

Countrywide Care Homes Limited

Heeley Bank Care Home

Inspection report






Heeley Bank Road
Sheffield
South Yorkshire
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Tel: 01142557567

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 19 April 2018 and was unannounced. This meant no-one at the service knew we were planning to visit. Heeley Bank was last inspected on 13 December 2016 and was rated as 'good' overall.

Heeley Bank is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heeley Bank is a purpose built care home that provides both residential and nursing care for up to 67 people. There are three separate units within the home divided into residential care, general nursing care and nursing care for people living with dementia. At the time of this inspection there were 49 people living at Heeley Bank.

The manager had been at Heeley Bank for approximately six months at the time of this inspection. They were in the process of registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service

Medicines were stored safely and securely, however the systems in place to ensure people received their medicines as prescribed were not always followed.

Not everyone we spoke with thought there were enough staff available to ensure people's care and support needs were met in a timely way. Some people also told us there was a high use of agency staff which meant they did not always receive consistent care and support. We saw the manager had plans in place to recruit to the vacant posts. We recommend they consider the deployment of care staff during busy times, such as meal times and take into consideration what people have said regarding agency staff.

We saw the premises were clean and well maintained and the registered provider had systems in place to reduce the risk of the spread of infections. However, we saw these were not always observed by staff. The manager agreed to remind staff of the importance of wearing personal protective equipment (PPE).

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. However staff did receive appropriate supervision and regular appraisals to enable them to carry out their role effectively.

We saw staff delivering appropriate care to people even though this wasn't always reflected in the person's care record. People's care records needed updating to reflect their current care and support needs. We saw plans were in place to do this.

People, their relatives and staff were not regularly asked for their views on the service or given opportunities

to suggest any improvements.

The quality assurance and audits systems in place to monitor and improve service delivery were not always effective.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. Some of these needed amending to include local contact details.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the manager.

The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

There was a range of activities available to people living at Heeley Bank, which people told us they enjoyed.

There was an up to date complaints policy and procedure in place. We saw people's comments and complaints were taken seriously, investigated, and responded to.

People, their relatives and staff told us the manager and the senior carer were supportive and approachable.

Safety and maintenance checks for the premises and equipment were in place and up to date.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were a breach of Regulation 12, Safe Care and Treatment, Regulation 18, Staffing and Regulation 17, Good governance.

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?

The service was not always safe.

We found gaps in people's electronic medicine administration records which meant people may not have been given their medicines as prescribed.

Not everyone thought there were enough staff employed to meet their care and support needs. We saw people waiting for support during busy times.

There were systems in place to recognise and respond to any allegations of abuse. All staff had received training in this area.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not receive regular supervision or an annual appraisal in line with the registered provider's own policy and procedure.

The manager, care staff and registered nurses understood the requirements of the Mental Capacity Act 2005. However, people's care plans needed to be updated to accurately reflect any Deprivation of Liberty Safeguards applications and outcomes.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives told us the staff were kind and caring.

We saw people's privacy and dignity was respected and promoted.

Good ●

Is the service responsive?

The service was not always responsive.

People's care records needed updating to reflect their current care and support needs. We saw plans were in place to do this.

There was a range of activities available to people to join in if they wanted to.

The service had an up to date complaints policy and procedure. People and their relatives told us the manager was approachable.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People and staff were not regularly asked for views on the service.

The quality assurance and audits systems in place to monitor and improve service delivery were not always effective.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Requires Improvement ●

Heeley Bank 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.

This inspection took place on 19 April 2018 and was unannounced. The inspection team was made up of two adult social care inspectors, one expert by experience and a specialist advisor. The specialist advisor was a nurse with experience of working with older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury. Prior to this inspection we received three whistleblowing complaints regarding low staffing levels, poor moving and handling techniques, and the conduct of the manager. As a result we brought this inspection forward and these areas of concern were looked at as part of this inspection. The registered provider met the minimum requirement of completing the Provider Information Return (PIR) at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, as the inspection was brought forward the information in the PIR was not recent enough to help with the planning for this inspection and to support our judgements.

Before our inspection we contacted members of Sheffield City Council contracts and commissioning service and the NHS Sheffield Clinical Commissioning Group. They told us they continued to jointly monitor the service and support the registered provider to improve as they had concerns regarding the quality of care and support provided to people who used the service. We also contacted staff at Healthwatch Sheffield and they had one concern recorded in October 2017. This was shared with CQC and investigated at the time. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

During this inspection we spoke with ten people who lived at Heeley Bank and eight of their friends and relatives who were visiting at the time. We spoke with one visiting healthcare professional. We met with the manager and the registered provider's quality compliance inspector. We spoke with 14 members of staff. We spent time observing daily life in the service as well as looking at written records, which included seven people's care records, six staff personnel files and other records relating to the management of the service. We walked around the home and looked in the communal areas, including the bathroom, the kitchen, and lounges. With their permission we also looked in several people's bedrooms.

Is the service safe?

Our findings

We checked to see whether medicines were stored safely and administered correctly. Each unit had their own medicines storage room. We saw they were all clean and tidy. All medicines and equipment, such as venepuncture bottles were stored appropriately and in date. They were not over stocked. There was a green bin specifically for the disposal of unused medicines for collection by the pharmacy. The medicines trolleys were clean and the medicines inside were in date.

The fridge was not working in the dementia nursing unit and was therefore not in use, we saw it was empty and clean. We were told a new fridge had been ordered from the pharmacy supplier. We checked the medicine fridges and the clinical room temperature records for March and April 2018. There were no gaps in recording during these months, however the clinical room temperature was over 25 degrees Celsius on seven separate occasions and therefore above the recommended maximum temperature for safe storage of medicines. There was no record of any action being taken to reduce the temperature of the room.

Some medicines are classified as controlled drugs (CDs). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. We saw two registered nurses check the CD register before administering a CD medicine. They signed the book after administration and documented it on the person's electronic medicine administration record.

The registered provider had an up to date and comprehensive set policies and procedures relating to all aspects of medicines management. We saw it had been updated to reflect staff were now using a new electronic medicine administration record system (EMAR). A MAR should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. The EMARs required a password unique to each member of staff to log in and therefore there was no requirement for a sample staff signature record usually accompanying paper MARs. We saw there was a photograph of each person on their EMAR. This aids identification for staff.

We observed a medicines round on the general nursing unit. We saw the registered nurse explain to people what their medicine was for and stayed and chatted with them while they took their medicines. The nurse then documented the medicine had been taken on the EMAR system. We saw gloves were worn as appropriate, such as administering medicines to a person via a percutaneous endoscopic gastrostomy (PEG) tube. We saw the medicines trolley was locked when not in use.

We asked the manager to print out a report for the first three months of 2018 which identified where any medicines were not administered as prescribed with the reason why, such as the person was in hospital. We saw there were occasions when the same medicines were recorded on the EMAR twice so it always showed one dose as recorded as not been given. This suggested to us further training was required for staff on the EMAR system. At our previous inspection on 13 December 2016 we saw some staff were still adjusting to using the new electronic medicine administration system and would benefit from additional support and training. We shared this feedback with the registered manager at the time.

We saw on the report some medicines were recorded as out of stock for extended periods of time. For example, one person did not receive the indigestion medicine from 21 February to 27 February and again from 23 March to 28 March. We also found a number of occasions where medicines had not been administered. For example, one person did not receive medicine prescribed for their mental wellbeing for a whole week and did not receive their medicine for high blood pressure on 17 separate occasions during the three month period. Reasons recorded for this included 'sleeping' 'awaiting delivery' and 'none found'.

As the registered provider had not ensured the proper and safe management of medicines this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We saw the premises were clean and well maintained. The registered provider had systems in place to reduce the risk of the spread of infections. However, we saw these were not always observed by staff. For example, two members of staff offering support to people at lunch time on the dementia nursing unit did not have on a plastic apron at any point during the meal service. We recommend the manager remind staff of the importance of wearing personal protective equipment (PPE).

In the month prior to this inspection CQC received three anonymous whistleblowing concerns alleging low staffing levels at Heeley Bank and the subsequent negative impact this had on the people living there. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. We asked the manager how they worked out how many care staff and nurses were required to safely meet people's care and support needs. They told us the registered provider used a staffing dependency tool to calculate staffing levels based on information they provided every two months regarding current occupancy levels and the needs of each person living at the home. This was completed more often if people's needs or occupancy levels changed.

At the time of this inspection there were 49 people living at Heeley Bank. Heeley Bank was separated into three units which were a residential unit downstairs, and a nursing unit for people living with dementia and a general nursing unit upstairs. Care staff usually worked in 12 hour shifts from 8am to 8pm during the day, and 8pm and 8am during the night. The manager told us there was usually one senior care worker and three care workers on the residential unit during the day, three care workers and a registered nurse on the nursing unit for people with living with dementia, and two care workers and a registered nurse on the general nursing unit. During the night there was one nurse and either six or seven members of care staff working across all three units. The rotas we looked at confirmed this to be the case. On the day of this inspection we saw there was an additional senior care worker on duty to assist the manager.

The manager told us they were currently in the process of recruiting a full time registered nurse, two senior care workers and a deputy manager. In addition a newly recruited registered nurse was about to start work on the night shift. This meant at the time of this inspection there were a number of agency staff employed to cover these vacant posts. The manager told us they tried to use the same agency staff wherever possible. They felt the current staffing levels were appropriate.

The change in permanent staff and use of agency staff was reflected in what some people and their relatives told us. Comments from people included, "There is only ever two [members of staff] on in the evening and at weekends. To my mind there should be more as there is a lot of people to look after," "Every morning there's changes. Staff who should be working on this unit have to go and work on [other] units, or even in the kitchen. There's so many agency staff, they do their best but they don't know who they're looking after," "I feel safe here but there are no staff, I'm always moaning about it" and "Staff are leaving hand over fist. They're using such a lot of agency staff. Some [agency staff] are quite good, but you don't get that bond with

them." A relative told us, "Nine out of ten times there are enough staff to care for [relative]. I can't comment about after 8pm as no-one from the family is around then, but other than that I think there is enough staff."

Other people told us they thought there were enough staff. Comments included, "I have my buzzer next to me all the time, I don't think they [staff] could come much quicker when I press it and there's always someone walking past who pops their head in to ask if I'm okay" and "If I have to press my buzzer I never have to wait. I don't press it often as I like to be as independent as possible and they [staff] support me with that." A relative told us, "They [staff] know and look after [relative] well, yes they use agency, but they have to have cover and the ones they get are fine."

Every member of staff we spoke with told us they thought there were enough staff employed to meet people's care and support needs.

We observed periods of time, particularly during the lunch time meal service, when staff numbers were insufficient to meet the needs of people in a timely way. For example, on two of the three units we saw people who required support from care staff to eat waited at least 30 minutes between being served their meal and being supported to eat it. This meant their food was cold.

We saw the manager had plans in place to recruit to the vacant posts. We recommend they consider the deployment of care staff during busy times, such as meal times and take into consideration what people and their relatives have said regarding agency staff.

We looked at the recruitment files for six members of staff that had been recruited since our previous inspection. This included one registered nurse. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. We also saw evidence the nurse's Nursing and Midwifery Council (NMC) registration had been checked. We were told if a person declared they had previous criminal convictions a risk assessment would be undertaken. These checks helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

All staff received training in safeguarding vulnerable adults as part of their induction and every year thereafter. Staff we spoke with understood safeguarding and how to identify and act on any allegations of abuse. They were confident managers would take any concerns they raised seriously and respond accordingly.

We saw the service had safeguarding and whistleblowing policies and procedures. The safeguarding procedure needed local key contact details added and the whistleblowing procedure needed CQC contact details added. The manager told us they would do this.

Since the previous inspection CQC had been notified of 12 incidents of alleged abuse. We saw the manager kept a record of each incident and any action taken to resolve it. For example, we saw evidence disciplinary action was taken against any staff involved, where appropriate.

We saw the manager kept a record of any accidents and incidents that took place. The cause and effect of each accident or incident was investigated and recorded. A summary of all accidents and incidents for the month was also held on file and these were analysed each month so any similar incidents could be linked together to identify any trends and common causes. For example, a person experiencing several falls all at similar time of day. This meant the registered provider had some systems in place to help keep people in

safe.

Is the service effective?

Our findings

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. All staff completed an induction and we saw completed records on staff personnel files as well as on-going reviews of competency for newly employed staff. The induction included completing 'basic' training, such as health and safety, and fire evacuation equipment training. Staff also completed mandatory training relevant to their role as part of their induction and every year thereafter. Mandatory training included safeguarding adults, and dementia awareness. The manager told us most training was delivered online via an ELearning programme. More practical training, such as moving and handling, and basic life support was delivered 'face to face' by an external training provider.

Every member of staff we spoke with confirmed they received regular training, which they found useful. Comments from staff included, "Training is really good" and "There is a really good training programme."

We saw the registered provider had a staff supervision policy which required ancillary staff to have four separate supervision sessions in every twelve month period and an annual appraisal. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The registered provider operated a 'Professional Development and Learning Programme' (PDLP) for all care staff and managers. This was to be completed during four separate sessions over the course of a year. Nurses were required to complete a Nurse Support and Development Pathway during four sessions over the course of a year.

Staff we spoke with told us supervision was infrequent and prior to the employment of the current manager it had been 'none existent'. However, staff were also keen to tell us they found the manager and senior care assistant supporting the manager approachable and supportive. Comments from staff included, "The home is good, this new manager is changing things for the better, people come first. She is approachable. She is a people person. We [staff] can go to her with any issues and she will sort it out," "[Name of manager] is open and approachable so I am able to talk about problems as I know it will get sorted" and "I love it [working] here, I feel well supported."

The manager had been in post for approximately six months at the time of this inspection. They told us they had undertaken at least one supervision session so far with every registered nurse and member of care staff. We saw records of these meetings and they were all photocopied so they contained the exact same information. This was about what was required of their practice rather than an opportunity to reflect and discuss their wellbeing. We spoke with the manager about this who told us staff were given the opportunity to talk about issues specifically relevant to them during these sessions and this was recorded. On three of the supervisions records we saw additional information had been added. However, this was brief. For example, 'must wear badge'. This meant the registered provider was not following its own supervision policy and associated procedures.

As the registered provider had failed to ensure staff received appropriate training, support, supervision and

appraisals to enable them to carry out their role effectively this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

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 so that they can 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.

Care staff and registered nurses we spoke with understood the need for consent before providing people with support. They told us they received mandatory training in understanding The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw there were possible restrictions on people's liberty at Heeley Bank as a key code was required to enter and exit the building, to move between the two floors and to move between the three different units. The manager understood her responsibilities under the MCA and we saw she was developing a record to track all DoLS applications and outcomes. We looked at two care plans where a DoLS had been authorised with additional conditions, such as staff keeping a record of any attempts by the person to leave the building. Neither care plan contained any reference to the conditions. This meant care staff would not be aware of any additional actions required of them. We spoke with the manager about this who told us in one case the conditions had recently been removed following a review, however there was still no reference to them ever being in place. We recommend the manager completes the work on finishing the DoLS tracker as a priority and updates people's care records accordingly. The manager confirmed they would do this.

People we spoke with gave varied responses to the meals provided at Heeley Bank. Comments included, "It [food served] is eatable, I couldn't say further than that. You get a choice and there's some variation," "I have not had much of an appetite, but to be honest, it's not my kind of food," "I have always had problems with food, so it's not the meals here, I've just always been a fussy eater, I just like really plain food" and "The food here is always good, I eat well."

We saw people were offered tea and coffee or cold drinks from a tea trolley during the morning and afternoon. Snacks, such as fresh fruit and biscuits were also readily available to people. Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. The cook told us they met with people individually to get an understanding of what they liked to eat, any allergies or specific dietary needs. We saw records where these preferences and needs were recorded.

We observed lunch in all three of the dining rooms on the day of this inspection. We saw people were given options of what they could choose to eat. A member of care staff told us people were asked what they wanted to eat for lunch the evening before, however we were told they can change their mind on the day. We saw this was the case.

We saw the lunch service on the general nursing unit was a calm and pleasant experience. The tables were set out with tablecloths, serviettes and condiments. Where people required support to eat this was provided

by staff with patience and compassion. They sat next to people and explained what they were doing. Where people needed encouragement to eat this was done with humour and kindness and people responded positively to this.

Overall the lunch service on the other two units was a positive experience for people. However, people requiring support to eat did need to wait for staff to come to them and their food would have been cold. In addition on the residential unit we saw people were provided with support by several different members of staff during the course of their meal and no explanations were given before the support was provided. We spoke with the manager about this and she agreed to remind staff of the importance of providing everyone with a positive dining experience.

It was clear from people's care records there was regular involvement with a range of health and social care professionals such as district nurses and GPs. We spoke with a visiting health professional who told us they worked well with care staff and registered nurses at Heeley Bank and referrals made to their service were appropriate. We saw the senior carer who was supporting the manager knew people well and was therefore able to accurately update the visiting health professional.

Is the service caring?

Our findings

Comments from people about the staff working at Heeley Bank were positive. Comments included, "I am [age] now and never thought I would lose my independence or end up like this, but I am lucky to be here [Heeley Bank]. They [staff] are ever so good to me," "The staff are always here for you, they're good carers" and "The staff that are here are very good and caring, but they keep changing them."

We saw staff treated people with dignity and respect. Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or bathrooms. We saw people and staff were comfortable together. One person told us, "I'm very independent and it's embarrassing that I've got to have young girls helping me to get washed and dressed, but they're so good about it. They keep everything so private and never make me feel funny."

We heard friendly conversations between people and staff. We saw people's relatives and friends were welcomed by staff, and people we spoke with told us their friends and relatives could visit at any time. One person told us, "My [relative] comes every day after work or when it suits and [has] never been refused [entry to the building]."

Staff we spoke with were able to tell us how they were able to treat people with dignity and respect. For example, one member of staff told us they make sure doors are closed when supporting people with personal care. Another care worker told us they encouraged people to be as independent as possible, "If someone can walk, be patient and support them to do as much as they can"

One relative told us they were unhappy with their relative's appearance. This person needed support to get dressed and the relative told us, "Who gets someone dressed with food down the front of their skirt? This is what happens when you've got so many agency staff, they just don't care." They told us they were going to speak with the manager about this. However, we saw other people living at Heeley Bank who required support with their personal care were wearing clean clothes and were well groomed.

We observed caring interactions between staff and people throughout this inspection. Staff asked people how they were and whether they needed anything, such as a cold drink or a snack. We saw people being supported by staff to move around. This was carried out with kindness and patience. We saw a care worker holding a person's hand and gently reassuring them as they had appeared upset. The person responded positively to this interaction and we saw they were no longer agitated.

We heard staff called people by their first names or preferred names. When we spoke with staff they talked about people with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. One member of staff told us, "[I] always try to get to know residents and make them feel at home and comfortable. I chat to them and introduce them to everyone."

Care staff told us they were each assigned as keyworkers to a number of people living at Heeley Bank. They told us this role entailed communicating with relatives and checking the person had enough toiletries and

clothing. Care staff told us they enjoyed this role as it enabled them to get to know people even better.

Staff told us they enjoyed working at Heeley Bank. Comments included, "We [staff] work well as a team, everyone is really helpful," "I love care. I get satisfaction about making people smile and laugh. The main thing is to make people happy" and "I love working here. The residents are amazing, you can learn so much from them."

The registered provider produced 'A Guide to our Services'. We saw this was up to date and gave people and their relatives information about people's rights, how to access advocacy services and how to make a complaint. The guide stated the information could be provided in accessible formats when requested, to help people understand the care and support available to them in a way they could understand.

Is the service responsive?

Our findings

We looked at seven people's care records. The manager told us each person's care record was currently being reviewed and updated and we saw this process had started. We saw there was a comprehensive pre admission assessment completed before a person moved into Heeley Bank. People's care and support needs in all areas of daily living, such as nutrition, personal hygiene and communication had been assessed, and where any risks were identified there was an associated risk assessment in place. This gave staff information on how best to support the person to reduce the risk.

We saw care records contained person centred information, including the person's preferences and social history, and plans for their care at the end of their life, where appropriate. Also consent documents for sharing information, receiving support with care and having a photograph stored on file had been completed. Some of the files we looked at contained valid and correctly completed do not resuscitate (DNACPR) forms. We were told the GP practice was in the process of reviewing and updating these forms, where required.

The care records we looked at contained records of monthly evaluations taking place, however these had not consistently taken place every single month and when they had the information was often brief. For example, we saw a person was assessed at being high risk of falls and the monthly reviews stated 'no falls'. We could not find any evidence of people and their relatives being involved in reviews of their care records.

While we found the initial assessments and information about people was detailed we saw it was not always updated following changes to a person's needs. For example, in January one person's monthly evaluation of their nutrition and hydration care plan stated 'remains on monthly weights. Staff to give encouragement'. We saw the person's weight was recorded and had dropped significantly in March but the 'follow up action' box had not been completed. There was no other evidence that any remedial action had been taken to investigate this weight loss. Another example is where we saw a person's care record contained a letter from the speech and language therapy (SALT) team, which contained guidance for staff on how to support the person to manage their condition 'so we can reduce choking aspiration when eating' and stated this guidance 'should be incorporated into the care plan'. However, this guidance had not been added to their care plan despite it being reviewed three times since the letter had been received.

We also found several occasions when directions for staff to monitor people needs had not been followed. For example, we found gaps in recording for a person with diabetes who should have had their blood glucose levels regularly checked. In addition, we saw one occasion when it had been recorded at a dangerously low level and there was no evidence any action was taken to redress this. We also saw a fluid chart where it was recorded a person had less than a third of their recommended daily intake. Again, there was no evidence any action was taken to redress this.

We saw staff delivering appropriate care to people even though this wasn't always reflected in the person's care record. However, as the registered provider had failed to ensure an accurate, complete and contemporaneous record in respect of each person was maintained this was a breach of Regulation 17 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We checked whether the service provided meaningful activities and social opportunities for people. The registered provider employed two activity coordinators. There was an activities noticeboard on a wall in each unit with a four week programme of activities displayed. They included baking, dominoes and bingo. An 'Activity Box' was listed as a regular event, particularly at weekends. One of the activity coordinators told us this was a box of art and craft materials any member of staff could use with a person or group of people to provide stimulation and promote conversation. Upcoming birthdays and special events were also advertised on the noticeboard alongside thank you cards from people and their relatives.

A singer, named 'Elvis' was scheduled to perform during the afternoon of this inspection. We saw this was a popular event with lots of people attending from across all three units. People sang and clapped along to the music. Everyone looked like they were enjoying themselves. People we spoke with told us 'Elvis' was a regular and popular visitor to Heeley Bank. Comments included, "It is packed out downstairs when Elvis is here" and "[Relative] gets up and has a dance when the singer is on." Another relative who visited Heeley Bank frequently told us there was always something for people to do every day. People also told us they had enjoyed recent trips out to Bridlington and Cleethorpes. Heeley Bank also had a garden which people and their relatives told us they enjoyed spending time in when the weather was warm.

We saw an 'activities file' on each of the three units. This recorded what activities people had been involved with and some people's life history which included their preferences. These records were sporadic, although there were more frequent records for the last four weeks. They did show some people had 1:1 time with staff and there were a variety of group activities on offer. We recommend the registered provider ensures these records are maintained as an accurate reflection of all the activities and opportunities people engage with. The manager confirmed they would do this.

The registered provider had an up to date complaints policy which the manager told us was usually displayed in the main reception area. We saw this had been temporarily taken down as this area was being redecorated. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. The registered provider also had an associated complaints investigation and management procedure. We saw the manager kept a record of complaints with a summary of each complaint at the front of the file. We saw eleven complaints had been recorded for the last 12 months. These had all been investigated or were in the process of being investigated. Each was signed off by the manager when resolved.

People and their relatives told us they knew how to make a complaint and they would inform the manager if they were unhappy with their care. Comments included "I would go to [name of manager] if I was worried about anything" and "I would go straight to the manager, [name of manager] if I was bothered about anything."

This meant people's concerns and complaints were listened to and responded to.

Is the service well-led?

Our findings

The manager had been in post for approximately six months at the time of this inspection. They told us they were in the process for applying for registration with CQC and checks on our records confirmed this to be the case. Throughout this inspection people, relatives and staff offered positive feedback about both the manager and the senior care worker supporting the manager. Most people told us they thought the service was well-led and shared the view there had been improvements at Heeley Bank since the change in management.

Comments from staff echoed those made by people and their relatives. Staff told us, "[Name of manager] is doing a good job. I have no concerns" and "It is really brilliant here. The manager is good and we work together as a team."

We asked people, relatives and staff if they were asked for their views on the service and given opportunities to make any suggestions for improvement. For example, this can be done via meetings and questionnaires. People we spoke to did not think there had been relatives or residents meetings since the change of management. We spoke with the manager about this who confirmed the last meeting with people and their relatives had been in February 2017. They told us they were in the process of planning to have these meetings every three months. There were no forthcoming dates advertised yet.

One relative told us they had completed a satisfaction survey recently but had not received any feedback or outcomes from this yet. The manager told us a 'Your Care Rating' survey had been undertaken in September and October 2017 and we saw a copy of the report for Heeley Bank. 'Your Care Rating' is conducted on behalf of care home providers by a market research organisation. Twenty people and twenty three of their friends and relatives responded. We saw there had been an overall drop in performance rating since the previous year's survey. The manager did not have an improvement action plan in response to the comments made.

We saw minutes from a staff meeting held in February 2018. This was held for all staff and gave an update from senior management regarding recent changes. Prior to this the last record of a meeting for all staff was in May 2017. The manager told us they had planned bi monthly meetings for all staff to start in May 2018. They were also planning to hold bi monthly meetings with specific groups of staff, such as registered nurses.

As the registered provider had not sought and acted on feedback for the purposes of continually improving and evaluating the service this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw there was a daily 'flash' meeting each morning where the head of each department attended and any concerns were shared and plans made for the day ahead. We saw these meetings had started to be recorded and this meant any outstanding actions could be followed up at the

next meeting.

The registered provider also undertook regular visits to audit the home. We saw a copy of the record of the operations director's visit earlier in the month. We saw this was a comprehensive record including an improvement action plan. While some actions had been completed there were others that required further work, such as setting up a 'residents and relatives' forum and fluid targets to be totalled and actions taken if a low intake is recorded.

While we recognise the manager was taking actions and had plans in place to improve the service they were not all completed and in place at the time of this inspection. In total we found three breaches of the Health and Social Care Act 2008 and we have made a number of recommendations throughout this report. Therefore, as the registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Following a fire safety audit in November 2017 undertaken by South Yorkshire fire safety inspectors a number of actions were required to be carried out by the registered provider to remedy their failure to comply with The Regulatory Reform (Fire Safety) Order 2005. During this inspection we saw risks to people's safety in the event of a fire had been identified and managed. For example, we saw fire risk assessments were now in place, there was evidence of regular fire drills taking place, and we saw fire extinguisher checks were up to date. Since this inspection the fire safety inspector has confirmed the required actions have been carried and the registered provider is no longer in breach of The Regulatory Reform (Fire Safety) Order 2005.

The service had a comprehensive set of up to date policies and procedures relating to all aspects of service delivery. Paper files of all the policies and procedures were held in the manager's office and were accessible to all staff. Key policies were also contained within the registered provider's 'A Guide to our Services'. The policies and procedures were produced by the registered provider and we saw in some cases these needed amending to reflect local guidance and contact details specific to Heeley Bank. We told the manager about this and they agreed to do this.

The registered provider employed staff with responsibility for the day to day maintenance of the property. We saw they had a schedule of works to complete each week and month. This included small electrical equipment checks and water temperature checks. The registered provider also used external providers to undertake maintenance checks for the service where required. For example, we saw water safety and legionella testing, and equipment servicing records were up to date.

The manager confirmed they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager kept a record of all notifications they had submitted and evidence gathered prior to the inspection confirmed that a number of notifications had been received.

The registered provider continued to ensure the ratings from their last inspection were clearly displayed in the home and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had not ensured the proper and safe management of medicines.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider had failed to ensure an accurate, complete and contemporaneous record in respect of each person was maintained.
Treatment of disease, disorder or injury	
	The registered provider had not sought and acted on feedback for the purposes of continually improving and evaluating the service.
	The registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The registered provider had failed to ensure staff received appropriate support, supervision and appraisals to enable them to carry out their role effectively.
Treatment of disease, disorder or injury	

