

Abbey Healthcare (Kendal) Limited

Heron Hill Care Home

Inspection report

Valley Drive
Esthwaite Avenue
Kendal
Cumbria
LA9 7SE

Date of inspection visit:
28 November 2017
29 November 2017

Date of publication:
06 February 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection on 28 and 29 November 2017. Our last comprehensive inspection of the home took place in April 2017. At that inspection we found breaches of regulations relating to the safety, effectiveness and quality of the service.

Following our inspection in April 2017 the provider developed a plan to make improvements to the service. During our inspection in November 2017 we found the provider had taken action to improve the quality and safety of the service. However we found further improvements were required to ensure people consistently received safe and effective care.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Heron Hill Care Home, (Heron Hill), is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Heron Hill provides accommodation and personal and nursing care for up to 86 people. The home is on three floors and arranged into three units. Nightingale is a general nursing unit on the ground floor and Cavell and McKenzie on the first and second floors care for people with dementia nursing needs. All of the units have separate dining and communal areas. All bedrooms are single occupancy and have en suite facilities. At the time of our inspection there were 64 people living in the home.

There was a manager employed at the service. The manager had applied to us to be registered. The manager's application for registration was approved after we visited the service in November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living in the home. They were protected from abuse and hazards to their safety had been identified and managed.

Improvements had been made to how medicines were managed and people received their medicines safely and as they required.

The premises and equipment were safe for people to use. Procedures were in place to protect people in the

event of a fire.

People enjoyed the meals provided and were protected against the risk of unplanned weight loss. People received the support they needed to enjoy their meals. We discussed improving how meal choices were communicated to people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We have made a recommendation about consent for the use of equipment.

Care was planned and provided to meet people's needs. Some care records held inconsistent information or had not been fully completed. However, the staff knew the support individuals required and provided this. We have made a recommendation about managing records.

People were protected against the risk of infection. We identified one issue where staff were unclear about if an item of equipment could be used by more than one person. We have made a recommendation about guidance for staff around use of equipment.

There were enough staff to support people. The provider assessed staffing levels taking account of people's needs. The home provided nursing care and there were qualified nurses employed on each unit.

Although safe systems were used when new staff were employed, we found the checks carried out on new staff needed to be more robust. This was addressed during our inspection.

People's needs were assessed to ensure they received the support they required. Appropriate specialist services had been included in assessing people's needs and planning their care. Some records were unclear about how people had been assessed for the use of specialist seating. We have made a recommendation about the use of some specialist equipment.

Staff received training and support to ensure they had the skills and knowledge to provide people's care.

The staff supported people to access prompt health care from local services as they required.

The premises were purpose built to provide accommodation for people who required personal and nursing care. Accessible signs were used to assist people to locate communal areas and their own rooms. Further improvements were planned for the areas where people living with dementia were accommodated to enhance their wellbeing.

The staff treated people who lived in the home and their families in a kind and caring way. Visitors were made welcome and people could see their friends and families as they wished. The staff knew people they were supporting well. They took time to spend with people and provided support promptly and patiently if people were anxious.

People were supported to maintain their independence. The staff took appropriate actions to protect people's dignity and privacy.

People knew how they could complain about the service provided. The provider had a procedure for receiving and responding to complaints about the service. Complaints received had been investigated thoroughly and responded to in line with the provider's procedure. Where concerns identified areas of the

service that could be improved the manager had taken action.

Processes were in place to ensure people received appropriate support as they reached the end of their life. People had been asked for their wishes and the manager had ensured any decisions relating to the use of cardiopulmonary resuscitation were clear and correctly recorded.

There were appropriate arrangements for the management and oversight of the service. The provider and manager had worked with external stakeholders to make the required improvements to the service. The manager worked cooperatively with external bodies and shared important information as required.

The systems used to monitor the quality of the service had improved. Although we found areas that required further improvement the provider was meeting the requirements of the regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to the safety of the service.

People were protected from abuse and avoidable harm.

Risks to people's safety had been identified and managed.

There were enough staff to meet people's needs.

The checks carried out when new staff were recruited did not include all the information required by law. This was addressed during our inspection.

Procedures were in place to protect people from the risk of infection. However, guidance for staff on use of one item of equipment needed to be clearer.

Requires Improvement ●

Is the service effective?

Improvements had been made to the effectiveness of the service.

People's needs were assessed to ensure they received the support they required. Some records were unclear about how people had been assessed for the use of specialist equipment.

The staff were trained and supported to provide people's care.

People were provided with meals they enjoyed.

The staff supported people to see their doctors as they required.

The principles of the Mental Capacity Act 2005 were followed and people's rights were protected. However the guidance for staff on ensuring consent to the use of equipment needed to be improved.

Requires Improvement ●

Is the service caring?

The service was caring.

People who lived in the home and their families were treated in a

Good ●

kind and caring way.

Visitors were made welcome in the home and people were able to see their friends and families as they wished

Information was available about services that could support people to express their views.

People were supported to maintain their independence and their privacy and dignity were protected.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care was planned and provided to meet people's needs. Some records needed to be reviewed to ensure they were fully completed and up to date. However the staff knew people well and provided the support they required.

People were provided with activities they enjoyed.

The provider had a procedure for receiving and responding to complaints. People knew how they could share concerns about the service.

Processes were in place to ensure people received the support they required at the end of their life.

Is the service well-led?

Requires Improvement ●

The management and oversight of the service had improved.

There was a manager employed in the home. The manager had submitted an application for registration.

The management team had made the required improvements to meet the fundamental standards of quality and safety. However, the systems used to assess the quality and safety of the service needed to be improved further.

People knew the senior staff team and were able to contact a senior staff member as they wished.

People who lived in the home and the staff employed were asked for their views of the service.

The manager had informed us of significant events so we could

check appropriate action had been taken.

Heron Hill Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 November 2017. Our visit to the home on 28 November 2017 was unannounced and focused on speaking with people who lived in the home, their visitors and staff employed in the home. This visit was carried out by four adult social care inspectors, a pharmacist inspector, a specialist advisor with knowledge of supporting people who use this type of service and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience had experience of caring for older people.

Two adult social care inspectors arranged to return to the home on 29 November 2017 to look at records around staff recruitment and training, how the provider checked the safety of the service and records related to how the service was managed.

During our inspection we spoke with 13 people who lived in the home, 11 visitors to the service, three nursing staff, six care staff and six ancillary staff, including members of the housekeeping, maintenance, activities and catering teams. We also spoke with the manager and clinical lead nurse for the service and with two members of the provider's senior management team.

We looked at care and medication records for 11 people and the recruitment records for six staff. We also looked at records around the maintenance and servicing of equipment, fire safety records and quality monitoring documents.

Before we carried out our inspection we looked at information we held about the service. This included the provider's plan for how they intended to make improvements to the service and notifications the manager had sent us of significant events that had occurred in the home such as serious injuries to people. We also spoke with local health and social care services and the health and local authority commissioning teams to gather their views of the home.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe living in the home. One person told us, "I have never felt unsafe." A relative told us, "I think they [people who live in the home] are safe."

At our last inspection of the home in April 2017 we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This was because people's needs had not always been risk assessed against avoidable harm and injury, people had not been protected against risks in relation to the premises and medicines were not always managed safely.

At our inspection in November 2017 we found action had been taken to improve the safety of the service. Hazards to people's safety had been identified and the staff in the home knew how to protect people from harm. The premises were safe for people to use and medicines were handled safely. The provider was now compliant with Regulation 12.

People were protected because hazards had been identified and action taken to control or reduce risks to their safety. Detailed risk assessments were in place to guide staff on how to protect people from identified risks. Most of the risk assessments we looked at had been reviewed regularly as people's needs changed to ensure they contained accurate and up to date information for staff. We found one risk assessment referred to a person being at high risk of falling when this was no longer accurate due to a change in their needs. The manager of the home arranged for the individual's records to be reviewed, so they reflected the current level of risk. We saw the staff knew how to protect people from hazards to their safety.

The care files we looked at included a document called a hospital passport. These were used to provide information about a person if they needed to be admitted to hospital. The hospital passports contained important information about risks to an individual's safety and the actions required to maintain their safety if they were admitted to hospital. This helped to ensure important information about identified risks was available if people were admitted to hospital.

The premises and equipment used in the home were checked regularly to ensure they were safe for people to use. We saw records which showed equipment had been serviced and maintained regularly. Some areas of the home, such as sluice rooms, needed to be kept locked to ensure people did not access them and come to harm. During our inspection we found doors to restricted areas had been locked as required.

People told us they received the support they needed with taking their medicines and received them at the times required. One person said, "I always have them [medicines] on time, they never forget." Another person said, "My medication is always on time." We looked at the way medicines were handled and recorded. We found that medicines use was safe and documented well. The home's medicine policy was updated in February 2017 and a 'Return from Hospital Procedure' with a medicines checklist had been started since the last inspection.

We watched nurses giving people their medicines on two floors of the home and saw that medicines were

administered safely. Medicines due at a specific time were given on time. We looked at a third of the morning medicines on one floor and found that the number of tablets left matched the record on each person's medication administration record (MAR). This indicated that the medicine had been administered in the right way. Two people living on another floor were prescribed eye drops. The amount left in the bottles was consistent with the records on their MARs. This indicated these people had received the right treatment for their eye condition.

Nurses carried out daily audits to check that all the people in their care had been given their medicines and records on MAR charts were completed. We looked at half of the MAR charts belonging to people living on each of the three floors in the home. There were no 'gaps' in the records of administration. The use of thickening agents that were prescribed for people at risk of choking on drinks, along with instructions for use, was recorded on their MARs. Entries on charts that were written by hand were signed by two people. Checking by a second person reduces the chance of a mistake and is good practice.

Protocols, (extra written guidelines), were in place for people prescribed a medicine 'when required'. This meant staff knew how and when to give these medicines. We looked at the records for three people who were given their medicines covertly (disguised in food or drink). Assessments of each person's ability to make decisions about their treatment and how to act in their best interests had been made. The pharmacist had provided advice on how to give these medicines without reducing their effectiveness. All three people had a medication care plan that was reviewed each month.

Some people were prescribed moisturising creams that were applied by care staff when they helped people wash and dress. We looked at five people's records and found that care staff were applying creams regularly. This meant people's skin was cared for properly. Medicated creams were kept in the medicines trolley and applied by nurses.

Medicines, including products to thicken drinks, were kept securely. The temperature inside the medicine storage room on one floor was above the maximum recommended by drug manufacturers. This meant that some of the medicines could be less effective or even unsafe to use. We discussed this concern with the provider during our inspection. They identified an alternative storage facility so that medicines were stored at the correct temperature. They also took advice from the pharmacist who had dispensed the medicines to check they remained safe to be used. The home's records showed that medicines in refrigerators were kept at the right temperature all the time.

Medicines that are controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the right way. We checked the controlled drugs on each floor of the home and found that stock balances were correct.

The staff we spoke with told us they had completed training to keep people in the home safe. They all knew how to identify and report abuse. The staff told us they would be confident to report any concerns to a senior person in the home. One staff member told us, "There are RGNs [registered nurses] on each floor or I would go straight to the manager."

The manager of the home had notified us of allegations of abuse and had referred these to the local authority as required. The information provided to us showed that the manager and staff in the home took appropriate actions in response to any allegations of abuse to ensure people were safe.

Most people who used the service told us there were sufficient staff to meet people's needs. One person told us, "I have only had to use my call button at night and never had to wait long." Another person said, "The

staff are fairly quick to answer the call button." However, one person told us there were times they did not receive care promptly and said, "I have had to wait up to 20 minutes."

The provider had a system to assess the number of staff required in each area of the home to meet people's needs. This took account of the level of support people required with their care. The provider gave us a copy of their assessments and we found that, although there were sufficient staff to meet people's needs, the assessment tool did not take account of the time required to assist individuals who required emotional or psychological support. However, as the provider had ensured staffing levels were above those identified by the assessment tool, this had not impacted on the support provided to people. We discussed this with the provider during our inspection and they reviewed the tool to include support with emotional and psychological needs.

During our inspection we observed that there were sufficient staff on each unit. The staff were unhurried while supporting people and provided care as each person needed. We saw the staff also sat with people, chatting to them. We observed that, when people used the call system to request staff support, the call bells were responded to promptly. There were enough staff in each area to care for people.

We looked at the recruitment records for six staff members. We found that each staff member had provided evidence of their good character and had been checked against records held by the Disclosure and Barring Service. This checked that the staff members had not been barred from working in a care service and did not have any criminal convictions that would make them unsuitable to work in the home.

Providers of health and social care services are required to carry out detailed checks before new staff are employed. These include obtaining a full employment history of people who apply for work and a written explanation of any gaps in employment. Providers are also required to obtain evidence of a person's conduct in any employment in health or social care or that involved providing services to children or vulnerable adults. They also need to verify why individuals left any employment that involved work with children or vulnerable adults. Providers may also have their own procedures to follow, such as taking up references from most recent employers.

Of the six recruitment files we checked we found one did not contain a full employment history. Four records did not show that the reason the staff member had left previous employment that involved working with children or vulnerable adults had been verified. We discussed this with the provider and home manager. They immediately ensured that the required checks and information were obtained for the staff members we had identified. They also showed us a new audit tool that was being introduced that would include the home manager checking that recruitment files held the required information. This would help to ensure the required information was obtained before staff were employed in the home.

Throughout our inspection we found the premises and equipment were clean and people were protected against the risk of infection. The housekeeping staff we spoke with told us they had the equipment and time they needed to ensure the home was cleaned thoroughly. The home was fresh smelling with no unpleasant odours.

The provider had robust systems for protecting people from infectious diseases. The manager had informed us of an outbreak of infection and had taken advice from relevant authorities about how to reduce the spread of the infection. This had been managed well and the infection had been controlled. This showed that the systems used had been effective.

We saw that the staff used appropriate protective equipment to reduce the risk of infection. People we

spoke with told us the home was always clean and without odour.

Some people required a special chair for when staff assisted them using the shower. Some staff we spoke with told us that each person had their own shower chair to help protect them from the risk of infection. However, some staff told us that shower chairs were sometimes used by more than one person. The manager of the home confirmed shower chairs were allocated to people who required them and should not be shared by different individuals.

We recommend that the service provides clear guidance for staff on infection control and the use of equipment.

At our inspection in April 2017 we were joined by an environment health officer from the local authority. They had carried out a food hygiene inspection at the home in March 2017 which had identified concerns in how food was handled. After the inspection a new catering manager had been employed who had improved the systems to ensure the safe handling of food. The manager of the home had also carried out their own checks to ensure food was stored safely and disposed of when required. The environment health team had carried out another inspection of the home and assessed food hygiene standards as four stars, "Good", in September 2017. The provider had taken appropriate action to ensure food was stored and handled safely to protect people.

People were protected against the risk of a fire in the home. Each person had a Personal Emergency Evacuation Plan, guiding staff on how to support them to evacuate the home safely in the event of an emergency. There was also specialist equipment provided to detect and fight fires and to assist the staff to evacuate people safely. Staff received regular training in the actions to take in the event of a fire.

The manager of the home used concerns raised to improve the service. We saw records that showed where actions had been taken to ensure concerns were addressed and, where appropriate, shared with the staff team to improve the safety of the service. The manager and provider had also made improvements to the service to meet the breaches of regulations found at our last inspection.

Is the service effective?

Our findings

People we spoke with made many positive comments about the staff employed in the home and told us the staff were good at their jobs. One person who lived in the home told us, "They [staff] seem to know everything I need." Another person said, "They [staff] are very good." Relatives we spoke with told us, "From what I have seen they [staff] are competent enough to look after [my relative]" and said, "All the staff are very good."

The staff we spoke with told us they had completed training relevant to their roles and to meeting the needs of people they supported.

At our inspection of the home in April 2017 we found a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, meeting nutritional and hydration needs. Some people had been at risk of choking and some people had experienced weight loss that had not been well managed.

We also found the provider had been in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. This was because although the provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005, records showed that processes had not always been robust.

The provider was also in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment. This was because the provider had not ensured that people were protected against receiving improper treatment or unlawful restraint.

At this inspection in November 2017 we found improvements had been made to ensure people were protected from malnutrition and from the risk of choking. We also found people's rights were respected and they were protected against receiving improper treatment and unlawful restraint.

People who could speak with us told us they enjoyed the meals and drinks provided. One person told us, "The food is very nice and very generous helpings." A relative we spoke with said, "Since the new chef came in they [staff] have better ideas as to what food to give the residents."

We observed the midday meal being served and saw that people were offered a choice of meal and could choose where they wished to have their meal.

The staff knew people's nutritional and dietary needs and the support people required to protect them from the risk of choking. Meals were provided that took account of people's needs and were presented to look appetising. Where people required support from staff to enjoy their meals safely this was provided. People were encouraged to eat enough to maintain their health and to enjoy nutritious meals and snacks. We observed people being encouraged to eat pieces of fresh fruit and to drink enough to ensure adequate

hydration.

The home had introduced new plates used for people who required a soft diet. Different items of pureed food were placed in separate areas of the plate so the flavour of each item was maintained. One staff member told us the plates helped them to offer people the individual items to taste and enjoy. They told us people who required a pureed diet had gained weight since the new plates were introduced in the home. This was confirmed by records we looked at. We saw that people who had been identified as at risk of losing weight had maintained or gained weight. This showed that people were provided with meals that protected them against weight loss.

The catering manager told us that people were asked each day what meal they would like for the following day. They said additional meals were made so people could have an alternative if they wished when the meals were presented to them. On one unit we saw a staff member asking people which meal they would prefer. No visual choice of meal was given to support people to decide which meal they wished to have. On two units in the home people were provided with a choice of drinks to have with their meal. However, on one unit we saw tables were ready laid with orange squash provided for everyone and people were not given a choice of drink. The manager of the home agreed for pictorial menus and visual choices of meals to be provided to assist people to choose which meal they would prefer.

One person told us they did not like either of the meal choices provided during the inspection. The catering manager and staff in the home told us that alternative meals were provided if people expressed that they did not like the planned meals. We also saw people who had been provided with alternative foods that they enjoyed. The manager of the home arranged to speak with people to remind them they could request alternative meals if they did not like those planned.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff in the home were aware of their responsibilities under the MCA. We observed that people were asked for their agreement before care was provided to them. Where the manager or nursing staff had identified that a person required restrictions on their liberty, in order to ensure their safety, they had applied for an appropriate authorisation from the local authority as the supervisory body.

Records showed that, where appropriate, people's capacity to make decisions about aspects of their care had been assessed and recorded. One person had been assessed as having fluctuating capacity. This meant their ability to make or express their decisions could vary. A close relative had been included in making some decisions about the person's care, in the individual's best interests. We also saw a record which showed the person had been assessed as able to give consent for the use of bedrails to reduce the risk of them falling from bed. The records around the use of bedrails did not reflect that the person's ability to

agree to their use could change. There was no guidance for staff about the actions to take during times the person was unable to consent to their use. The manager told us the individual had never shown by their behaviour that they did not want the bedrails in place.

We recommend guidance is provided for staff around consent to the use of equipment where people's ability to make or express decisions can fluctuate.

We looked at the records around DoLS and care provision. We saw that where people required restrictions to ensure their safety an appropriate DoLS authorisation had been obtained. However one person's care records showed that at times they could experience agitation and the staff had to hold their arms to prevent them from causing injury to themselves or the staff providing their care. The individual's care records stated that the staff should complete a separate behaviour chart after each intervention where the person had required staff to hold their arms. There were no recent behaviour charts in the person's care records and staff we spoke with could not locate any. A care worker we spoke with told us the person's needs had changed such that they required staff to hold their arms each time they needed personal care. The staff member also said they did not complete a behaviour chart when they had done this. We passed this to the manager of the home. He immediately arranged for the individual's care plan to be rewritten to provide clear instructions for staff on how to support the individual and protect their rights.

At our inspection of the service in April 2017 we had found Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents had been accepted for people living in the home when they had not been properly completed by the external professionals responsible for their completion. This meant that people who lived at Heron Hill Care Home with DNACPR decisions were at risk of receiving treatment that was not in line with their needs or preferences.

At our inspection in November 2017 we looked at DNACPR records for six people who lived in the home. We found all of the documents had been completed accurately and the manager had requested reviews of documents when people's needs changed. This ensured accurate information was available to guide staff and external healthcare professionals about the actions to take if people experienced cardiac arrest.

At our inspection in April 2017 we found that, although the staff in the home felt well supported, supervision and appraisal records were not available for all staff. We made a recommendation that the provider improve the recording of one to one support meetings for staff employed at the service.

At this inspection in November 2017 all of the staff told us they had the training, guidance and support they required to care for people. The home provided support to people who required nursing care and there were registered nurses employed with the appropriate qualifications to meet people's needs.

New staff completed a thorough induction programme to give them the skills and knowledge to carry out their roles. The training provided included training to meet people's specific needs such as dementia and mental health needs.

Records we looked at showed that staff now attended regular formal supervision meetings where they could discuss their development and raise any concerns. We also saw that meetings were held with teams of staff to discuss issues identified such as concerns around following procedures. The records showed that staff received appropriate individual and team supervision, guidance and support.

Each person who lived in the home had an assessment of their needs carried out to ensure the service was able to support them effectively. Where people had more complex needs appropriate specialist services had

been included in assessing their needs and in developing their care plan.

The staff in the home identified where people required additional support and people were referred promptly to specialist services. Records we looked at showed specialist services such as dieticians, the speech and language therapy teams and mental health teams had been contacted to advise on individuals' support. We saw the advice received was incorporated into peoples' care plans to ensure they received appropriate support.

People who lived in the home were supported by local health services such as GPs and dentists. People told us the staff supported them to see their doctors if they required. One person told us, "They [staff] would notice if I am not well and I am sure they would call a doctor." Another person said, "If I am not well they pass it on to the senior nurse who would get a doctor straight away."

Heron Hill Care Home was purpose built to accommodate people who required personal and nursing care. The accommodation was provided over three floors and there were passenger lifts and stairs to give access to rooms on the first and second floor of the premises. Each person who lived in the home had their own bedroom and there were a range of communal areas where people could spend their time. The home also had an enclosed garden so people could enjoy time outdoors in the good weather.

Some people were living with dementia. There were appropriate signs around the home to help people to find their own rooms and communal areas. These helped people who were living with dementia to be able to move around the accommodation independently. The manager of the home was also in the process of making further improvements to support people living with dementia. One area of the home was being changed to resemble a post office. This would be used to provide activities that could support people's wellbeing.

Some people had been assessed as requiring specialist equipment to meet their needs. People who could speak with us and the relatives we spoke with told us the staff in the home supported them to obtain the equipment they needed. A relative we spoke with told us, "I was not happy about the chair [my relative] had as she could not get about on it. It took a while but the home managed to get a chair that I can push her around in."

We saw people using specialist seats which we were told had been assessed as suitable for their use. The records we looked at were not clear as to how the equipment had been assessed as suitable. We also saw that the seating was not being used in line with best practice.

We recommend the service requests further assessment and guidance for staff on the use of specialist seating.

One person had been assessed in July 2017 as requiring a specialist piece of equipment. At our inspection on 28 November 2017 the equipment had not yet been provided. The manager of the home told us there had been a delay in ordering the equipment as they had been in discussions about how the item was to be paid for. However the provider had identified a supplier for the equipment and when we visited the home on 29 November 2017 we saw the equipment had been ordered. We discussed ensuring required equipment was provided in a timely way with the manager of the home.

Is the service caring?

Our findings

People who could speak with us and the visitors we spoke with told us the staff in the home treated people in a caring way. One person told us, "They [staff] are very caring." Another person told us, "The staff are very good ... I can have a laugh with them." A relative we spoke with told us they were very happy with the care provided and said, "We wouldn't have [relative] anywhere else."

Relatives we spoke with said the staff also treated them with kindness and said they appreciated this. One relative said, "The staff have got me through a very difficult time." They also said, "The staff here are my family. When I go home at night I trust them to care for and keep my husband safe. They are kind to everyone."

Throughout our inspection we saw the staff spoke to people in a friendly and respectful way. We saw that the staff engaged people in conversation and people enjoyed talking and joking with the staff on duty.

Some people who lived in the home could not easily express their wishes. We saw the staff knew people well and provided support and guidance as they needed. People who could experience anxiety looked to the staff for reassurance and this was provided promptly and calmly. We saw this helped to reduce individuals' anxiety.

People who could speak with us told us the staff asked for their views about their support. We also observed this and saw that people were given time to make choices about their care. Relatives of people who could not easily share their views told us they had been asked what was important to their family member. This helped the staff to know the things that mattered to individuals as well as the care they needed.

People told us their families and friends could visit them as they wished. This was confirmed by all of the visitors we spoke with. One person told us, "My family can visit when they want." Another person said, "There are no restrictions on visiting as far as I know." Relatives we spoke with told us, "I have never been stopped from visiting [relative]" and said, "There are no restrictions on visiting, even at meal times."

A staff member told us they knew it was important for people to see their visitors. They told us, "We always try and make the residents' visitors as welcome as we can."

The visitors told us they knew the lead nurses on the units where their relatives lived and described them as "fabulous" and said "Nothing is too much trouble." They told us the unit leads always made time to talk to them if they had any questions about their relative's support.

Information about advocacy services was available if people required this. Advocates are people who are independent of the service who can support people to make or express choices about their lives. We also saw that people who chose were supported by family members to express their wishes. People who lived in the home also told us that the staff listened to them and were willing to help them if they had a problem. One person told us, "You can always talk to them [staff] and they will always do their best for you."

People told us their privacy and dignity were respected. One person told us, "They [staff] do respect my privacy. They always knock on my door even when it is open." Another person said, "They [staff] do knock and are very respectful of my dignity." We saw that the staff ensured doors to private areas were closed while people were receiving personal care. The staff also ensured equipment was used in a manner that supported people's dignity. We saw they checked people's clothing was suitably arranged while using equipment such as hoists to support people.

People who could speak with us told us the staff gave them the time and guidance they needed to carry out tasks for themselves and to maintain their independence. One person said, "They [staff] always let me do what I can." Another person told us, "I do what I can but they [staff] are there if I need them."

Some people required small items of equipment to assist them to move independently around the premises. The staff knew the items people required and ensured these were available when people needed them.

Is the service responsive?

Our findings

People who lived in the home and the visitors we spoke with told us they were happy with the care provided.

Each person who lived in the home had a care plan to guide staff on how to provide their support. Some people told us they had been included in developing and reviewing their care plans. Other people said they were not aware of their care plan. However everyone we asked told us the staff knew the support they needed and provided this. One person told us, "They [staff] know exactly what I need." Another person said, "I am not aware of my care plan but they [staff] know how to look after me."

At our last inspection of the home in April 2017 we found a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person-centred care. Although care plans were in place to guide staff on how to support people, these had not always been followed and people did not always receive person-centred care.

At this inspection in November 2017 we found the staff knew people well and provided their care as they needed. The provider was no longer in breach of the Regulation 9. However we found some people's care records did not hold consistent information about their needs or preferences. We also saw some records that had not been updated to reflect improvements to a person's health. Some records we looked at had not been dated, so it was unclear if they were up to date. We also found some parts of people's care records had not been completed.

We recommend the service reviews the procedures for managing records to ensure they are consistently completed fully and up to date.

Some people who lived in the home could not easily express their views or wishes. The staff knew how people communicated and how to support people to make choices about their lives. People's care records included information about how they communicated and the actions staff needed to take to support them to express their wishes.

People who could speak with us told us they were provided with a choice of activities they enjoyed. One person told us, "I do get out sometimes to the pub. I love football and watch it a lot." Another person said, "I do like to join in with the activities. I particularly like the bingo, quizzes and crosswords." We saw one unit where people were enjoying a group activity. As well as the activity we saw people enjoyed laughing and chatting with each other and the staff member who was leading the activity.

Some people told us they preferred to spend time in their own rooms following activities of their choice. They told us the staff respected the decisions they made.

The provider had a procedure for receiving and responding to complaints about the service. People we spoke with told us they knew how they could raise concerns. One person told us, "I would feel confident

complaining to the staff but I have never had to." Another person said, "I do know how to make a complaint." We saw the complaints procedure was clearly displayed around the home and in the passenger lifts. This meant it was available for people to refer to if they required.

We looked at records around formal complaints that had been investigated under the provider's procedure. We saw that where complaints had been raised these had been investigated and responded to. Where concerns had identified areas where services could be further improved we saw appropriate action had been taken in response to the issues identified.

People who lived in the home, and those who were important to them, had been asked about individuals' preferences for care when they reached the end of their life. The records we looked at included the choices people had made. This meant the staff would know how to support people in a way that respected their wishes.

Where people had been identified as nearing the end of their lives the home had worked with local GPs to ensure appropriate care could continue to be provided. This included ensuring appropriate medicines were available to support people to be peaceful and free from pain.

Is the service well-led?

Our findings

People who lived in the home, their visitors and the staff we spoke with told us the home was well managed. Most people said they knew the manager and senior staff in the home and could speak with them as they wished.

Some people told us they had noticed improvements in the home under the new manager. One person told us, "I am 85% happy ...but it is getting better since the new manager got here."

At our last inspection of the service in April 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. Although quality assurance audits had been in place they had not identified the concerns we found during that inspection.

At this inspection in November 2017 we found improvements had been made to the systems to monitor the quality of the service and the provider was no longer in breach of Regulation 17. However we found areas where further improvements were needed to ensure issues were identified and actioned such as staff recruitment checks, guidance around consent to the use of equipment and care records being completed fully and accurately. We found the fundamental standards of quality and safety were met but there were areas of how the quality of the service was monitored that required further improvement to ensure people consistently received safe and effective care.

The manager of the home had applied for registration with us and his application was being assessed at the time we carried out our inspection. Following our visits to the home the manager's registration was confirmed. The manager had demonstrated he had the skills, knowledge and experience to manage the service.

The staff we spoke with told us they felt well supported by the management team in the home. One staff member told us, "The manager is very approachable." Another staff member said, "The manager is very approachable and is always willing to help us. We can go to him with any problems we have." Relatives we spoke with told us the senior staff in the home were good at their jobs and provided good leadership to staff on the units. One relative told us, "The unit lead [name] is marvellous."

When we inspected this service in December 2016 we judged the service to be inadequate and it was placed into Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We carried out another inspection of the home in April 2017. At that inspection the service was still judged to be inadequate and it remained in Special Measures.

Following our inspections of the home in December 2016 and April 2017 the service had been under the local authority quality improvement process. This brought together stakeholders such as the local authority and health commissioning and quality assurance teams, local health services and CQC to provide support and oversight of the service. The manager and provider had worked cooperatively and openly with the quality improvement process to make the required improvements at the home. Although at our inspection

in November 2017 we identified areas where the service could be further improved, the provider was meeting the fundamental standards of quality and safety and we found no breaches of regulations. The service has been removed from Special Measures as it is no longer rated as inadequate overall or in any of the key questions.

Heron Hill Care Home provided nursing care. The manager was not a qualified nurse and was supported by a clinical lead who had the appropriate experience and qualifications to oversee the nursing care. There was also a lead nurse on each unit within the home who provided ongoing guidance to the staff. All of the staff we spoke with told us they felt well supported by the manager, clinical lead nurse and unit lead nurses. The staff told us there was always a senior person available to guide and advise them as they needed.

The manager of the service told us he was well supported by the provider. The provider's regional operations director and regional manager had continued to provide support in the home to make the required improvements.

We asked people if they had been given opportunities to share their views of the service with the management team in the home. One person told us, "I have had several requests for feedback." Some people told us they had been asked for their views at care review meetings. We saw records that showed relatives of people who lived in the home had asked for their views in response to a change in the arrangements for meal times. These showed that most people who gave feedback were happy with the changes made.

Some of the relatives we spoke with said they could not remember being asked to provide their views of the service. They told us they knew the home manager and unit lead nurses and would speak to them if they wished to share their views. During our inspection we also saw the staff in the home ask people informally if they were happy with the care provided.

The staff we spoke with said they were asked for their views of the service. We saw records of meetings that had been held with staff teams to discuss the service. We saw that where the staff had identified additional resources were required these had been provided.

The provider had a procedure for staff to raise any concerns regarding the actions or performance of other staff members. The staff we spoke with said they were aware how they could raise concerns and were confident action would be taken if they did so. They told us they were confident there was "a good staff team" employed in the home who were committed to providing people with good quality service.

The management team in the home carried out regular checks to assess the quality of the service. These included audits of care records, premises and equipment safety checks and checks on medication administration and recording. We found the systems used to assess the quality of the service had improved. The manager had also carried out additional checks where issues had been identified. These showed the manager took action in response to identified incidents.

The manager and senior staff in the home had developed relationships with partner organisations including the local authorities and health authorities who commissioned the service. They had worked with appropriate partner agencies to ensure that people received the support they required.

Providers of health and social care services are required to notify CQC of significant events that happen in their services such as serious injuries to people and allegations of abuse. The manager of the home had made prompt notifications to us of important events, as required. This meant we could check appropriate

action had been taken.