

Harrogate Neighbours Housing Association Limited

Heath Lodge

Inspection report

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Date of inspection visit:
22 July 2016

Date of publication:
16 August 2016

Ratings

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

Summary of findings

Overall summary

We carried out this unannounced inspection on 22 July 2016. At the previous inspection, which took place on 26 August 2014, the provider met all of the regulations that we assessed.

Heath Lodge provides residential, personal and social care for 28 older people. There is a separate, smaller unit named Alison Wing, which is used specifically for six people who are living with dementia. The home is a detached property, set in its own grounds approximately one mile from Harrogate town centre. There are secure gardens and plenty of seating outside for people to use. There is also parking within the grounds. The registered provider is Harrogate Neighbours Housing Association Limited.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

At this inspection we found the service was being managed and operated in line with their legal responsibilities.

Staff told us the manager, deputy manager and other senior staff employed by the service were supportive, dedicated and approachable. They also confirmed to us that the on call arrangements were well organised, and that they could seek advice and help out of hours if necessary. This meant there was good oversight of the service, and staff were confident about the management arrangements.

The manager and staff team had a good understanding of the Mental Capacity Act. We saw consent was sought routinely before any assistance was given. People had also been supported to make their own decisions wherever possible. Where people were unable to make a decision, there was a best interest decision recorded within their support plan. We saw the person and relevant others had been involved and consulted. This meant people were given the opportunity to be involved in decision making and decisions were made in the person's best interests. The service was in the process of implementing the Deprivation of Liberty Safeguards (DoLS) as required.

People who used the service and their relatives spoke highly of the staff team. People told us that staff treated them with kindness and respect. We saw many examples of good practice throughout our visit. People were appropriately assisted to move around the home and encouraged to eat and drink. There was a constant supply of drinks and snacks, including fruit and ice cream, during what was a very hot day. People told us this was a regular occurrence and that they could always request refreshments for themselves or visitors. Staff approaches were professional and discreet. Staff told us they had a shared interest in developing and improving the service for people. Staff also told us they had ample opportunities to reflect on the service they provided through supervision and regular contact with each other.

The service recruited staff in a safe and robust way. They made sure all necessary background checks had been carried out and that only suitable people were employed. Processes were in place to assess the staffing levels that were needed, based on people's dependency and the layout of the building. People who used the service told us staff were always available, during the day and night when they needed them. Our observations during the inspection showed there was appropriate deployment of staff, including staff providing care, activities, catering and housekeeping tasks.

The manager had taken action to ensure that training was kept up to date and future training was planned. Records showed staff received the training they needed to keep people safe.

The service was well maintained, clean and comfortable overall. One area of the home was not fresh smelling. This was discussed during the inspection. Plans were in place to have the existing floor covering lifted, the floor treated and a new floor covering fitted. Work was also being done to adapt a bathroom to a 'wet room.'

People told us they felt safe and this was confirmed by a visiting health care professional and relatives. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures in place to support them in their role. Risk assessments were up to date to identify risks due to people's medical, physical and mental health conditions. Arrangements were in place to make sure identified risks were minimised.

Medicines and creams for people who used the service were managed safely. Staff had received the appropriate training and checks took place to make sure medicines were given safely and at the appropriate times. The temperature of the storage area for the medicines trolley was not being monitored. This was attended to during the inspection visit.

People told us the food was good, mainly home cooked and well presented. People had access to a varied menu, with at least two hot choices at the main meal which was served at lunchtime. If people were at risk of losing weight or becoming dehydrated, we saw plans in place to manage this. This included regular weighing and monitoring of their food and fluid intake. People had good access to health care services and the service was committed to working in partnership with both healthcare and social care professionals.

People had their care needs assessed and planned, and regular reviews took place to make sure people received the right care and support. Information in people's care plans was person centred and contained sufficient detail to guide staff.

Activities took place regularly and people were supported to attend the activities they wanted to be involved in. Visitors could come and join in if they wished.

A complaints procedure was in place and records were available to show how complaints and concerns would be responded to. People who used the service and their representatives were encouraged to give feedback. There was evidence that feedback had been listened to, with improvements made or planned as a result.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. We found audits were taking place consistently and were effective in highlighting any issues before they arose and when improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been recruited safely. There were enough staff to keep people safe and provide the care and attention needed. Staff were effectively deployed throughout the 24 hour period.

Staff knew how to protect people from harm and report any safeguarding concerns.

The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

People's medicines and creams were managed safely and given as instructed by the prescriber.

Is the service effective?

Good ●

The service was effective.

The service took account of the Deprivation of Liberty Safeguards (DoLS) and had taken appropriate steps to apply for authorisations where needed.

Staff had the skills and knowledge to support people because they received on-going training and support. New staff completed an induction programme before working as part of the team.

People were supported to eat and drink and help was available at meal times for those who needed additional assistance. Food provision was of a good standard.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Overall the premises were suitable. Some parts of the original building presented problems for people who needed mobility aids due to the width of the corridors. However, this was managed proactively and staff were mindful of where peoples bedrooms were.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was maintained by staff. Personal care, moving and handling and support with eating and drinking was carried out in a discreet and courteous manner by staff.

People who used the service and their relatives told us that all of the staff working at Heath Lodge were caring and committed to their work. Throughout the inspection we saw people were treated with patience and kindness.

Heath care professionals and the local authority provided us with comments about Heath Lodge. They were positive about the care the service provided.

Is the service responsive?

Good ●

The service was responsive.

People had their care needs met by a team of staff who portrayed a caring and committed attitude.

People had a care plan and this was regularly reviewed to make sure they received the right care and support.

Activities were organised and a varied programme was available for people to be involved in if they wished.

A complaints procedure was in place. The service encouraged feedback and any suggested improvements were listened to and acted on where necessary.

Is the service well-led?

Good ●

The service was well led.

The manager at the service, together with a deputy manager and a senior staff team provided consistent leadership and guidance. Everyone we spoke with was positive about the impact this had on the running of Heath Lodge.

Systems were in place to monitor safety and quality. Where issues were highlighted, through audits or surveys for example, action was taken in a timely way to address any shortfalls.

People who used the service and their representatives were encouraged to give feedback. There was evidence that feedback

had been listened to, with improvements made or planned as a result.

Heath Lodge

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 22 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and accidents the registered provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports and the information provided by North Yorkshire County Council, who fund some of the placements at Heath Lodge. We also checked the current food hygiene rating for the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During the inspection visit we looked at records which related to people's individual care. We looked at five people's care planning documentation and other records associated with their care needs. We also looked at staff information. This included four recruitment records and the staffing arrangements. We reviewed records required for the management of the service, including audits, the statement of purpose, meeting minutes and the complaints procedure.

During our visit to Heath Lodge we spoke with 10 people who used the service and four relatives. We also spoke with a visiting district nurse. We spent time with the registered manager, who was in charge on the day of our visit, and spoke with the deputy manager, three care assistants (including an agency care assistant), the activity organiser, a chef manager and two housekeepers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they received good care and that staff were committed to their work. One person told us, "Staff are really very good. They know what needs doing." Another person told us, "I am very happy with what they do here, no complaints at all."

People told us they never had to wait for attention and this included during the night. We noted the response times to call bells whilst inspecting and found that these were answered promptly. We also saw that the alarm was cancelled at source, meaning staff had to attend the room where the alarm was triggered to turn it off and to respond to the situation.

Staff told us there were enough staff on duty, both day and night, to provide the level of care and support people needed. They told us that everyone worked as a team with a common aim, to make sure everyone was cared for properly. As well as care assistants and team leaders, the home employed catering staff, housekeepers, laundry assistants, a maintenance person, an activity organiser and had access to an administrator from the organisation's head office. This meant that staff employed to provide care were not taken away from this role to clean or prepare meals. Staff also told us that the deputy manager worked alongside them and was on hand to offer support or guidance. The manager was also a 'visible' member of staff, making sure they saw everyone at least once a day during the 'point of touch' whilst serving breakfasts and walking around the premises. It was clear that staff took a pride in the way they worked together for the benefit of those living at Heath Lodge.

When we arrived at the home people were at differing stages of having their breakfasts. We observed the breakfast meal being served in both areas of the home and the lunchtime meal on Alison Wing. We observed care staff being attentive throughout the day. During each meal, staff were available to offer support and encouragement for people to be seated prior to the meal being served. There were sufficient staff, including kitchen staff, to serve the meal hot. We also noticed that people were given a choice from the menu and what they wanted to drink. People who required prompting or assistance to eat and drink were supported in a respectful and considerate way. People were given time to finish their meal before their plate was cleared away. For people who were living with dementia and were reluctant to sit in one place and finish their meal, staff gave appropriate prompts and assistance. If this meant moving the person's meal and utensils to another area to allow them to finish their meal, staff did this without fuss or attention being drawn to the person. In some instances alternative finger foods were provided so that the person was able to eat whilst moving around the service. The deployment of staff during the busy meal times was well planned and effective. Staff were organised and the meal times were as pleasant and relaxed as possible.

The manager took account of people's dependency levels, occupancy and the layout of the building when allocating staff on the roster. The manager confirmed that they were covering two care assistant vacancies due to staff being on maternity leave. Existing staff, bank staff or agency staff were being used to cover the shortfall in hours. The current staffing levels were a minimum of four or five care assistants including a senior member of staff from 8am until 8pm. The care staff team were also supported by ancillary staff and an activity organiser. The registered manager and deputy manager were also on duty during the week and

some weekends. Night duty was covered by three care assistants including at least one senior care assistant, with on call arrangements in place should an emergency situation arise or staff need advice. Rotas we looked at showed that these staffing levels had been maintained.

People we spoke with were satisfied with the way their medicines were managed by staff. The service operated a computerised system which mapped when medication was due and when medication had been given. The system was also used to order repeat prescriptions and alerted staff when to give medication. Staff told us they had received full training and that the system worked well. One person told us, "I always get my pills and I can ask for extra tablets for pain if I need them." Staff we spoke with confirmed they had received training on the administration and management of medicines and that only staff deemed as competent could carry out this task. Staff were also able to describe how individual's medicines were managed, what to look out for to ensure safety and how to respond to any errors or omissions they became aware of.

We looked at the guidance information that was available to staff regarding medicines to be administered 'as and when required'. Staff described to us how these medicines were used and why. We found that detailed written guidance information was also available on each individual's medicine administration records (MAR) on the computer. This information helped to ensure people were given their 'as and when required' medicines in a safe, consistent and appropriate way. One person was overheard telling staff they had returned from a trip out and was now in pain. This was promptly followed up by the deputy manager, who was responsible for giving out medicines on the day of our visit. The person was given medicine for the pain and reported later that this had been effective. The policy being used was based on the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines in care homes.'

We looked at the arrangements for the storage and administration of medicines. Medicines were stored safely in a metal medicines trolley, which was stored in a locked clinical room when not in use. The temperature of this room was not being monitored. This was highlighted during the inspection and the manager arranged for a thermometer to be put in place and recording to start. This is required as some medicines react to extreme temperatures and can become ineffective.

Controlled drugs (medicines that require special management because of the risk they can be misused) were stored in a separate locked metal cabinet in the clinical room. Fridge temperatures were being monitored daily to ensure medicines were stored within safe temperature ranges. Perishable items, such as creams, had been labelled with the date they were opened so that staff knew they were safe to use.

We looked at a random selection of ten people's MARs, the controlled drugs register and medicine stock. The MARs had been completed on the computer to show people had received their medicines as prescribed. The controlled drugs register was correct and had been signed by two staff. The medicine stock we checked matched the records. Arrangements were in place to ensure that complex medicines, such as warfarin, were administered safely and in accordance with the person's healthcare needs. We could see that people received their medicines safely and as prescribed.

People who we spoke with told us they felt safe. One person said, "Yes, knowing there are people here to help me makes me relax. I don't need to worry about anything." One visitor we spoke with told us their relative was cared for very well at Heath Lodge and that staff knew them well. Another relative told us, "It couldn't be better, it's lovely." And, "They know the little things, like what she likes for breakfast, which says a lot."

We looked at the arrangements in place for safeguarding people who are vulnerable because of their

circumstances and how allegations or suspicions of abuse were managed. Safeguarding policies and procedures were in place and provided guidance and information to care staff. Care staff told us how they would recognise the signs and symptoms of abuse and how they would report concerns about people's welfare or safety. They had all received training on safeguarding adults. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing policies and procedures were in place. Staff told us they would report any concerns with the manager or senior staff. This meant that people were protected from avoidable harm.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers recruit only suitable people who can work with children and vulnerable adults.

The care records we looked at included risk assessments to help identify risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage and minimise risks and provide people's care safely.

We toured the premises during this visit. The service had a homely feel and was clean, fresh smelling and hygienic throughout apart from one area which has a lingering unpleasant odour. This was discussed with the manager at the time of the inspection and we could see that plans were in place to lift the existing floor covering, treat the floor and lay a fresh floor covering before the end of August 2016. (The replacement floor covering was designed to be resistant to staining and be easily cleaned, therefore preventing malodours.) We saw there were systems in place to ensure the service was clean and well maintained. We spoke with the housekeeping staff during our visit and looked at maintenance schedules. There were regular safety checks carried out. Servicing and maintenance certificates were in place. For example, we saw certificates for manual handling equipment, gas appliances, legionella testing, weigh scale calibration and fire safety equipment. A business continuity plan was in place, along with an easily accessible file containing key information and guidance that staff might need in an emergency. For example, personal emergency evacuation plans for people who may need assistance in the event of a fire.

Is the service effective?

Our findings

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.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Where people were unable to make decisions, best interest meetings were organised. These meetings involved key people who knew the person well and who could speak on their behalf, knowing what the person would have preferred should they have been able to express their wishes. We observed staff routinely seeking consent and offering people explanations before assistance was provided. This was done in a helpful way, with staff getting down to the persons eye level and making sure they understood what was being asked or offered. Staff had received training in the MCA and those we spoke with had a clear understanding of what it meant and the impact it had on people living at Heath Lodge. There were four DoLS applications awaiting a decision at the time of our visit and the manager was aware of their responsibility to apply for authorisations should these be necessary.

People told us staff had the skills, knowledge and experience to meet their individual needs and provide them with appropriate care. One person said, "The staff are very patient with us all. It cant be easy but they do it with a smile on their faces." One relative told us the reason they had chosen Heath Lodge was the friendly and welcoming atmosphere when they looked round and because it was "less institutionalised."

Staff told us they completed a comprehensive induction programme when they first started working at Heath Lodge and that the training they had received to date gave them the skills and knowledge to be able to provide the care needed by people who lived at the service. Ten staff were undergoing an intensive care course, which was accredited, and either consolidated their existing skills and knowledge or gave them additional knowledge. The training records showed that staff were provided with a range of training, with refresher training provided on an ongoing basis. The manager had a training programme planned for the coming year.

All the staff we spoke with told us they received good support from the management team to carry out their roles effectively. One staff member told us, "I love working here. I never get up on a morning dreading coming to work. We are all the same." Staff also told us they met regularly with a senior member of staff for supervision. This is a one to one meeting where staff can discuss any issues in a confidential setting, including practice issues or required training. They told us they felt valued and part of a team, a "family."

Overall the premises were suitable. Some parts of the original building presented problems for people who needed mobility aids due to the width of the corridors. However, this was managed proactively and staff were mindful of where people's bedrooms were, and if they needed to use equipment this was also considered. One bathroom was in the process of being upgraded and adapted to become a wet room. This work was due to be finished in September 2016. This would add to the communal bathrooms available for use. At the time of the visit only one assisted bathroom was available. However, no-one reported that this was a problem. Some of the bedrooms had been fitted with en-suite facilities, some had showers and others had baths. However, none of these were used. Showers were not level access or people were unable to step into the baths. In these rooms people used their toilets and wash hand basins. This was being considered as part of the business plan to adapt the premises in the future.

People we spoke with told us the meals at the service were very good. One person told us, "The food suits me. We get choices and it's the kind of food I would have made at home." Another person told us, "The food is good. I have put weight on since coming here so I need to be careful."

We observed the breakfast and lunchtime meals being served. The food we saw smelt appetising and people told us they enjoyed their meals. Staff offered people choices, including showing people the different foods on offer, which helped people make an informed decision. We also noted that one person had changed their mind about the meal they had asked for when they saw what someone else was having, and this dealt with in a friendly way with no fuss from the staff member. We also saw that people were supported to have drinks and snacks throughout the day. During meal times staff sat at eye level with people who needed assistance and we noted that they focused their attention on supporting them to eat their meal.

Menus were on a four weekly cycle and were changed according to the season. We looked at the menus for summer and saw that people were offered a varied and nutritious diet, with plenty of alternative dishes if the main menu was not suitable for people. The chef manager spoke with people daily to ask their views on the meals provided so that they could incorporate any changes or make improvements. Special diets were catered for and where necessary people were referred to other health care professionals such as the Speech and Language Therapy Team (SALT) if there was concern about their nutritional wellbeing. Staff gave us examples of the different foods they offered to encourage people to eat well and meet people's individual needs. For example, high calorific foods were provided for people who were at risk of losing weight. We also noted that staff worked to each person's preferences with regard to seating or where they wanted to eat. This included a change of position three times for one person who was reluctant to be seated at a table. Staff were responsive to this and we could see that the person ate their meal with minimal fuss but in accordance with their specific needs. The catering staff had also received an award for "Healthier Choices" which had been judged by North Yorkshire County Council and Trading Standards.

The care records we looked at included nutritional risk assessments, weight and body mass index monitoring (BMI). Where concerns about people's nutritional wellbeing had been identified we saw that other professionals, such as SALT were consulted. This helped to ensure people's nutritional wellbeing was maintained.

People we spoke with told us that they could see their doctor or other health professionals whenever they needed to. One relative particularly liked the fact that one doctor was assigned to Heath Lodge and could therefore provide a consistent approach to care needs and could get to know each person. At the time of our visit a district nurse was visiting to provide support and treatment to people at Heath Lodge. The district nurse gave us positive feedback about the service, including how attentive the staff were and that they contacted the district nursing team when they had concerns. This meant that people were seen promptly and action taken if equipment or treatment was needed. The district nurse also told us that staff followed

instructions and worked with the district nursing team to make sure people received good levels of care and treatment. A relative we spoke with told us that if staff had any concerns about their family members' health the service would let them know. They told us, "The staff ring me if there is anything they are concerned about, no matter how small." The care records we looked at included evidence of input from healthcare professionals when this had been needed.

Is the service caring?

Our findings

Some people who lived at the home had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people during this inspection, to help us understand how their needs were supported. Throughout our observations we saw staff treated people in a professional, patient, friendly and appropriate manner. Staff approached people in a calm way. Staff spoke at a pace the person could understand and where there was potential uncertainty staff checked that the person had understood what had been said to them. We observed that staff had an in depth knowledge of the people they were supporting and we saw a variety of ways being used to encourage people to be independent and maintain their privacy.

All of the feedback we received about the care provided by the service was positive. People told us all of the staff were caring and that they were in the right job because they seemed to enjoy it. One person told us, "The staff are very caring and make sure I am comfortable." One person recalled a time when their relative had been unwell and the staff had made sure they had the right bed to allow staff to carry out regular repositioning and attention. They went on to say that the staff were very caring not only to their relative but to the family as well.

During the visit we spent time in the communal areas of the home. Interactions we observed between staff and people who used the service were respectful, supportive and encouraging. Staff were respectful when talking with people, calling them by their preferred names and being discreet when offering personal care support. Staff took time to help people get comfortable and made sure they were settled before walking away. For example, moving people to different style seating or making sure they had something to read or drink if they needed it. One person was taken to their room to lie down and a favourite radio programme selected to they could enjoy quiet time in their own room.

We observed staff routinely seeking consent and offering people explanations before assistance and support was provided. We saw that people were treated with dignity and their privacy was respected. Where personal care was being provided or offered, people were assisted to either their bedroom or the bathroom so that their care needs could be dealt with privately. Staff were observed knocking on people's bedroom doors before entering.

We saw where bedrooms were vacant these had been made ready for people to move in. Housekeeping staff carried out a deep clean and made sure the room was welcoming and pleasant. This meant that staff gave attention to detail, making rooms as welcoming as possible for people who were considering moving into the service or when new people arrived.

Is the service responsive?

Our findings

People were positive about the care they received and they told us the staff team were responsive to their individual needs. One person told us, "I couldn't fault any of it; it is just what I need." Throughout our visit we saw that visitors could come and go as they pleased. Relatives told us there were always staff available and that they were made to feel welcome. One relative told us, "It's a pleasure coming to visit. The staff are very friendly and make sure everyone is alright."

The service employed an activity organiser, who people told us was enthusiastic and friendly. During our visit we saw people were involved in a variety of activities in communal areas or they were sat quietly reading or talking to their peers. We also saw people being supported to walk around the gardens talking about the flowers and the sunshine. It was clear that people were involved in what they chose to do and that included where they sat and who they sat with. It was a very hot day and we saw people had free access to the outside areas. People were able to sit on a number of chairs or benches and had the protection of a large parasol and sun hats to protect them from the heat. People living with dementia also had free access to a secure garden and again were supported to enjoy the sunshine and join in outside activities. People told us, "There's a lot you can join in with if you want." The service was also involved in a 'research project' being run by the local universities, NHS foundation trust and other organisations, which was looking at physical activity in care homes. Several people at Heath Lodge had agreed to take part and this involved a range of exercises and having their levels of activity monitored. Some people told us they were enjoying being part of a project and in some instances this had already improved their levels of activity. At the time of our visit two researchers were in the service carrying out their project.

An activities' notice was displayed on the notice board. This included events such as cross word clubs, church services, games, short story reading and poetry and sing-alongs, and concerts by local colleges. People told us, "There is something for everyone."

The provider arranged for an independent company to carry out a three year assessment of the service resulting in an action plan relating to customer service excellence. The service was part way through the assessment and managers were confident they would meet the full compliance needed by the third year. The registered manager told us there had been an improvement on the previous year and that they were pleased with the result and were keen to continue making improvements.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the individual person. Each person had their own assessment record, care plan and care records. Records showed that the care plans reflected the information which was gathered during the pre-admission stage.

All of the care plans we looked at had consistent documentation. The service used a pre-formatted system, which could be limiting. However, the care plans we saw covered all areas of daily living and the care people required. The information included individual needs and preferences and staff had consulted with other

health care professionals to make sure the support being provided was appropriate and effective. Life history information was also included in people's care plans to help gain a real sense of the person before they moved into Heath Lodge. Care plans had been reviewed on a monthly basis by care staff. Records were also available of three monthly care plan reviews that included the person using the service, where possible. These had been signed to show the person's agreement. Where a person lacked the capacity to understand the review then a family member or other appropriate person was consulted, for example, a social worker.

We looked at the arrangements in place to manage complaints and concerns that were raised. The service had a policy which staff followed. There had been two complaints in 2016. These had not been serious and had been dealt with well within the complaints policy timeframes. Both complaints were fully documented, including the outcome and how the issues had been resolved. We saw a folder containing many thank you cards and comments from relatives detailing their appreciation and satisfaction with the service provided.

Is the service well-led?

Our findings

Staff told us they had a shared commitment in developing and improving the service they provided for people at Heath Lodge. We saw there was a positive culture within the service. We found staff morale was high and the staff we spoke with were committed to providing a good standard of care for people who used the service. Staff told us they felt supported by the management team and the organisation, and that they had ample opportunities to reflect on the service they provided through supervision and staff meetings.

We found audits were taking place consistently and were effective in highlighting any issues before they arose and when improvements were needed. This demonstrated to us that senior staff had a good understanding of the running of the service.

Staff we spoke with were clear about their roles and responsibilities and reported to us that they were enthusiastic about their work. Staff spoke about wanting to make sure people had a life which was both meaningful and promoted their sense of well-being. One member of staff described their job as 'brilliant' and staff commented on the pride they took in their work.

People we spoke with said they had good and professional relationships with staff, including the registered manager. People also told us they had the opportunity to give their views on the service and they felt listened to.

The service had a registered manager, who was supported by a deputy manager and senior staff, to manage the service. Staff also confirmed to us that on call arrangements were well organised. This meant staff could seek advice and help, out of hours, from a senior member of staff.

During our visit the atmosphere throughout the home was welcoming and lively. One person told us they were 'old school' and we explored this comment. They explained that they prided themselves on providing a homely and traditional care home, a care home where people were treated more like family. This was confirmed during our conversations with people and it was something which people told us was important to them. We noted that people were relaxed and comfortable in their surroundings.

The service had systems in place to monitor and improve the quality of the service provided. For example, there was a named lead for health and safety at the service. This member of staff was responsible for carrying out regular checks and for reporting any issues to the manager. We saw the records of these audits, including checks made on equipment to make sure it was safely maintained and in good working order. Other audits included medicines management, falls monitoring and analysis and care plan records. A quality monitoring tool and action plan was also in place, highlighting areas for improvement and the actions taken and planned. There was also evidence of staff meetings, with discussion of practice issues and relevant areas for improvement.

The manager was aware of notification requirements and we had received notifications about appropriate events that occurred at the service. Notifications are incidents or events that the registered provider has a

legal requirement to tell us about.