

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Herncliffe Care Home

Spring Gardens Lane, Keighley, BD20 6LH

Tel: 01535681484

Date of Inspections: 27 June 2014  
26 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	P & B Kennedy Holdings Limited
Registered Manager	Mrs Sheila Lambert
Overview of the service	<p>Herncliffe Care Home is registered with the Care Quality Commission and can provide care and support for up to 129 older people. The home is divided into six units named Margaret, Constance, Terraces, Alexandra, Victoria and Garden. There are three lifts that access all levels of the home. Corridors and communal areas are spacious and provide appropriate access for people using wheelchairs. Each unit has its own communal day areas as well as toilets and bathrooms.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2014 and 27 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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During our inspection we looked for the answers to five questions;

Is the service caring?

Is the service responsive?

Is the service safe?

Is the service effective?

Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, their relatives, staff supporting them and from looking at records.

Is the service safe?

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

Staff had attended several training courses which took into account the needs of the people who used the service. This ensured that people's needs were met.

Is the service effective?

People's health and care needs were assessed with them or their relative. People were responded to as part of the care planning process.

Is the service caring?

Care staff were attentive and spent time talking to people and making sure their needs were being met. People commented, "I like it here the staff are really good I get really good care." A relative told us they visited their family member at any time without notice. They were confident their relative was well cared for and said staff discussed care with them and were always available.

Is the service responsive?

People knew how to make a complaint if they were unhappy. People told us they had never needed to make a complaint but if they did they thought complaints would be investigated and action taken as necessary.

Is the service well led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

People who used the service, their relatives and other professionals involved with the service had completed provider satisfaction surveys. Feedback was very positive and comments included, "Staff are always very welcoming, friendly and informative."

The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. This enabled the provider to focus on improvement.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We undertook a tour of the premises escorted by the manager. They told us people were shown around the home before they moved in and were given a choice of rooms if there were more than one available. We saw written information about the service was available in the home. This guide included information about the type of services available, what people should expect and how people could comment upon the service provided.

In the bedrooms we saw people had their own possessions. The manager told us they encouraged people to bring their own personal things in to make them feel more, 'homely'.

Staff had a good understanding of people's needs and treated people with respect. We saw staff knocked on people's doors before entering. Staff who were delivering personal care were considerate of the person's wishes and asked politely before giving care. One member of staff told us, "I always have respect for people, I shut curtains and the door when doing personal care, and I cover them up with a towel" another said, "I always knock on the door first before I get asked to come in, and we always explain things we do after asking their permission first." This showed that people's privacy and dignity was respected.

A visitor told us the care that their relative received was, "Brilliant, and staff kept her in the loop about her husband's care." Another relative told us, "He's happy here, look after him beautifully, very conscientious, always clean shaven beautifully looked after." One relative said they always asked permission from my mum when discussing care. Staff told us that they always sought consent from the service users when discussing care with their relatives. A person who used the service said, "They look after me really well, O aye they do" another said, "They always knock before they come in and they always ask how I am."

We spent a significant amount of time during our visit observing how staff and people

interacted. We saw staff treated people kindly and with respect calling people by their preferred name. We observed staff offering people choice where possible. Staff used different ways of communicating with people who were unable to communicate verbally. For example, a member of staff knelt down in front of a person, smiled and touching the back of the person's hand whilst speaking his name. The staff member then asked them if they wanted some bread and soup. The person nodded their head and pointed at the bread which the member of staff had brought with them.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager told us staff were allocated to a wing to support people who used the service at the beginning of each shift.

During our visit we spoke with five residents and four relatives of people who lived at the home. Some people, due to their complex care needs, were not able to comment on their opinion of the service. People who told us staff cared for them well, one person who used the service told us, "It's a fantastic home; staff are wonderful, most helpful to me," and, "I don't know how staff cope, they are brilliant with him." Other comments included, "The management team are very approachable, and they are so helpful." "I feel the care (name of resident) gets is very good, and I have no concerns about (name of resident) being here, he is well looked after."

There was also four activity co-ordinators who carried out a range of activities over seven days, including scrabble, film time, bingo, bowls, skittles, and one to one time.

There was clear and respectful communication between staff and people who used the service. Staff addressed people by their first names and treated people in a kind manner. Staff interactions with people were relaxed unrushed and were focussed on people's needs. For example, members of staff sat on chairs next to people when they were assisting them with their meals.

We looked at ten people's care records in detail. The care files were well organised with an index at the front to show what information was within each of the different sections. The care plans were written in a person centred and holistic way which included likes, dislikes, and what was important to them.

Care plans were signed by the person or their next of kin if they were unable to sign themselves. This meant the provider was involving people in decisions about their life at the home, or taking their comments into account when planning their care.

Each file had risk assessments for the person that covered areas of potential risk such as

moving and handling, falls and nutrition. When people were identified as being at risk, their plans showed the actions required to manage these risks. These included the provision of specialist equipment such as hoists and walking aids. The care plans we saw showed that the risk assessment outcomes were taken into account when care was planned. Where necessary there were plans in place to show what was being done to manage the risk. The care plans were evaluated on a minimum of a monthly basis.

Risk assessments were also carried out for external activities such as a pony visit, including risk of injury to residents and pony, pony being frightened and risk of defecation. This showed that activities were planned and delivered in a way that was intended to ensure people's safety and welfare.

There was information in the records which showed that people had access to a range of health and social care professionals. These included GPs, chiropodists, physiotherapy, opticians and district nurses'.

We spoke with staff who told us the care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Staff demonstrated a good knowledge of people's care and support needs and could describe care needs provided for each person.

There was a good atmosphere around the home and people were seen to respond positively to staff. One member of staff told us, "We always talk through the care plan with people and their next of kin and discuss any changes with them." This showed the home took account of any changes to people's care, support and treatment needs and those involved were aware of the care delivered.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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People who used the service were complimentary about the staff. Their comments included: "I like the staff here, they are very good in what they do and I feel well looked after here."

"The staff are lovely always smiling and very friendly and helpful" "All the staff are brilliant, fantastic."

Appropriate checks were undertaken before staff began work. We looked at the recruitment process for six members of staff. The files had all the relevant information to confirm these recruitment processes were properly managed, including application forms, notes of interviews and evidence of qualifications.

Written references had been obtained prior to staff commencing work and one of the references was from staff's last employer. We saw documentary evidence had been provided to show proof of identity. Criminal Record Bureau (CRB) now the Disclosure and Barring Service (DBS) checks had been undertaken on staff.

The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people at risk. Staff said their recruitment process had been thorough. They confirmed they had a contract of employment and job description. They said they fully understood their role and what was expected of them.

We saw the home's training matrix, which detailed the training staff had completed, including induction training and training to be completed. This meant that people were cared for by suitably trained staff.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff were required to attend mandatory training courses including moving and handling, health and safety and safeguarding vulnerable adults. Staff also received training in the Mental Capacity Act. Other training included fundamental skills, dysphagia and venepuncture. Training records showed that appropriate training was being delivered. One member of staff said, "I am very well supported here and get good one to one support, it's a good team." Another member of staff said, "The manager is really helpful and supportive; good staff team." Another member of staff said, "I get supervised every three months and feel I can develop my knowledge about dementia here."

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. Staff and the manager confirmed there were systems in place to support staff which included staff meetings and staff supervision. Individual staff training and personal development needs were identified during their formal one to one supervision meetings with the manager. We saw evidence of this in the supervision records.

Records showed the work staff did was supervised and all staff received three monthly supervision and annual appraisals of their work and performance; records of these were maintained.

We observed some very good interaction between staff and people who used the service. We asked staff about staff relationships and teamwork. One member of staff said, "It's a really good team, we all help make the residents feel at home." Another member of staff said, "Personally I like it here, the standard of care is so good," and "it's a nice place to work, all the staff know each other and get on well."

Staff we spoke with said everyone worked well together and they had received enough training to equip them with the right skills to do their job well. All staff we spoke to said they felt valued as member of the team.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The provider had a policy on obtaining feedback from people using its services. This included information from sources such as people who used the service, relatives, health professionals, feedback from complaints and survey questionnaires. Comments included, "Many thanks for all the help and care you gave my father in the time he was with you" and, "We would like to pass on our sincere thanks for all the wonderful care my mother received".

"The family are especially grateful for the excellent care given to (name of resident) during his illness."

Evidence from surveys showed that 100% of people would recommend Hernccliffe to others and 78% of people were very satisfied with the standard of care received and no-one dissatisfied with care.

We looked at records which showed there were regular meetings for people who used the service. These meetings gave people the chance to talk about social activities and raise any concerns. This meant the provider was involving people in decisions about their life at the home, and taking their comments into account.

We looked at minutes of staff meetings. Staff meetings were held every month, at different times of the day to ensure all staff had the opportunity to attend. We spoke with six members of staff who said they felt supported and able to raise concerns with senior staff or management.

We saw records of the checks and audits the manager carried out to make sure the home met the required standards. These included checks of care plans, health and safety, staffing, the environment, and quality of records. In addition we saw that if any issues were identified a plan was developed with a timescale for action. For example it had been identified that there was wheelchair encroaching near the fire escape route, we saw that

this had been removed following contact with staff: and the fire escape route was now clear.

There was evidence that learning from investigations took place and appropriate changes were implemented. For example we saw evidence of one resident who had lost weight and this was evident through weekly weight charts. This then triggered a Malnutrition Universal Screening Tool (MUST) assessment and a referral to a dietician. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

We saw evidence of three monthly staff supervision records. All these systems ensured that the provider had an effective quality assurance system and sought the views of people who used the service and their relatives.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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