

Sheval Limited

Heatherside House Care Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

This unannounced comprehensive inspection started on 2 August 2018. We returned for a second day on the 16 August 2018 which was arranged with the registered manager during the first inspection day. Both inspection days were carried out by two inspectors, who were accompanied on the first day by an expert by experience.

Heatherside House Care Centre 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.

The service provides care and support for up to 25 younger and older adults with a diagnosis of learning disability and/or autism. Some people also have sensory impairments and/or physical disabilities. There were 21 people living at the service at the time of the inspection. Three other people also used the service for respite care on a regular basis each week.

At a comprehensive inspection in March 2017, we found ongoing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included a breach of Regulation 12 (safe care and treatment). This was because risks to people had not been assessed and documented. Routine fire checks were not being carried out. Some medicines were out of date; medicines were not always recorded appropriately.

At that inspection we also found breaches of 17 (Good governance), 18 (Staffing) and 19 (Fit and proper persons employed). This was because recruitment processes did not always include all the checks necessary to ensure that fit and proper people were employed; staff were not up to date with all the training required and did not receive regular supervision; Quality and safety systems were not robust and had not identified areas where improvement was necessary, including medicine administration audits, building checks, staff training and changes to care records.

Following the March 2017 inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Is the service safe? Is the service effective, Is the service responsive and Is the service well-led? to at least good. Because of the concerns in respect of the governance of the home, CQC took enforcement action by serving a warning notice on the provider and on the registered manager. These warning notices gave the service six months to meet the requirements of Regulation 17, good governance.

We undertook a focussed inspection in December 2017 to check whether the service had addressed the concerns in the warning notices. At this inspection we only looked at the Well-led domain. We found that the requirements of the warning notice had not been met and there was an still a breach of Regulation 17. We identified significant ongoing concerns which included:

- A lack of robust quality assurance framework and systems
- Risks relating to health, safety and welfare of residents had not been considered or addressed
- Audits of care records had not resulted in updates and amendments where needed
- Audits of buildings and equipment had not identified or address issues
- Communication systems were not robust and did not ensure that staff would be made aware of changes to people's care
- People and their families had not been involved in meaningful decisions about the ongoing refurbishment work in the home
- The registered manager had not been aware of current national policy including Registering the Right Support and other best practice guidance.

Following the focussed inspection, we met with the provider to discuss how they were going to meet the requirements of the warning notice and improve the service to ensure that they were good in all domains.

At the current inspection we found the quality assurance and governance arrangements for the home were still not sufficient to ensure that people received safe, effective care. Environmental checks had not identified safety issues around the home. Audits and checks had identified areas of concern such as that staff training, however the shortfalls had not been addressed. Although directors from the provider organisation visited the home and undertook some qualitative assessment of the care, they had not identified or addressed the issues.

The home provided accommodation for more than the maximum six people recommended in "Registering the Right Support" and other best practice guidance. In other respects, the service had also not been developed to promote the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service were not supported to live as ordinary a life as any citizen. We found that the service was still not supporting people to be as independent as possible. Staff were recognised by health and social care professionals as caring, although professionals said they had concerns as the service had still not addressed areas for improvement which had been raised with them.

The home had a manager who had registered with the Care Quality Commission (CQC). 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 2008 and associated Regulations about how the service is run.

The home had undergone extensive refurbishment which had enabled each person to have a bedroom with an ensuite bathroom. People were very positive about the improvements which also included redecoration of communal areas such as a reception area, dining room and two lounges.

Staff were caring and compassionate about people and spent time with them, chatting and laughing. Positive relationships between people and staff were very apparent. Where people presented behaviours that challenged others, staff showed knowledge and understanding about people and how to support the person and others impacted. Staff were able to describe and understood how they could communicate with people who did not communicate verbally.

People said they liked living at Heatherside and felt cared for and supported. Relatives also commented that they found the home provided good care for their family member. People were supported to eat healthily and have food of their choice. Appropriate food was provided for people on specialist diets

including gluten free food and food prepared for people at risk of choking.

People were supported to do activities in the home and in the community. Some activities were undertaken as a group; however, people also chose to do some activities on their own accompanied by staff.

Where people had medicines administered by staff, the home followed national guidance. This meant they were meeting the requirements of the guidelines which describe how to receive, store, administer, record and dispose of medicines. However, risks associated with people who administered their own medicines had not been considered.

Staff were recruited safely. Staff were not up to date with training. This meant there was a risk that they would not follow current national guidance and legislation requirements when caring and supporting people.

The requirements of the Mental Capacity Act 2005 were not being met as applications for Deprivation of Liberty Safeguards authorisations had not been made. Where someone's capacity to make a decision was in doubt, no best interest assessments had been recorded. Meetings involving the person, their family and professionals had not been undertaken to establish the least restrictive and most appropriate way to support the person.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation that the service should consider reviewing their complaints procedure.

This is the fourth consecutive time the service has been rated Requires Improvement. It is also the second time the Well-led domain has been found inadequate. The service has therefore been placed in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

People were placed at risk of an unsafe environment as environmental checks had not identified risks or taken action to address them.

The risks associated with people managing and storing their own medicines had not been considered. Where medicines were administered by staff, this was carried out safely.

People were supported by staff who had been recruited safely. There were sufficient staff to meet people's needs.

People were protected from the risk of infection as the home was clean and staff understood how to follow good hygiene practices.

People were protected from the risks of abuse by staff who understood their responsibilities. However, staff were not up to date with their safeguarding vulnerable adult training.

People were not protected from accidents / incidents happening again because there were no systems to learn from them.

Requires Improvement ●

Is the service effective?

The service was not effective.

The service was not effective.

People were at risk of not having their needs met as staff had not completed the training necessary to ensure they were competent and up-to-date with best practice so that they were able to meet people's needs.

Staff had not completed or recorded assessments of people's mental capacity where there were doubts about a person's ability to make a decision.

Where people's liberty was being restricted staff had not followed the Mental Capacity Act 2005 and made applications for

Requires Improvement ●

a Deprivation of Liberty Safeguards authorisation.

People said they enjoyed the food and were supported to maintain a healthy balanced diet of their choice. People were supported to remain hydrated.

People received effective health care as Staff contacted health professionals appropriately and followed their advice.

The home did not meet the standards described in best practice guidance for supporting people living with a learning disability.

The home had undergone extensive refurbishment which meant that people now had ensuite bedrooms which they said they were very pleased with.

Is the service caring?

Some aspects of the service were not caring as it did not take into consideration how to support people to be as independent as possible.

People were supported with compassion and respect by staff who were caring.

People were encouraged to stay in touch with family and friends, who could visit when they wanted.

People were encouraged by staff to enjoy various activities of their choice.

People were able to communicate and be understood by staff. Staff were able to describe how they communicated with, and understood people who had little or no verbal communication.

People's right to privacy and dignity was upheld by staff who were kind and discreet when supporting them.

Requires Improvement ●

Is the service responsive?

The service was not fully responsive.

People were at risk of not receiving the care and support they needs as care records were not all up to date and in an orderly manner.

People said they were able to complain or raise a concern. However the complaints procedure was not in a format that people with little or no communication would be able to use.

Requires Improvement ●

Relatives were very positive about the care provided to their family members.

Is the service well-led?

The service was not well-led.

The service was not well-led.

People were at risk as checks and audits to ensure the safety and quality of the home had not identified environmental risks.

People were at risk as the provider did not have a governance framework which ensure they were able to monitor and address issues. This included senior staff not being aware of issues relating to staff training.

Directors from the provider organisation visited the home frequently and knew staff and people well.

Staff and families said they felt supported by the registered manager.

Inadequate ●

Heatherside House Care Centre

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 comprehensive inspection took place on 2 and 16 August 2018, to check whether the home was now meeting the requirements of all the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The inspection was carried out by two inspectors and an expert by experience on the first day, which was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for a person living with a learning disability. Both inspectors returned for the second day of inspection; we arranged the date of this visit during the first day of inspection.

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someone who uses this type of care service. Our expert by experience had cared for a person living with a learning disability. Both inspectors returned for the second day of inspection; we arranged the date of this visit during the first day of inspection.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the information the provider had sent us in the Provider Information Return (PIR) submitted on 31 January 2017. 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. There had not been a request for the provider to submit a PIR since the one submitted in January 2017.

In July 2018, we had requested a copy of the home's service improvement plan (SIP) which they provided. This SIP had been developed with the support of the local authority's quality assurance and improvement team (QAiT). QAiT had been supporting the service since the previous comprehensive inspection in March 2017. The SIP identified areas identified for improvement and the progress being made.

During the inspection we spoke with five care staff, one administrator, one kitchen staff, as well as the registered manager. We also spoke with two of the directors from the provider organisation.

We met most of the people living at Heatherside and spoke with four of them to ask their views about the service. We also spent time observing the care and support delivered. We also spoke to one relative during the inspection. We also received feedback from one relative after the inspection. We reviewed six care records and four medicine administration records; three staff records; records of meetings, feedback forms, audits and checks carried out in the home.

Prior to the inspection we spoke with two social care professionals. After the inspection we spoke to two other social care professionals.

Is the service safe?

Our findings

When we inspected the service in March 2017, we found a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some risks to people had not been assessed and documented, routine fire checks were not being carried out; some medicines were out of date and medicines were not always recorded appropriately.

We also found a breach of Regulation 19 (Fit and proper persons employed). This was because recruitment processes did not always include all the checks necessary to ensure that fit and proper people were employed.

At this inspection we found that the requirements of Regulation 19 had been met. However, we found a continuing breach of Regulation 12 as there were still risks to people in respect of medicine administration. We also found environmental risks which had not been assessed or managed to reduce the risks.

The home had undergone significant renovations internally, although there was still some building work continuing internally and externally. On the first day of inspection we carried out a tour of the building with the registered manager. We found a fire exit from one end of the building which led to both steps and a slope. Both the steps and the slope were cluttered with debris including builder's tools. The slope also led under scaffolding to a netted area. It was unclear on coming out of the fire door, whether the slope would lead safely to an evacuation area. This meant that people could be put at risk in the event of a fire, as fire escape routes were not clear. One of the providers said they walked around the home each week with the registered manager to monitor the safety of the home. However, there were no records of these monitoring visits or descriptions of any actions taken when issues were identified.

Two doors leading to an internal courtyard had raised edges at floor level. These were not marked and posed a trip hazard. A door from a ground floor bedroom provided access to the outside. There was a steep step to muddy ground outside. This meant that a person could fall if they exited by this door. No risk assessment had been carried with regard to people leaving through this door, so steps had not been taken to reduce this risk.

One person, with a long-term condition requiring medicine at various times of the day, and some of their medicines were kept in their room. There was no dedicated lockable medicines storage cabinet provided in the bedroom for safe storage. During the inspection, we observed the bedroom door was open and the person was not inside. We saw their monitoring equipment and some medicines, including sharps were on the bed. This posed a risk of injury to other people.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns with the registered manager. The registered manager said they would arrange for a medicine cabinet to be fitted in the room. They also said they would ensure that there were agreed storage

protocols in place with the person, which staff would monitor.

By the second day of inspection, action had been taken to reduce the environmental hazards. The bedroom door to outside had been secured, so it could not be used, the fire exit had been cleared, and wheelchair accessible ramps had been added to the courtyard doors.

Other areas where renovations were still underway included a bathroom and an office space for staff. Access to both rooms was restricted to building contractors, which meant that people were kept safe while the building work was in progress.

People who had medicines administered by staff received these safely. Staff had received training to carry out this task. Medicine administration records were correctly signed when they were administered. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example, audits were carried out on a regular basis at the time when medicines were ordered from the pharmacy.

At the last comprehensive inspection in March 2017, we recommended that the provider considers national guidance about safeguarding adult training during induction and how frequently staff should refresh their knowledge. At this inspection we found staff were still not up to date with safeguarding vulnerable adults training. Records showed that only five out of 17 staff had completed the training within the last two years. This training helps to ensure staff understand the types of abuse and what they should do if they identify a concern that someone might be being abused. Staff were able to describe what they would do to keep people safe and who to report it to.

We discussed safeguarding vulnerable adult training with the registered manager, who said a course had been booked for all staff in September 2018. The registered Manager confirmed after the inspection that the training for staff had been completed.

There were systems and processes to ensure people were safeguarded from the risks of abuse. The registered manager had reported concerns to the local authority safeguarding adults team and notified CQC. They had worked with the local authority to investigate the concerns and identify ways in which reduce the risks of abuse reoccurring.

Risks to people had been assessed and their safety was monitored and managed to support them to remain safe while respecting their freedom. Care records contained details of risk assessments and care plans to address areas where risk had been identified. These were reviewed regularly and when changes to a person's risks or needs were identified. For example, one care record had been updated after they came out of hospital; it contained information which showed the person was now at high risk of choking. There was also information showing staff had involved a speech and language therapist (SALT) who had advised on the type of diet the person now needed. This included making sure the person had a 'soft' diet and thickened drinks. Staff were able to describe how they ensured the person had the correct food. We observed staff supporting the person to safely eat and drink, following the guidance provided by the SALT.

Another person used a mobility aid when walking. Staff helped to keep the person safe, by reminding them not to rush and to take their time when moving around. This helped to reduce the risk of the person falling, whilst minimising restrictions on their freedom and choice.

Some people, at times, displayed behaviours that challenged others. Staff supported people appropriately, encouraging them to consider the needs of others. For example, when one person wanted to get past

another person whose chair was blocking their way to the dining table. Staff encouraged the seated person to pull in their chair, while encouraging the other person to wait patiently. They did this by speaking kindly with both people, explaining what needed to be done.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported to stay safe and have their needs met as there were sufficient staff to support them. The registered manager adjusted the number of staff on duty to take into account the support people needed. For example, one person's needs had increased when receiving personal care. The registered manager had adjusted the staffing levels to take this into account. They also adjusted the staff on duty when people were involved in activities outside the home. This helped to ensure there were sufficient staff in the home, while supporting the person to access the community. Staff didn't appear rushed and spent time talking to people.

There was low staff turnover, which contributed to staff knowing people well. A relative commented "It is a massive plus that the staff are long standing and there is not a frequent turnover as in many homes. [Person] really benefits from having longstanding relationships with the staff."

The home was clean and odour free throughout the inspection. Staff followed good hygiene practice in both the kitchen and laundry room to ensure that the risks of infection were reduced. For example, kitchen staff completed routines to ensure cooking and refrigeration equipment was clean and operating correctly. Food was stored and served at correct temperatures, following national guidance.

The laundry room had been developed as part of the building renovations. It now provided a clean and hygienic space which was large enough to manage the requirements of people living in the home. Laundry staff ensured that soiled clothing and bedding was kept separate and away from cleaned items. We observed a member of staff in a person's bedroom; the staff member had disposable gloves on ready to help the person with personal care. This is good hygiene practice.

Staff understood their responsibility to raise concerns and to record incidents and events when things went wrong. However, there was no culture of using incidents as opportunities to learn lessons and make improvements. For example, whether themes or trends could be identified to reduce the risk of recurrence. We discussed one issue where a person was having frequent problems with their medical appliance. Staff were recording when this happened and had discussed this with the district nurse. However, they had not reviewed the information to consider what might be causing the issues. We discussed this with one member of staff on the first day of inspection who agreed that they could look at the data to see if there were any themes or trends.

At the second day of inspection, another member of staff had plotted the information onto a chart. They said, in doing this, they had considered what the causes of the issues might be. They were planning to discuss this with the district nurse to see if there were ways to reduce the occurrence. They said they had found analysing the data really useful and would look at other ways they could introduce this investigative approach in other areas. This showed staff understood benefits of monitoring trends to identify areas needing further improvement.

Is the service effective?

Our findings

When we inspected the service in March 2017, we found a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not up to date with all the training required. Staff did not receive regular supervision.

At this inspection, we found staff were still not up to date with their training. For example, there was no evidence that staff had completed infection control training; only six out of 19 staff had completed/updated moving and handling training and eight staff had not completed/updated food hygiene training. No member of staff was recorded as having had training in equality and diversity. This meant that people were at risk of receiving care from staff who were not up to date with current knowledge and guidance.

Staff undertook an induction programme when they started working at Heatherside House. However the induction programme was not aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care for social care and health workers that should be covered as part of induction training of new care workers.

The provider's policy said that all staff should receive supervision at least six times a year and an annual staff appraisal of the work. The policy described how "During supervision and staff appraisal the staff members must be given the opportunity to discuss their work, evaluate their performance, identify training needs and set goals. Staff supervision is intended to be a positive and motivational activity that supports staff and helps them to focus and improve." However, records showed 14 staff had not had as many supervision meetings as the provider's policy dictated.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said the registered manager and senior staff were visible around the home and very approachable. Staff said if they had a problem, they felt they would be able to get advice and support very quickly. All staff who had been in post for over a year had received an appraisal.

At the last inspection in March 2017, we recommended that the provider considered national advice and guidance about making and recording best interest decisions for people who lacked capacity to make decisions for themselves. At this inspection, we found people's consent to care and treatment was still not sought in line with the legislation and guidance.

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 application 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 not undertaken mental capacity assessments where there were doubts about a person's capacity and staff were making decisions on behalf of a person. For example, one person's needs had changed and, as a result, they needed to be in a wheelchair with a lap belt in situ. Their care plan stated: "In (person's) best interest he needs to be in a visible area as he is at risk of undoing his belt." However, there was no evidence of an assessment of the person's capacity to understand this or of any best interest meeting and decision involving family or other professionals. This meant the person had restricted liberty of movement even though they were resisting the restraints by undoing the lap belt at times.

Another person's care plan stated "Ensure [person] has yearly flu vaccine" and also described "(Person) currently lacks the capacity to safely judge areas of risk within her environment. (Person) will often make unsafe choices and requires close supervision throughout the day, this can be something such as not having footwear on when going outside." However, there were no records to show this person's mental capacity had not been assessed in respect to either of these statements. There was no evidence this decision had been made in the least restrictive way to protect their human rights. This could increase risk of inconsistent care and unsafe or restrictive practices.

There were no records of any applications made for a DoLS authorisation for either of these two people.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked with the registered manager whether DoLS applications had been made for anyone in the home. They said they had submitted one application, but had not submitted applications for other people living at the home, including these two people. When we discussed whether either person would be able to leave the home unaccompanied and without restrictions, they said they would not. They said they would involve the police if a person went missing from the home as they would not be safe on their own.

The registered manager said they would contact the local authority DoLS team to discuss whether DoLS applications should be submitted for other people in the home.

Staff worked with health and social care professionals to ensure people were supported to receive ongoing healthcare. This included regular contact with the local GP surgery staff, the speech and language therapy team, the diabetic nurse as well as learning disability staff. For example, where one person had recently had an operation, the service had ensured they worked with a nurse specialist to meet the person's health need.

The home provided accommodation for more than the six people recommended in Registering the Right Support and other best practice guidance. National guidance, including Registering the Right Support, recommends that people living with a learning disability should live in homes which accommodated a maximum of six people. The guidance recommends that people should be supported to live as independently as possible and have good links with the community. People should receive a genuinely personalised, empowering service reflecting their needs and preferences as these change over time.

Heatherside House was registered to provide accommodation for up to 25 people. The home had several communal areas where people could choose to use. This included three sitting rooms, one of which was

attached to a dining area. There was also a second dining room for people to use if they wanted. Although the registered manager described the home as three units, these were not obviously distinguished. No attempt had been made to create smaller living units within the home which could support people with a more homely, intimate atmosphere. A professional commented that a negative about the home was "It is a very busy and noisy environment."

All communal areas of the home were accessible to everyone living there. This enabled people to move freely around and use different areas if they wished to. However, at the time of the inspection there were no areas where people could develop independent living skills, for example a separate kitchen where people could learn to cook or a separate laundry where people could do their own washing. The provider said they intended to develop a kitchen connected to a dining area so that people could develop culinary skills. Previously there had been a laundry area which people could use, however due to the renovations, this had been removed. Some people were supported by staff to do clean their own room and change their bedding.

Some improvements had been made to the home which meant that all bedrooms now had an en-suite wet-room and toilet. This enabled people to have more privacy when receiving personal care. Everyone we spoke with was very happy with this improvement and proudly showed us their bedroom and wet-room. A communal bathroom was being refurbished so that it would include mobility aids such as a hoist. This bathroom was intended for use by anyone who wished to have a bath rather than a shower.

People's bedrooms were very personalised with their possessions, one person said they helped to choose the colour of the paint on their wall. They were said they really liked their room.

Staff supported people to have a healthy diet which they said they enjoyed. People could choose what to eat and were involved in selecting menus. Food was freshly prepared in a kitchen by catering staff. Specialist diets, such as coeliac and diabetic diets were catered for. Staff ensured people who were at risk of choking were given food which had been prepared to reduce the risks. One person said "Good food, I like fish. [Staff member] helps me with food and my diet."

We observed lunch on the first day. The food looked very nutritious and appetising, people were eating beef casserole and mashed potatoes which was presented nicely on the plates. One person, who did not want this meal, was offered alternatives, one of which they chose. One person had a plate guard to assist them to remain independent whilst eating their meal. People were offered drinks during the meal. There was a staff member in the dining room during the lunch period with seven people; they assisted people if they needed support. Staff also helped people with drinks and served food to people. People were asked if they would like a dessert and were given choices from a range including homemade cakes, yoghurts and fruit. People took their time eating and were not rushed. The atmosphere was quiet and calm and people looked like they were enjoying their food. At the end of lunchtime, people were given kitchen roll to wipe their mouths, some people were assisted in wiping their mouths by a member of staff.

Is the service caring?

Our findings

The service did not demonstrate all the values that underpin the Registering the Right Support ethos. These values include choice, promotion of independence and inclusion. People were supported to undertake some activity within the home and in the community. However, this is an area that requires improvement to ensure it is tailored to the individual personality and character of each person. A professional commented "There appears to be limited time for the service user to engage in meaningful occupation or quality 1:1 time."

People living at Heatherside House were not supported to live as ordinary a life as any citizen. Care plans did not show how people were being supported to maintain and develop life skills to support their independence. For example, household chores such as cooking, cleaning, laundry; going out independently and getting a job. Although most people living at the home were elderly, some people who were younger were not being encouraged to develop their independence. This meant there was a risk that people were, or could become, 'institutionalised'. One person was being supported to go out more, although this was being facilitated by an external support worker arranged by a social care professional.

Throughout the inspection we observed staff working with people in a caring manner. People appeared to be happy and relaxed with staff. Staff were caring towards people and seemed to know their needs very well. Staff had meaningful, positive relationships with the people in the home and were able to describe their preferences, family and history. We observed positive interactions such as laughing and joking between staff and people. A social care professional commented "The care at Heatherside appears to be very good and there is a consistent staff team who know the residents really well."

People said they were happy and liked staff. One person commented "Staff are lovely, {Registered manager} is a good manager." They also added "Staff are really brilliant... I like it here."

People's family and friends could visit whenever they want to. People were also supported to go to their family's homes or go out with them. This helped people to maintain relationships with people who they feel close to.

Relatives were very positive about the care provided by the registered manager and staff. Comments included "I have found the care very good from day one...[person] always treated with respect and kindness"; "I have nothing but admiration for them. Lovely staff, so kind." Two relatives of one person who received respite care at Heatherside commented "Lovely here, very, very homely" and "[Person] loves it here...comes home with a smile."

Some people had little or no verbal communication. Staff understood how people communicated. Staff explained how each person was able to communicate with them; this included describing how people showed they were happy, sad or in pain.

During the inspection we observed staff treating people with respect and involving and supporting them to

make decisions. For example, staff talked to one person about what shopping they wanted. They arranged for the person to get a daily newspaper which they wanted as well as some other items. Staff checked later in the day whether the person had received the newspaper, which they confirmed they had. Staff also talked to another person who enjoyed crafts, about what they were making. Staff complimented them on how well they were doing, which clearly pleased the person who smiled broadly.

Staff respected people's right to privacy and dignity. For example, one member of staff described how a person liked to spend time privately in their bedroom. Staff were mindful of this and ensured that the person was not disturbed during these times. Staff were observed knocking on people's bedroom doors and waiting before entering. Where someone needed to visit the toilet, staff discussed this with them discreetly and then supported them to ensure they maintained their dignity.

People were supported to express their views. This was through formal processes such as care review and resident meetings as well as informally by staff asking each person what they would like before supporting them. People had been involved in choosing menus, activities as well as the décor and furniture in their bedroom.

People, or their representatives, had been involved in the development of their care plans. People's physical, mental and social needs had been assessed and care plans had been developed to support them with these. One person's care plan contained a detailed document which was called a 'Guide to a good day'. Staff had worked with the local learning disability team to develop this. The document was personalised and provided an explanation about activities they person enjoyed, such as reading the newspaper each day.

Is the service responsive?

Our findings

At the inspection in March 2017, we found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not reflect all the current risks and needs of people living in the home. This meant there was a risk that they may not receive the right care from staff.

At this inspection, we found that although some improvements had been made to care records, there were still areas which had not been fully addressed. Although risks had been identified, the guidance for staff on how to reduce the risks was not always person specific or detailed enough to ensure people were supported safely and responsively. Each care record contained both current and historic information about the person which meant there were issues trying to find the up to date care plan. Work was still ongoing to ensure that all risk assessments were updated. This meant staff might not be able to find information quickly or efficiently.

A social care professional commented "I still feel that it is difficult to have a clear picture of the recording as the records are kept in different files (however they appear to be up to date)."

A summary had also been developed for each person entitled "Who I am". However, two care records, contained very little detail about the person and showed no evidence that they had been completed with the person and their family.

One person in the home administered some of their own medicine and performed tests during the day to monitor their blood levels. This was carried out by the person in front of staff who then recorded the blood level and whether the person had self-administered the medicine. The person described how "I dial up my injection and [staff] check it." We reviewed the recording that had been done by staff in a booklet which were provided by the pharmaceutical company. A professional who had reviewed this person's care had commented "The Registered Manager has been reminded of the need for accurate recording." Given that staff were playing a role in the administration of medicine, the records were not sufficient to ensure there was enough information about what the blood levels were or what medicine had been administered. There were gaps in some days' records but there was no information about why there were gaps. We discussed this with the registered manager and a senior member of staff who agreed that they would review the administration processes and ensure they recorded more fully the outcomes for the person.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager who said one care worker was undertaking all the changes of care records into the new format. This included an index to enable information to be accessed more easily. They said they expected all care records to be in the new format by October 2018. We reviewed four records which had been completed in the new format; these were easy to read and access information.

Some care plans had been reviewed and updated when people's risks, needs and preferences changed. For example, one person had recently had a life changing event, which had reduced their mobility. There were details in the care record which described how staff should support them to ensure they were safe. There were also details which described how their communication needs and diet had altered to take into account their physical and mental presentation. During the inspection, we observed staff supporting the person, following the actions described in the updated care plan.

A health professional who had reviewed information about a person's long-term condition had said "It is clear in the supporting documentation that Heatherside House Care Home have recorded all elements in relation to managing [person's long-term condition] ...care plan has been signed off by a [health professional]. Staff supporting [person] have been appropriately trained, and have recently raised the need for further training given increase in [condition] lately. Registered Manager, is sourcing this training. This is pro-active and protective.

Two other care records we looked at contained details of the person's history and background, including personal preferences. Other key information such as their GP, dentist and health specialist was also contained in the person's care record. The care records had been indexed, which made the information more accessible to staff.

The registered manager also described how they were going to introduce a new system for daily records.

A health professional commented "There has been protected time arranged to meet with the service user. The staff always expected and welcomed me and offered hospitality."

One person said they were able to talk to staff if they had any worries, they knew who their keyworker was but said they were not here always. However, they said they would talk to somebody else if the keyworker was not in. One person commented "If I was worried I would go to [registered manager] and she would definitely follow it up. A relative commented "We are kept informed, no concerns." Another relative commented "No complaints, I had to ask a couple of times [for information] ... but now very good."

The registered manager showed us a letter of appreciation and thanks they had received from relatives. This included the relative commenting about how they felt their relative was safe. Also, how the low turnover of staff helped to ensure staff really knew their family member which was a significant benefit.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff used a range of methods to support people who had little or no verbal communication. For example, staff explained how they used pictures and symbols for one person. They also said they were very aware of people's body language and facial expressions, which helped them recognise when a person was in pain or unhappy. Staff described how one person they supported was very private and would not always inform staff if they had particular pains. Staff said they recognised when the person was unhappy as they would usually transfer their concerns to issues about the television.

There was a complaints procedure in place. However, the complaints process did not meet the requirements of the AIS. home had not considered how to ensure that people with little or no communication or understanding could be supported to make an individual complaint using communication techniques which were appropriate for them. The service had not received any formal

complaints since the last inspection. The registered manager said they supported people if they wanted to raise a concern. One person had raised a concern about their care which was being dealt with by the registered manager.

One person said they were able to talk to staff if they had any worries, they knew who their keyworker was but said they were not here always. However, they said they would talk to somebody else if the keyworker was not in. One person commented "If I was worried I would go to [registered manager] and she would definitely follow it up."

We recommend that the service review their complaints procedure to make it more user-friendly for people living with a learning disability.

A relative commented "We are kept informed, no concerns." Another relative commented "No complaints, I had to ask a couple of times [for information] ... but now very good."

The registered manager showed us a letter of appreciation and thanks they had received from relatives. This included the relative commenting about how they felt their relative was safe and how the low turnover of staff helped to ensure staff really knew their family member which was a significant benefit.

The service provided good care and support to people who were at the end of their life. The registered manager explained there had been two deaths of residents in the preceding year. Both people had been supported by the registered manager and staff when they had become unwell. This had included when the person had been admitted to hospital. The registered manager and staff had visited each person regularly to provide support and care. The registered manager described how they had worked with hospital staff to support one person to come back to the home for their end of life care. This showed the service supported people to die in a sensitive and dignified way in the place of their choice wherever possible.

Is the service well-led?

Our findings

At the inspection in March 2017, we found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided. We rated the Well-led domain as requiring improvement. We issued a warning notice in respect of the breach, which required the provider to be compliant with Regulation 17 by the 30 September 2017.

In December 2017, we carried out a focussed inspection on the Well-led domain to check whether the service was compliant with the requirements of Regulation 17. We found the provider still did not have comprehensive and robust governance systems to monitor the quality and safety of the service. We therefore rated the Well-led domain as inadequate. This was because we found an ongoing breach of Regulation 17 for the third successive inspection and four other breaches of regulations. The provider still did not have effective systems and processes in place. The governance framework did not ensure the provider effectively monitored people's safety and the quality of care provided. The service had not kept up to date with best practice and national guidance, for example Registering the Right Support.

We met with the providers and the registered manager in February 2018 to discuss what actions they were taking to become compliant with Regulation 17. They provided assurances that they had introduced measures to ensure people were safe while building and maintenance work was being carried out. They also reported that some of the renovations to the home had been completed. This meant that people were occupying refurbished en-suite bedrooms and using the refurbished dining room. The providers said they were implementing new care record systems as well as new quality assurance and audit systems. They described how they were being supported in this work by the Local Authority quality improvement team. The directors of the organisation also said they recognised how they had not been aware of what they should have been doing in their role in the governance of the home. They said they would in future they would ensure they monitored the home and documented their findings.

Prior to the inspection, we requested, and the registered manager sent, a copy of their service improvement plan. One improvement in the plan had been linked to an issue: "Lack of Governance did not ensure that provider was kept abreast of quality and safety issues. The action to address this was recorded as "Directors plan to put in a more robust auditing system tailored to Heatherside House. Manager to implement the homes own service improvement plan which will be used to communicate any quality and safety issues to the directors/Providers. Also a new audit tool is being devised for the Manager." The planned completion date was the "End of August 2018".

We asked whether this action was now complete and asked them to provide evidence of this. They were not able to provide this.

Directors from the provider organisation said they visited the home at least once a week. One director also said they undertook a formal quality assurance visit each month. They provided a record of such a visit carried out in August 2018. Although the record had details of the discussions the director had with people

living in the home, there was no information relating to other aspects of quality and safety or how any identified issues should be addressed. The record noted "I inspected the July Managers Monthly checklist and amended as I thought necessary at 13:30 regarding activity." However, it was not clear what this meant or what action the director or registered manager was meant to take. When we discussed this with one of the providers, they said they did not remember the detail and therefore were unable to comment on what had been done.

At this inspection, we found audits and checks were still not identifying environmental concerns which posed a risk to the safety of people living at the home. A number of issues which had not been risk assessed or had actions taken to reduce the risks. For example, environmental audits and checks had not identified concerns regarding a fire exit trip hazards and or a door leading to the outside from a bedroom.

Although the registered manager had a tool to monitor compliance with staff training and supervision, they had not taken action to address issues where the staff were not compliant.

There were not processes in place to monitor the service to ensure it was complying with the requirements of the Mental Capacity Act 2005.

Care record audits had not been carried out to identify gaps in care records.

A social care professional commented "...change is happening slowly. [Registered manager] has not allowed sufficient protected time to allow the improvements to happen."

The provider's website, described how they were all fully committed to ensure "our residents feel safe, respected and valued every minute of the day...provide a stimulating environment including as many activities and experiences as we can..." It further described how the home promoted "independent living within a residential setting. However, there was no evidence to show there was a strategy to ensure that these aspirations were delivered. For example, people were not supported to develop independent living skills such as cooking meals and doing their own laundry. This meant that the provider had not taken into account how to implement best practice guidance for learning disability services such as Registering the Right Support.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff worked well together and described themselves as "a team." One member of staff said they felt supported by the registered manager and other senior staff. Staff worked together, talking about issues and ensuring that there was good communication between them. The registered manager's office was in the centre of the home, close to the reception area. Throughout the inspection, we observed staff coming to the office, giving information and checking with the registered manager about issues. A communication book was used to hand over important information between shifts. This helped staff to be aware of changes to a person and about appointments for people.

People living at Heatherside were invited to attend resident meetings, which had been held in November 2017 and May 2018. Notes of these meetings showed they provided an opportunity for the registered manager to share information with people. For example, the minutes in May 2018 stated that the registered manager had informed people about the progress of building work and information about care plans and how people could get involved if they wanted. They also showed meetings were an opportunity for people to ask questions and make comments and suggestions. However, minutes did not describe what actions

had been taken to address any agenda items from previous meetings.

For example, the November 2017 meeting minutes reflected how people were looking forward to the work on parts of the home being completed. However, the minutes did not show how people were consulted and involved in decision making. For example, in November 2017, one person had asked when the Christmas trees would be going up. The minutes reflected that the registered manager had stated that they would be put up at the beginning of the month. There was no evidence that people had been involved in this decision. Most of the issues were of a personal concern to an individual person rather than of general interest. For example, one person had commented about how he felt about staff attitude. In the May 2018 meeting, the notes show that the registered manager had explained how a staff member felt when residents change their minds over food likes and dislikes.

Staff meetings were held regularly. Minutes of staff meetings showed staff were able to comment on and influence decisions relating to the service and care of people.

There was positive feedback from families about the registered manager. For example, one relative commented "I am most impressed by the leadership [registered manager] brings to this home and feel very grateful that [person] is here."

We received positive feedback from professionals about how the staff at Heatherside worked with them. One professional commented "There has been a good level of communication and when I have raised concerns from family to [registered manager] she acted upon the issue and referred to the GP for advice. [registered manager] has also continually maintained communication with other colleagues (dietician) regarding monitoring weight and ensuring this client is taking their feeds. The staff at Heatherside engage well with professionals and attend all meetings when possible. There is a notable difference in [registered manager] being able to give professionals the time for discussions without too many interruptions now that there is a separate office base. I feel that the service is responding positively to the advice and support. Another professional commented "The [registered manager] is more engaged and appeared more open when I have visited. The senior appears to be invested and open minded with regards to advice and recommendations made by the team."

The previous inspection ratings were displayed at the home and on the service's 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was not complying with the requirements of the Mental Capacity Act 2005. Capacity assessments, Best interest meetings and Best Interests decisions were not recorded where restrictions were placed upon people. Applications for Deprivation of Liberty Authorisations had not been made where a person was identified as not having the capacity to leave the home without restriction. Regulation 11(1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some risks to people had not been assessed and documented. Effective environmental checks had not been carried out to ensure that risks to people were minimised. Where medicines were self-administered with the support of staff, they were not stored or recorded appropriately. Regulation 12 (1)(2)(a)(b)(d)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was not a comprehensive and effective governance framework in place to assess, monitor and improve the safety and quality of the service. Accurate, complete and contemporaneous records in respect of each</p>

person were not maintained. Regulation 17 (1)(2)(a)(b)(c)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not up to date with all the training required. Staff did not receive regular supervision according to the providers policy. Induction for new staff did not follow national guidance. Regulation 18(1)(2)(a)