Cotswold Care Services Limited

Heighton House

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. The previous inspection was conducted in August 2013, when we found no concerns in the areas we looked at.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Heighton House is a care home for up to eight people. This service provides care and support to people with a learning disability. At the time of our inspection there were five people living in the home. Each person had a single bedroom.

People who lived in the home were not safe from the risks of cross infection. This was because some areas of the

Summary of findings

home were not being cleaned thoroughly. We also found that where some people lacked mental capacity, other professionals had not been involved in the decision making process ensuring decisions were in their best interest.

Some people were offered more opportunities than others to take part in planned activities. Activity plans were not being followed consistently. People had access to healthcare professionals according to their individual needs. Staff were knowledgeable about the people they were supporting. They described people in a positive way in relation to their individual personalities and how they supported them.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. People were supported by staff that had received appropriate training which was relevant to their roles.

There was a management structure in the home which gave clear lines of responsibility and accountability. A senior care staff was responsible for the day to day management of the home. The registered manager was responsible for another service and spent part of the working week in the other home. The provider was monitoring the service by visiting the home on a monthly basis. However, the registered manager was not receiving the monitoring reports quickly enough to enable them to make the necessary improvements promptly.

The registered manager told us there were areas where they could improve the service for people living in the home. This included seeking people's views where they used non-verbal communication, ensuring care was reviewed more frequently and training for staff around communication for people with a learning disability. There was an action plan in place with timescales for completion.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

We found the service was safe but some improvements were needed.

People who lived in the home were not safe from the risks of cross infection. This was because some areas of the home were not being cleaned thoroughly. We also found that where some people lacked mental capacity to make decisions, other professionals had not been involved to ensure decisions were in their best interest.

People were protected from the risks associated with unsafe medicines management. They were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff were trained in how to follow the procedures. People were protected from unsuitable staff as a thorough recruitment process had been completed.

Staff knew about the Deprivation of Liberty safeguards, and what the legal requirements were if someone's freedom was to be restricted.

Is the service effective?

Requires Improvement

The service was effectively meeting the needs of the people who used the service and were aware of the improvements required to ensure this was maintained.

People received the care set out in their care plan and people received the support they needed. People were registered with a GP and other health professionals. Care was reviewed to ensure that it was appropriate and suitable for the individual.

People were being supported to have a healthy diet.

Some people communicated using non-verbal communication. There was information to support people effectively with their communication. Staff were aware how people communicated which enabled them to effectively meet their needs. Staff observed and monitored people's reactions to activities or personal care on a daily basis to ensure the care was appropriate.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. This included training on supporting people with a learning disability and autism.

Is the service caring?

Good

The staff were caring.

We saw people being supported by staff in the shared areas of the home. Staff were attentive to people's needs. Positive interactions between people who used the service and staff were observed. Staff spoke with people in a

Summary of findings

respectful manner involving them in a variety of activities in the home including cake baking, preparing lunch and sitting in the garden. People were relaxed around staff, seeking them out for support and company. Staff we spoke with were knowledgeable about the people they were supporting.

Relatives told us the staff always spoke in an appropriate manner and took time to listen to what their relative was saying.

People's daily routines had been recorded and care and support had been provided in accordance with people's wishes. This meant people were treated as individuals and their preferences were recognised. Care records were personalised and described people in a positive way.

Is the service responsive?

The service was responsive but some improvements were required.

Care plans clearly described how people should be supported describing their personal routine, likes and dislikes. When we spoke with staff they confirmed how people were being supported in accordance to the plans of care. Staff were not consistently reviewing the care plans to ensure they were current and meeting the needs of the people. Activity plans were not being followed consistently which meant that some people were going out more than others.

There had not been any complaints raised by people living in the home or by their relatives in the last twelve months. Staff we spoke with knew how to respond to complaints if they arose. One person told us they would tell staff if they were unhappy. Staff described how they observed people who used non-verbal communication to ensure they were happy with activities that they were completing.

Is the service well-led?

Requires Improvement

We found some parts of the service were well led and they knew what improvements were needed. There were systems to monitor the quality of the service where shortfalls had been identified actions had been taken to improve the service. However, this had not been sustained for the cleanliness of the home.

There were delays in the home receiving the provider monthly visit reports that monitor the quality of the service. This delay could mean that the registered manager was unable to address any shortfalls promptly.

Staff told us the manager was approachable. Regular staff meetings took place and staff confirmed they were able to express their views and make suggestions to improve the service.

People were asked their views about the service through surveys. The registered manager told us this was an area they wanted to improve as they wanted to ensure they captured the views of people who used non-verbal communication.

Heighton House

Detailed findings

Background to this inspection

This was an unannounced inspection which was completed on 8 July 2014. One inspector carried out this inspection. We spent time observing care and support in a lounge and a dining room. We also looked at the kitchen, lounge, dining area and bathrooms throughout the home. We were shown four people's bedrooms with their consent and two of the vacant bedrooms. We also looked at records, which included two people's care records and those relating to the management of the home.

Prior to our visit we asked for a Provider Information Return (PIR) to be returned to us. The PIR is information given to us by the provider. This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included notifications this is information about important events which the service is required to send us by law. We contacted Gloucestershire Council who commission the service and one health professional to obtain their views on the service and how it was being managed.

We spoke with two people living at Heighton House, four staff and the registered manager. Three of the people that lived in the home were unable to tell us about their experiences of the care they received. This was due to their complex communication needs. However, we spent time watching how the staff supported people in the lounge and kitchen of the home. After the inspection we contacted two relatives to gather their views on the quality of the care provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We did not speak with people about the cleanliness of the home. However relatives told us it was always clean and free from odour. When we looked around the home, we found areas that were not completely clean. There were areas that were very dusty, some that were thick with black dust. Some toilets were stained and the bin in the kitchen did not have a lid meaning that the contents were exposed. Cleaning schedules had not always been completed. These areas had been like this for some time because the home's infection control audit and a commissioner's audit (local authority) had identified these issues in March 2014.

We looked at the infection control audit that had been completed in March 2014. We were told this was completed at least once in a six month period. This covered hand hygiene, the environment, the kitchen, waste disposal and laundry. The home had scored a 100% in all areas except the environment which scored 61%. This was because some areas of the home had been identified as not meeting the standard which included lime scale in toilets causing staining and dust on skirting boards. The action plan stated this would be a task completed by the night staff to ensure these areas were clean. However, when we looked at the shift planner for night staff we noted that this had not been completed since 13 June 2014. We also saw areas where the skirting boards in hallways and toilets were covered in dust. This meant whilst the audit had highlighted the area of concern the action taken had not been effective which led to people being at risk of infection. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people did not have the mental capacity to make some decisions. Staff confirmed they had completed training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision a best interest decision is made involving people who know the person well and other professional where relevant. Staff described clearly how they supported people to make day to day decisions and the importance of involving family or professionals where a person lacked mental capacity. Relatives we spoke with confirmed they had been asked for their opinion on different areas of their relative's life.

However, these conversations had not been captured in the records. This meant the manager was unable to demonstrate how decisions had been made in a person's best interest involving other relatives.

The registered manager told us they were trying to arrange best interest meetings for three people who lacked the mental capacity to make decisions. We saw that the commissioners had recommended that this process be started in January 2014 in relation to hobbies and work. The registered manager told us the delay was due to not getting the right people to attend those meetings. Commissioners had recommended that an Independent Mental Capacity Advocate (IMCA) supported people and they were waiting for an IMCA to be assigned. An IMCA is a person who helps particularly vulnerable people who lack the capacity to make complex decisions where the person has no family or friends. The local placing authority was appointing the IMCA on behalf of the person. This delay was impacting on people's lives as decisions were not being made promptly, ensuring activities were being arranged and were suitable.

In one person's care file the staff had made a decision for them not to attend the dentist as this person became anxious. This person lacked the mental capacity to make an informed decision. When decisions are made on behalf of people, it should be clear who has been involved in the decision making and that they are the appropriate people. Decisions made on behalf of people should always be made in their best interests. It was unclear what alternatives to stopping the visit to the dentist had been explored and it was not clear this decision was in the person's best interest. This meant there had been a breach of the relevant regulation (Regulation 18) and the action we have asked the provider to take can be found at the back of this report.

People told us they knew who to speak with if they were unhappy or not safe. Staff told us they had completed training in safeguarding adults and were aware of what constituted abuse and who they must report this too within their own organisation. The registered manager was able to demonstrate by showing us records that where allegations of abuse had been made these had been reported to the appropriate organisations and investigated to ensure people were safe.

Some people were prescribed medicines which they could not manage for themselves. The arrangements for

Requires Improvement

Is the service safe?

managing medicines on their behalf were safe. Medicines were kept safely and were stored securely. Clear records were kept of all medicines received into the home and given to people and where these were returned to the pharmacy as no longer required. These records were able to show that people were getting their medicines when they needed them.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by a senior staff member. This was confirmed in the training records and from speaking with staff that were on duty at the time of the visit. We were told the medicines competency checklist should be completed annually for all staff that administered medicines. However, these had not been completed for five of the seven staff who administered medicines since 2012. The member of staff who was responsible for completing these with staff confirmed this was an area that they needed to improve and was planning to complete these for all staff in the month of July 2014.

We looked at the care records for two people who displayed behaviour which might challenge others. There were risk assessments and support plans in place. These included information about any possible triggers that should be avoided. They also gave information about the best way to help prevent such reactions and about how to support each person. Staff had been given training in this area. Staff described how they supported people in a person centred way using distraction and de-escalation techniques.

No one was subject to a Deprivation of Liberty Safeguard (DoLS) authorisation at the time of our inspection. The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their best interests or is necessary to keep them from harm. The registered manager told us that due to the recent court ruling, they were reviewing whether an application should be made for those people who lacked mental capacity. This was because the front door had a key pad lock and there were restrictions for some people as they could not go out independently without staff support. The manager was in discussion with the local DoLS team in respect of submitting these applications.

One person showed us around their home and their bedroom. They told us they had a key and they liked to lock their bedroom door to keep their belongings safe. They told us they were going to have a new carpet. The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We were told some of the bedrooms and other areas of the home had recently been redecorated. Checks were completed on the electrical equipment, gas and fire equipment by an external company. This meant people could be assured that equipment was routinely checked and was safe for their use.

There were sufficient measures to ensure that the premises were secure and safe. There were checks completed on the water temperatures, window restrictors and the home's two vehicles. These were completed by the home's maintenance person on a weekly or monthly basis. The maintenance person was making the garden path safe on the day of our visit. Staff confirmed there was a good response to repairs that were required ensuring the home was safe.

There was a variety of risk assessments relating to the environment and activities that staff and people living in the home might be engaged in. These identified the risk and the action that was to be taken to minimise any health and safety risks. Staff confirmed the actions that were taken to minimise any risks to people who used the service and themselves.

We saw that staff had received fire training. Staff confirmed they had taken part in a fire drill in June 2014. They told us that one had also been completed with the night staff. However, the registered manager was unable to find any documentation to demonstrate that this had taken place. The last recorded fire drill was in June 2013. The records of fire drills for the previous year did not record the names of the staff that had taken part in the fire drill. The record stated 'staff on duty'. Therefore it was difficult to determine if every member of staff had taken part in a fire drill and to ensure they were aware of procedure in the event of a fire. This could put people at risk in the event of a fire.

There were safe recruitment and selection processes in place to protect people living in the home. We looked at two staff files to check that the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff.

Requires Improvement

Is the service safe?

We looked at the staffing rotas and discussed staffing with the registered manager and staff. We spoke with one person about the staffing in the home they told us there was enough staff available to help them when required and to take them out. They told us they liked to go to the pub and this was organised regularly and they liked the staff, naming everyone that worked in the home. The two relatives we spoke with told us they felt there were enough staff as their relative was supported to take part in activities in the home and the community. They told us they felt their relatives were safe as the staff knew them well.

The registered manager told us staffing was planned to ensure that on each shift there was always three staff during the day and one at night. This included a driver to enable people to go out and a female to support the women with their personal care needs. The rotas viewed for the last two months confirmed this. The registered manager described how they could call on additional staff when this was needed. For example when people went into hospital or on holiday.

Requires Improvement

Is the service effective?

Our findings

Staff described how they supported people with eating and drinking and how this was recorded in the care plans about meeting people's nutritional needs. Care plans clearly described how people were supported with eating and drinking. Some people needed to have what they ate and drank recorded. We saw staff did this in a way that helped them to see if these people were eating and drinking enough.

People had enjoyed their lunch from our observations. The meal was unrushed and relaxed. The menu of the day was clearly displayed in the dining area. This was in a suitable format with a photograph of the planned meal. Staff told us they were aware of people's preferences and this was taken into consideration in the menu planning where people were unable to communicate verbally. One person told us they were asked what they would like to eat. They told us they liked the food and that they could use the kitchen at all times to make drinks or have a snack.

Where concerns had been raised in relation to weight loss this had been discussed with the person's doctor and recorded in the person's records. A dietician had been asked for their advice on how to provide appropriate food for gaining weight. Staff described how they supported this person which confirmed the advice was being followed. However we asked to see the records relating to the recording of this person's weight. Staff told us there were no records because the GP had not requested that the person's weight was routinely checked. A member of staff told us they had noticed that the person was not eating foods they had previously enjoyed and visually they could see the person had lost weight. In response to these observations made by the staff a GP appointment was made. Staff told us the person has since gained weight. If the person's weight had been reviewed and recorded regularly staff would have seen the person was gaining weight.

Some people were seen making themselves drinks either with staff support or independently and using the kitchen throughout the day. Staff told us what support people required when preparing food and drinks to keep them safe.

Care plans included any risks relating to either food and drink or people using the kitchen to ensure they were safe.

People could see health care professionals. Where advice had been given this had been included in care plans for the person. Care records described how the home was meeting people's health care needs. People had a health action plan that described what support they required. This was in a suitable format and included pictures to help people understand it.

We asked a health care professional who visited the home for feedback about how the staff were supporting people at Heighton House. They told us the service was excellent and the staff knew the people well. They named a specific member of staff stating they were caring and understood all the people living in the home. They told us they had no concerns in respect of the care the people were receiving.

Relatives we spoke with confirmed they were kept informed about any changes in health and accidents that may have taken place. A relative told us this is the best home their relative has lived in because they have really come out of their "shell" speaking out much more than they have ever done. They told us this was because there were 'good' staff that spent time talking and involving their relative on a daily basis.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. We looked at the training staff had completed. Staff completed induction training when they first started working at the home. This training was then updated periodically in respect of health and safety, fire, food hygiene and safeguarding. Staff confirmed they had completed this and shadowed more experienced members of staff when they first started working in the home.

We spoke with two members of staff about the training they had completed. They told us there was lots of training available to them including health and safety and training relevant to the needs of the people they supported. Both staff told us they had completed an introduction to people with a learning disability and supporting people with autism. They told us further training was being organised for them on Makaton (a sign language for people with a learning disability). This would assist them to communicate effectively with people living in the home who may use this form of communication.

Requires Improvement

Is the service effective?

We observed some staff using Makaton with one person to assist them with their communication. Staff told us they were able to communicate with the people they supported and this was because they had built relationships with people and had got to know them.

Good

Is the service caring?

Our findings

One person told us they liked all the staff that worked in the home and many of the staff had worked there for a long time. They told us the staff speak in a "nice way" and involve them in making decisions. They told us they liked living in the home and liked who they lived with.

We observed people being supported by staff in the shared areas of the home. We saw positive interactions between the five people who used the service and staff. Staff spoke to people in a respectful manner involving them in a variety of activities in the home including cake baking, preparing lunch and sitting in the garden. People were relaxed around staff seeking them out for support and company.

Staff showed that they respected people's right to privacy. We observed staff knocking on doors and waiting for people to confirm they could enter. Staff asked people's permission to enter their bedrooms when we were looking around the home and they asked if they would like to be involved.

Records were held securely in a locked cupboard. We were told by staff and people living in the home that people could see their own records whenever they wanted.

We spoke with a relative who told us; "the home is excellent, the staff really do care, I could not fault the staff or the service provided". They told us the staff always speak in an appropriate manner and take time to listen to what their relative was saying. They told us the person was 'very lucky' to be living in Heighton House and they were happy there.

Staff were actively encouraging people to participate in activities offering them a choice. People's decisions were respected for example, staff offered reassurance and listened to what the person was saying when they were upset. They respected that this person wanted to sit and have some quiet time in their bedroom before they had personal care.

Staff we spoke with were knowledgeable about the people they were supporting. They described people in a positive way in relation to their individual personalities and how they assisted them. They described how they supported people with their own personal routines and rituals. They described people as individuals and were knowledgeable about autism and how it affects different people.

People were helped to maintain their independence. Care documentation held information about how people could be independent. One person told us they go to church every Sunday on their own as this was only a short walk from Heighton House. Another person was observed making a drink independently during our inspection. A relative told us they were impressed with the staff as they 'empowered' their relative to make day to day decisions and they were caring in their approach.

The registered manager told us that house meetings were not taking place as it was found this was only beneficial for one person. The registered manager told us instead key workers (a named member of staff) spent time once a month with people using the service discussing with them their care plans, likes and dislikes and suggestions for activities. Two members of staff confirmed that they spent time with the person they were responsible for. The registered manager told us they were planning to devise some systems which could be used with people who used non-verbal communication to assist in gaining their views on the service. We were told they were asking for help from the organisation's learning disability and autism advisor. This was to enable them to develop an observational tool that could capture information about the person to further evidence what they liked to do and whether activities were successful. We were told this would be implemented by September 2014.

Requires Improvement

Is the service responsive?

Our findings

There were some areas that required improving to ensure that staff were responsive to people's care and support needs. Activities were not organised for everyone in accordance with their preferences. There were gaps in the monthly evaluations of people's care which would have enabled the staff to monitor what activities people were taking part in.

Staff told us they were expected to evaluate the care plans on a monthly basis. We noted that these were not happening for one person as these had stopped in April 2014. The registered manager told us the regional manager had audited the care plans the week before the inspection and had identified the same gaps. In response the registered manager told us a meeting was planned for the 9 July 2014 and staff would be reminded of the importance of completing the monthly evaluations and progress being made.

We saw that one person had a care plan to enable them to go fishing as this was an activity they were interested in. The monthly evaluation showed this person had not gone fishing for twelve months. When we discussed this with the registered manager they confirmed that this had not happened telling us this was a 'holiday' activity. This person had recently been on holiday and they had not been supported to go fishing. This meant this care plan had not been followed promoting this person's interests.

We looked at the other activities that this person had been supported to do. There was a structured activity plan but this was not being followed by staff. This was because there was minimal recording of activities that this person had been supported to take part in. Staff told us they were aware that the plan was not being followed as they found it difficult to plan activities for this person. There was no evidence that the activity plan had been reviewed to ensure activities were appropriate for the person. This was the same when we looked at the records for a second person. The daily diaries for people did not show they had either been offered an activity or if this had been refused. This was fed back to the registered manager who confirmed this was an area they wanted to improve to ensure the planned activities were taking place and kept under review.

People had regular contact with an aromatherapist and they took part in a weekly keep fit session. Staff told us people enjoyed these sessions. The registered manager told us that some activities were organised in small groups and others were organised on a one to one basis depending on the interests of the person. The registered manager told us everyone would have a holiday tailored to their interests. Relatives told us regular activities were organised for example, swimming, horse riding, trips to the pub and holidays. We saw some of these activities had taken place but not at the frequency described in the activity planner for two people.

One person told us they had recently enjoyed a holiday away with one other person living in the home and they were planning a further holiday for later in the year. Staff told us everyone would have an opportunity to have an annual holiday which was tailored to their interests.

We observed two people being supported to make cakes with two members of staff. Staff clearly explained and involved both people in the activity. One person told us they go to college two days a week and they liked to go to the pub and every Sunday they go to church. They told us they liked to help the maintenance person with the gardening. They told us they had recently been to Kew Gardens and they had been on holiday. They told us they were happy living in the home and with the activities they took part in.

Care plans clearly described how people should be supported describing their personal routine, likes and dislikes. When we spoke with staff they confirmed how people were being supported in accordance with the plans of care. One member of staff said the reason they liked working in Heighton House was that each person was treated as an individual and this was respected by all staff.

The registered manager told us all care plans were reviewed at six monthly intervals or as needs changed. Each person was allocated a key worker, a named member of staff who would assist them. One person confirmed they had a key worker and they had chosen who this was.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in easy read format on the notice board in the hallway for people living in the home. There had not been any complaints raised by people or by their relatives in the last

Requires Improvement

Is the service responsive?

twelve months. Staff knew how to respond to complaints if they arose. One person told us that if they were not happy they would speak with the registered manager or a member of staff. Relatives confirmed they knew how to raise concerns but they were happy with the home.

Some people in the home were unable to communicate verbally. Staff told us it was important they monitored their body language to ensure they were happy with the activities they were taking part in including personal care. There were communication dictionaries in people's care files which described how they expressed whether they were happy, sad, in pain or hungry or thirsty. This enabled people to communicate with staff. We observed people seeking out staff to assist them by taking a member of staff's hand and leading them to the kitchen. Staff responded promptly asking them if they wanted a drink or something to eat. Another person took a member of staff to the garden where they were supported to use the trampoline, an activity they liked to participate in.

People were able to keep in contact with family and friends. One person told us they could have

visitors to the home and they were supported to make telephone calls to relatives whenever they wanted. Care documentation included information about people that were important to them and the arrangements that were in place to maintain contact. Staff confirmed people were supported to maintain friendships and described how this was promoted. Some people were supported to visit relatives and some people's relatives visited the home. Where people did not have any family contact, the registered manager told us they had approached an advocacy service. One person had an advocate as part of a befriending service.

Two relatives told us the staff kept them informed of any changes or accidents. They told us they regularly visited and commended the staff on their approach and their understanding of the needs of their relative. They told us they were able to see their relative in private and were always made welcome.

Requires Improvement

Is the service well-led?

Our findings

The registered manager checked the quality of the service on a regular basis by looking at care plans, speaking with staff and people who use the service, looking at other records including supervisions, training and completing monthly audits on the medicines. Records confirmed these audits were taking place including any actions that were being taken in respect of any shortfalls. However, the audit of the care plans had not identified that the monthly evaluations had not been completed or that people were not taking part in regular activities.

The regional manager completed monthly visits to the service to check on the quality of the care being provided to the people living at Heighton House. We were shown a copy of the visit that had been completed on 7 and 11 April 2014 that had been received by the manager on 9 June 2014. The reports for May and June 2014 had not been received. The manager confirmed these had taken place but she had not been present during the visit. This delay in reports being sent promptly to the service may mean a delay in improvements or areas of concern being addressed quickly. The registered manager told us that the regional manager would feedback verbally at the end of the visit. The registered manager was not sure if there were any actions from the visit in May 2014.

From the report of the visit in April 2014 we saw the provider had spoken with staff and people who used the service, they had looked at care plans, reviewed incidents and accidents, complaints, training and supervisions for staff and risk assessments. The provider had developed an action plan for the home that included deep cleaning bathrooms and replacing toilets. The manager confirmed this was an area that still required improvement and confirmed they were requesting authorisation for funding for the toilets to be replaced. The registered manager told us that the regional manager would review the action plan at subsequent visits to ensure completion. This meant that the provider was continually monitoring the quality of the service being provided. However, there was a delay in the reports being shared with the home to enable them to check on progress and any areas for improvement. This shortfall did not demonstrate effective communication between the provider, the manager and the staff to effect change promptly.

Staff said the registered manager was always contactable. We were told the day to day responsibility of the management of the home was with a named senior member of staff. Staff told us the registered manager regularly visited the home throughout the week and attended staff meetings and care reviews. The registered manager was also responsible for another care home in the local area. Staff confirmed there were good management arrangements and support mechanisms in place.

Relatives we spoke with confirmed in the main they speak with the named senior member of staff or people's key workers. They were aware who to contact and felt the staff knew their relative well and kept them informed. Relatives commended the home on the staff's approach in supporting their relative, telling us all the staff know and understand them well. This meant staff were approachable and were well led by the management in the home.

Staff meetings were organised on a two monthly basis. Minutes were kept of the meetings which included the topic discussed and any action that was required. Staff confirmed these meetings took place and were a forum for open discussions where they were asked for their views on how the service was running. Staff told us daily handovers between shifts took place which was an additional forum to keep them informed about any changes in care and the running of the home.

People were supported by a staff team who were clear about their roles and responsibilities and knew people well. There was little turnover of staff. People were looked after by staff who were familiar with their needs and preferences. The registered manager was able to describe how the staffing was provided taking into account people's individual needs and any additional funding that people had to meet their needs.

The registered manager was looking for ways to improve communication and involvement of people in improving the service. The provider had a meeting format in place called "Your Voice" for people living at the home to share their views. Staff told us this format was too complicated for the people living at Heighton House so they were looking for an alternative approach. The registered manager told us they were planning to discuss this with the staff to look for some innovative ways to seek the views of

Requires Improvement

Is the service well-led?

the people who use the service. The registered manager told us they were going to liaise with the organisation's learning disability and autism advisor for some ideas. The manager told us this would be in place by 1 October 2014.

People's views were sought through an annual survey. The last annual survey was completed in March 2014 by some people who used the service or their representative and the results were collated by a central team. The survey showed that generally people were happy with the support that was in place. One person had stated they could only go out 'sometimes' when they wanted where the other people stated they could 'always' or 'mostly' go out when they wanted. The registered manager told us the responses were anonymised. This meant the registered manager was unable to go back to the person who used the service to ask how they could improve the service. They told us they were also looking at ways of improving and encouraging more activities for people living at Heighton House.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff. These were then shared with the organisation so they could look for any learning as an organisation or themes.

We were told incidents were reviewed during quarterly safety, quality and compliance meetings identifying trends and ensuring lessons learned had been considered and actioned.

Where people had been involved in an incident or an accident for example a fall, the staff recorded the cause, any injuries and the immediate actions or treatment that had been delivered. The records were checked by the registered manager shortly after the accident who assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. Where people had been injured a body map form was used to record any injuries. Staff were then able to check the healing process of the wound.

Notifications were being sent to the Commission in accordance with the legislation which meant that we could monitor how the registered manager was responding to accidents, incidents, deaths and any allegation of abuse. We were receiving these promptly and included what action the registered manager had taken to ensure people were safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005. Regulation 18

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The registered person did not have suitable arrangements for the maintenance of appropriate standards of cleanliness of the home. Regulation 12 (1) (a) (b) (c) (2) (a) (b) (c) (I)**