



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Herncliffe Nursing Home

**Spring Gardens Lane  
Keighley  
BD20 6LH**

*Lead Inspector*  
Sughra Nazir

*Key Unannounced Inspection*  
21st January 2009      09:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

<b>Reader Information</b>	
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Herncliffe Nursing Home
<b>Address</b>	Spring Gardens Lane Keighley BD20 6LH
<b>Telephone number</b>	01535 681484
<b>Fax number</b>	01535 691693
<b>Email address</b>	matron@herncliffe.co.uk
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	P&B Kennedy Holdings Ltd
<b>Name of registered manager (if applicable)</b>	Mrs Sheila Lambert
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	129
<b>Category(ies) of registration, with number of places</b>	Dementia (6), Dementia - over 65 years of age (66), Old age, not falling within any other category (30), Physical disability over 65 years of age (30)

# SERVICE INFORMATION

## Conditions of registration:

**Date of last inspection**      13th February 2007

## Brief Description of the Service:

Herncliffe is in a residential area of Keighley adjacent to Cliffe Castle and other local amenities. There are parking facilities to the front of the property and a local bus stops nearby. The home operates a shuttle service for relatives from Keighley town centre. The home is registered as a care home with nursing for one hundred and twenty nine older people. The home is divided into six units - Margaret, Constance, Terraces, Alexandra, Victoria and Garden Wing. There are three shaft lifts that access all areas of the home. Corridors and communal areas are spacious and provide good access for people using wheelchairs. Each unit has its own communal day areas as well as toilets and bathrooms. Kitchen and laundry facilities are located centrally, although each unit has its own kitchenette for making drinks and light snacks.

The provider informed the Commission for Social Care Inspection on 21/01/09 that fees depend on individual needs and room sizes. For residential care the current weekly fees range from £415 to £515 and for nursing care range from £545 to £700 per week. Additional charges include hairdressing, private chiropody, newspapers and some selected activities. People can find out more about the services provided by asking for the home's statement of purpose and service user's guide.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **3 stars**. This means the people who use this service experience **excellent** quality outcomes.

This report is based on information gathered in a number of ways.

We looked at information we have received about the home since the last key inspection. This includes comments made by relatives and healthcare professionals.

We asked for information to be sent to us before the inspection, this is called an annual quality assurance assessment.

On an unannounced visit to the home we talked to people, their relatives, staff and the manager. We also checked some of the records, policies and procedures the home has to keep. We concentrated on the key standards and what the outcomes are for people living in the home, as well as issues that were raised at the last inspection.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

## **What the service does well:**

A health care professional commented, "Everything is spotless and always looks lovely. The home is clean and fresh."

People and their relatives told us,

"Staff excellent. Food is well presented, nutritious and balanced. Staff have time to converse with the residents."

My relative has "own phone so he can ring me. Care given is to a high standard. Staff are always friendly and caring. Dad can go to bed and get up at a time that suits him.

"Well trained professional staff who are friendly and caring. Unit is well run and well managed."

The home is decorated and maintained to a high standard. The garden and external sitting areas are very pleasant and the home received an award in a local gardening competition.

There is a strong commitment to staff training and the home retains its Investors in People award.

## **What has improved since the last inspection?**

Some of the recommendations from a previous inspection were carried forward in error into the last inspection report.

A minibus has been purchased and this offers people more opportunity to go out. The home also provides a shuttle service for relatives from town.

The home continues to work to maintain the home to a high standard. Laundry practice and procedures have been made more robust, with better information at the time of admission and every item now being passed by relatives directly to the laundry for labelling. This helps the home make sure items are not lost.

Staffing levels have been increased with the employment of additional staff specifically to assist with breakfasts. Also staffing levels on one unit are no longer reduced in the evening in response to people's needs on this unit.

## **What they could do better:**

There are no requirements or recommendations made as a result of this inspection.

In their self-assessment the home identified that they would continue to ask for and respond to people's views and continue developing the service in line with best practice.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection



# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

### **1 and 3**

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service

Thorough assessments and admission processes help people decide if the home will meet their needs.

### **EVIDENCE:**

People who want to come to live at the home get very clear information telling them about the services, the accommodation, qualifications and experience of staff and how to make a complaint. The welcome pack people receive also includes forms and information for relatives. This is good practice.

The files we looked at showed detailed assessments of people's needs are carried out before people move in. This helps the home make sure that they will be able to provide care to meet those needs. People or their relatives are always involved in the assessment process.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 and 10

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice. Staff know how to look after people properly because they have detailed information that tells them about the person's background, their abilities and their needs and how to meet them

### **EVIDENCE:**

The home has introduced a care planning system where for each care plan there is a list of tasks to be carried out. Nurses circle the tasks depending on the level of need and what help is to be provided. In most cases there is additional information recorded to tell staff how care should be provided. All care plans should continue to be reviewed and updated to include people's abilities and preferences for care provision.

Staff on the units we visited showed a good understanding of people's needs.

Client profiles are sent to relatives as part of the welcome pack on admission. This helps the home gather and record helpful information about the person's needs, preferences, likes, dislikes and life experiences. This is particularly helpful for people with dementia.

Relatives we spoke to told us

" We filled in some forms to tell them about mum and this helped us to tell the home what we know."

"Staff printed off some information from the internet to help me understand my relative's needs"

Medication records were generally complete but we saw that the administration of creams was not being recorded in a consistent way. Information should also be available to staff to know what the cream is for, where to apply, how much to apply and for how long.

We discussed developing a more robust system for recording where creams have been applied. After the visit the home told us that they have introduced separate charts for creams and fortified drinks. This will mean carers record when these have been administered and will help the home make sure that people's needs have not been overlooked.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service

People have access to nutritious food and drink and stimulating activities that meet their individual needs and preferences

### EVIDENCE:

A list of available activities is displayed on a noticeboard on each unit. The home has employed additional activity coordinators to make sure that people's social care needs are met. The range of activities includes trips out for meals, to the theatre, shopping as well as inhouse group and individual activities. People we spoke to said that they had a choice as to whether they joined in or not. One person said " There's lots going on but at my age I just like to sit and watch."

Religious services take place at the home on a regular basis.

Staff on the unit for people with advanced dementia show a good understanding of the impact of dementia on daily routines, lifestyle and care needs. For example we saw that staff accommodated people's preferences for staying in bed or not getting changed.

The home now has a minibus and this offers people more opportunity to go out. As the bus service to the home has become less frequent the home also offers a shuttle service for relatives from Keighley town centre. This helps people and their relatives maintain contact.

Meals are served in relaxed comfortable surroundings with additional support available now at breakfast times. We saw that kitchenettes on each unit were well stocked with items that could be used to provide a light snack. Staff on one unit told us that they also had a freezer and were able to provide food at any time which is particularly important as they have a couple of people who are up during the night.

The files we looked at showed that the home had asked people about their food likes and dislikes and that advice was being sought for any swallowing or eating difficulties.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

## JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People who use this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service

People can be confident that their views will be listened to and acted upon. They are protected by robust policies, procedures and trained staff.

## EVIDENCE:

People and their relatives receive a copy of the complaints procedure in the welcome pack on admission. The procedure is also displayed in the home. People said they knew how to complain and whom they could talk to if they felt unhappy.

There have been no complaints to the Commission since the last inspection. We saw the home's complaints file and there was one complaint. This had been dealt with in a timely way and the response was well written. We were told about various examples of positive feedback from relatives and the home intends to keep a record.

All staff have had some training on adult protection including domestic staff. This is good practice. One staff member we asked told us what process they would follow internally within the home and externally to social services, if they were concerned about someone's care.

The manager told us that she had attended training on new safeguards people's liberty and taking account of their mental capacity.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

## The Commission considers Standards 19 and 26 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People who use this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service

People live in a home that is well maintained and meets their needs.

### EVIDENCE:

A health professional commented, "Everything is spotless and always looks lovely. The home is clean and fresh."

The home is maintained to an excellent standard and the standards of decor and furnishings are good. All areas of the home we saw were very clean and tidy and smelt fresh.

People's bedrooms are decorated and furnished with some of their own belongings. This helps them feel at home. People are involved and asked for their opinions when the home is being redecorated.

The home received a 5 star rating from environmental health officers for cleanliness. This tells us they have robust policies and procedures to keep the home safe and clean.

Laundry practices have improved and robust systems ensure that laundry is not lost. Relatives told us the system worked very well and they had no concerns



## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28 29 and 30

People who use this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service.

People receive their care from well-trained staff, recruited using safe and robust recruitment processes.

### **EVIDENCE:**

Staffing levels have been increased with the employment of additional staff specifically to assist with breakfasts. Also staffing levels on one unit are no longer reduced in the evening in response to people's needs on this unit.

One relative told us that the home has "well trained professional staff who are friendly and caring. "

We looked at 4 staff files and all of them had evidence of the home carrying out thorough checks on staff before they are offered employment. The manager uses a checklist to make sure all staff files are up-to-date and contain all the required documentation.

There is a strong to commitment to staff training and the home retains its Investors in People award. Two staff have specific roles in making sure staff have the training they need and this helps the home maintain its compliance with mandatory care and professional nurse training. Staff on one unit told us

that they had recently undertaken a distance learning programme to help them care for people with dementia. A nurse has also recently got a degree in dementia studies. Staff told us there was a lot of support for training and also for implementing changes as a result of training. For example on one unit staff were involved in making changes to the environment, routines and meals and said they were well supported by the management in their efforts. This is good practice.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33 35 and 38

People who use this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence including a visit to the service

The management and administration of the home is based on openness and respect and has effective quality assurance systems developed by a qualified competent manager.

### EVIDENCE:

The registered manager is very experienced. She carries out an audit of the home every day. This tour of the premises is also used to share and receive communication from the units. This works well as standards are high. Relatives told us that the manager was always available to speak to. One said the "unit is well run and well managed."

The home uses a range of methods to audit care. There are regular relatives meetings and quality questionnaires. There is a very established system for communication between different staff groups and this helps the home ensure that everyone helps to provide care to high standards.

The organisation prefers relatives or a nominated person to handle resident financial affairs whenever possible. For those who have no relatives, their financial affairs are handled by either Social Services, the placement agency or solicitors.

We looked at some records to check if safety checks are up-to-date and found that recordkeeping is of a consistently high standard. All policies and procedures are regularly updated.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	X
<b>3</b>	3
<b>4</b>	X
<b>5</b>	X
<b>6</b>	X

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	4
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	4

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	3
<b>30</b>	4

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	4
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	X
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

## **Commission for Social Care Inspection**

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