Inspection Report

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 Inspection: 28 February 2013

Date of Publication: April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	P & B Kennedy Holdings Limited
Registered Manager	Mrs. Sheila Lambert
Overview of the service	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.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that they were "well looked after" and the home was a "pleasant place to live." We found that people were treated with dignity and respect and involved in making decisions about their care. We found appropriate risk assessments were conducted for people living at the home and care plans provided adequate information. We found some care plans were too generic and on occasion lacked detail but this did not affect the provision of care. We found staff were clear about safeguarding processes and were appropriately trained and supported in order to carry out their work effectively. We also found the home had an effective complaints procedure and this was well managed.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During the inspection we spoke with the deputy nurse manager at length about how people that used the service were involved in making decisions about their care. We also discussed how people that used the service were treated with dignity and respect.

A key way in which the needs of people were assessed before they came to live at the home was the use of a pre-admission needs assessment tool. The form had several sections and prompts that enabled staff to gain an appropriate level of understanding about someone's needs before admission. The sections of the form included, but were not limited to, medical condition, personal care needs, falls, family involvement, personal safety risks and interests.

A care level assessment tool was also completed for people pre-admission and this tool provided a score against specific activities of daily living; this enabled the provider to understand clearly the most significant needs of people coming into the home. For example, the assessment tool included communication, mobility, sleep, medication and pain. If a person acquired a score above 75 then further discussions were required in order to determine whether the provider could adequately meet the person's needs.

The deputy nurse manager confirmed staff had recently completed a two day mandatory course and this covered key subjects such as dignity, respect, dementia care, abuse and person-centred-care. This provided some assurance that staff understood and could implement person-centred and dignified care. The deputy nurse manager described how they were assured that people were treated with dignity and respect because they and the matron were present in the home every morning working alongside staff and observing care.

We observed staff interacting with people throughout the day and noted that staff were caring in their approach and spoke with and supported people in a compassionate way.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During the inspection we spoke with the deputy nurse manager about how people's care and welfare was ensured, this included how risks were assessed and care planned. The provider used several risk assessment tools in order to establish peoples' main risks and implemented relevant care plans against identified risks. A care level assessment tool was completed and results fed into the overall risk assessment process. For risks that were unspecific, a generic risks assessment was used in order to quantify the level of risk and plan to reduce risk.

We spent a significant amount of time during the inspection walking around the home, observing care, reviewing care records and speaking with staff and residents. We looked at seven sets of care records in detail across the different units of the home. We found that the information within the care records was adequate and provided reasonable detail about people's needs. However, the care records themselves were not easy to navigate because a significant amount of unrelated documentation was kept alongside the care documentation.

We also noted that the units within the home were applying the principles behind the care plans in slightly different ways; this did not affect the way care was provided in the units but showed inconsistencies with the overall process. We spoke with staff about the care records and planning of care. Staff were aware of people's care needs and could clearly account for people's needs but staff did comment that the care records themselves could be clearer.

The provider may find it useful to note that it was not always clear in some people's care records what their main priority needs were. In some records we saw detail was lacking in relation to people's preferences, this was partly due to the generic nature of some of the documentation. For example, in one nutritional care plan it was not clear when the person preferred to eat or the types of food the person liked or disliked.

We spoke with four people who used the service, one relative and someone's close friend. The people that used the service told us they felt they were well looked after and had no complaints. They also said they felt there were enough staff, the home provided a pleasant environment and staff always did their best. The person's friend we spoke with said their

friend could not be in a better place and the relative we spoke with said they were extremely happy with the care being provided.

We observed care and staff interactions throughout the day and noted staff were attentive to peoples' needs and clear about peoples' needs.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During the inspection we established the arrangements in place to ensure people were protected against the risk of abuse.

There were two safeguarding policies in place, one policy related to vulnerable adults and the other related to children.

The provider may wish to note that the two policies were particularly brief and lacked detail in relation to the different types of abuse and the varying signs of abuse. This was discussed with the deputy nurse manager on the day and they explained this had already been noted. The provider was in the process of adding more detail to their safeguarding policies including guidance from the local council adult and children safeguarding teams.

We spoke with five members of staff and all were clear about safeguarding people from abuse and how to recognise and report abuse. Staff confirmed they had received the necessary training and support in relation to safeguarding people from abuse.

The Care Quality Commission (CQC) had received information from the provider in the past in relation to safeguarding and there were no concerns that the provider was not reporting concerns or incidents as they should to external agencies.

Supporting workers ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

On the day of the inspection, we spoke at length with the deputy nurse manager about the training, support, appraisal and supervision of staff.

The deputy nurse manager was clear about what training and support staff received and this included two specific mandatory training days each year. The training included key subjects such as dementia, person-centred care, communication, dignity, respect and safeguarding. Staff also received three formal supervision sessions per year and one detailed appraisal. The deputy nurse manager described how the provider would support staff where appropriate if additional training was requested or required for the service.

All new staff went through a specific induction programme that included all the necessary training to ensure they were fully informed and prepared to provide care and support to people. Staff received a three month induction review and this provided assurance that new staff had fully engaged with the induction process and completed all the necessary work.

We spoke with staff about the support they received from the provider and all commented they received regular one-to-one sessions with colleagues and annual appraisal. Staff also felt there were sufficient staff, all of whom had the right skills to be able to meet people's needs.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear they would be discriminated against for making a complaint. We spoke with two people who used the service and one said "I know who I would complain to but can't imagine I ever would." Another person said "I am aware of who to complain to and how to make a complaint."

We talked with the deputy nurse manager about how they managed complaints or concerns raised. They explained they talked with people who used the service and addressed any concerns when they were raised. We saw there had been one formal complaint in the last year which was still ongoing. People's complaints were fully investigated and resolved where possible to their satisfaction.

The provider had a complaints policy, and all complaints were acknowledged within seven days and fully investigated within 28 days. If they were not resolved to everyone's satisfaction there were details of other organisations which could be contacted.

People were made aware of the complaints system, and a copy of the policy was on display in the reception area and each unit within the home. There was also a copy of the complaints policy contained in the starter pack which was given to all new people when they moved into the home. This was provided in a written format that people could understand.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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