in place. There was a 15-minute crossover period for staff to handover. The previous shift remained on the floor to provide care and support to people. This meant that safe staffing levels were maintained and staff coming onto duty could concentrate on the information being provided without any interruptions. One staff member told us, "The handover is much better now so we can be straight on the floor when we start on shift, everyone attends so we know what's happening on each unit." Several staff however raised concerns that they were not paid for the additional 15 minutes they were having to work. We passed this information to the management team for their information.

We spent time on each of the units. Most people, relatives and staff told us that improvements had been made. Comments included, "Lovely – 10 out of 10," "I would give them nine out of 10 – there's still room for improvement," "I would put them nearer the top – they have improved," "Before if you'd asked me I would have said it was poor. I think the new manager is changing things and at the minute it's good," "It's good – I don't want them to get too big headed," "I've been here four years and it went down, but now it's on the way up," "There's nothing they could improve on – it's just not home"

Less positive feedback was received from some people, a relative and several staff on the YPD unit. This related to staff deployment, activities and meals. One person told us, "I would rate them as requires improvement for activities and staffing."

Due to the mixed feedback we received, we recommend that the provider reviews the culture, involvement and person-centred approach on the YPD unit.

Meetings were held for people, relatives and staff to involve them in the running of the service. Surveys were also carried out to obtain the views of people, relatives and health and social care professionals. One relative told us, "I did complain about the lounge chairs and they have provided more." Monthly newsletters were produced which provided information about upcoming events at the home and other interesting information.

The provider had notified CQC of all notifiable events at the service. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. The provider was displaying their previous CQC performance ratings at the service and on their website in line with legal requirements.

The service had a history of non-compliance with the regulations. Improvements which had been made at previous inspections were not always maintained. In addition, there had been a number of different managers at the service since 2013. We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check that the improvements which have been made have been sustained at our next planned comprehensive inspection.