P & B Kennedy Holdings Limited

Herncliffe Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 4 and 5 May 2016. The first day of the inspection was unannounced and at the feedback session at the end of the day we told the provider we would return the following day to complete the inspection. At the last inspection on 26 and 27 June 2014 we found the service was meeting all the regulations we looked at.

Herncliffe Care Home provides nursing and personal care for up to 129 older people, some of who are living with dementia. There were 121 people using the service when we inspected. The home has six separate units – Garden wing provides nursing care for up to 24 people living with dementia; Margaret wing provides nursing care for up to 23 older people; Terraces provides nursing care for up to 26 older people; Constance wing provides nursing care for up to 24 older people living with dementia; Alexandra wing provides personal care for up to 18 older people living with dementia and Victoria wing provides personal care for up to 14 older people. Each wing has its own communal areas including lounge and dining space as well as bathrooms and toilet facilities. The majority of bedrooms are single occupancy although there are 14 double bedrooms for people who wish to share. There are well maintained gardens and patio areas around the home, including a secure outdoor space which can be accessed from the Garden wing.

The home has a registered manager who commenced in post in November 2015. 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 told us they felt safe in the home. On the majority of units we found there were sufficient staff to meet people's needs, however our observations on the first day of the inspection showed there were insufficient staff on Terraces. When we returned on the second day the registered manager told us about the action they had been taken to address this.

Safeguarding procedures were in place and staff knew the action to take to protect people from abuse. Records showed appropriate action had been taken in response to some safeguarding incidents. However, we saw reports of incidents where there had been physical altercations between people who lived in the home and these had not been identified as safeguarding or reported appropriately. The registered manager acknowledged these should have been reported and assured this would addressed.

People told us they received their medicines when they needed them, however we found medicines management systems were not always safe. This meant some people did not receive their medicines as prescribed. We saw medicine audits which showed some of these issues had been identified by the registered manager and were being addressed.

Risks to people were not always well managed. For example, risk assessments lacked detail and were not

always up to date or reflective of what was happening in practice. This put people at risk of receiving inconsistent care.

Deprivation of Liberty Safeguards (DoLS) were in place for some people and applications had been made for others. However, records showed the legal requirements of the Mental Capacity Act (MCA) were not always being met.

Safe staff recruitment procedures were in place and people were cared for by staff who received the induction, training and support they needed to fulfil their roles and provide appropriate care and support. Staff knew people well and had a good understanding of their needs and the care and support they required.

The home was clean, well maintained and a rolling redecoration an refurbishment programme which ensured the décor and furnishings were maintained to a good standard.

People gave mixed feedback about the food. We found variations in how mealtimes were organised on the different units impacted on people's choices. For example, the presence of dining staff during the morning meant people were able to have breakfast when they wanted and were given plenty of choice. In contrast at lunchtime there were no dining staff. People had been asked their choice two days previously and on some units meals were served by the care staff from hot trolleys, yet on others meals arrived ready plated.

People had access to healthcare services and had input from professionals such as tissue viability nurses, GPs and dieticians. Complaints were managed and dealt with appropriately.

People and relatives praised the staff for their kindness and compassion. We saw staff took every opportunity to engage with people and were caring in their interactions. People's privacy and dignity was respected and maintained. The registered manager is a dignity champion and had introduced core values which focussed on dignity, respect and involvement which were being promoted throughout the home.

People and relatives expressed satisfaction with the care provided. Yet we found improvements were needed to ensure the care documentation was person-centred and reflected people's needs and preferences.

People, relatives and staff spoke highly of the registered manager, said they had confidence in them and acknowledged the improvements they had made since coming into post. We found the registered manager and provider had already identified many of the issues were found at this inspection and improvement plans were in place to address these. For example, internal audits identified shortfalls in medicines management and care planning with actions showing how these were to be addressed. Staffing levels had recently been increased on two units in response to issues identified by the registered manager.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines management was not always safe and effective, which meant people did not always receive their medicines as prescribed.

Overall staffing levels were sufficient however more staff were required on one unit to ensure people's needs were met in a timely manner and they were kept safe. Staff recruitment processes ensured staff were suitable to work in the care service.

Risks to people's health, safety and welfare were not always properly assessed and mitigated. Safeguarding incidents were not always recognised or reported.

Effective systems were in place to keep the premises clean, secure and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received the training and support they required to fulfil their roles and meet people's needs

The service was not always meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met.

People's healthcare needs were assessed and staff supported people in accessing a range of health professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind, caring and considerate and this was confirmed through our observations.

People's privacy and dignity was respected and maintained by staff.

People's views were listened to and acted upon

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although we saw care plans were in place these lacked specific detail about people's individual needs and preferences which put people at risk of not receiving they care they required in the way they preferred.

A varied activities programme was in place, which included regular outings. We saw people enjoying activities on the day of the inspection.

A system was in place to record, investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service. Action had begun to address many of the issues we identified during the inspection and this needed to continue to ensure service improvement.

People, relatives and staff provided positive feedback about the way the service was run and praised the leadership and management.

Herncliffe 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 4 and 5 May 2016. The first day was unannounced and the provider was informed we would be returning on the second day. On the first day the inspection was carried out by five inspectors and two experts by experience with expertise in older people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the inspection was conducted by two inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information before the inspection.

We spoke with 32 people who were living in the home, 19 relatives, 19 care staff, a dining room assistant, six nurses, the chef, three unit managers, the registered manager and the provider.

We looked at 15 people's care records in depth and 12 other people's for specific information, five staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they received their medicines when they needed them. However, we found inconsistencies in medicines practices which meant we could not be assured this was always the case. For example, one person was prescribed eye drops to be given two-hourly for two days and four times a day thereafter. The medicine administration record (MAR) showed these instructions had not been followed as during the first two days the drops had been instilled four times a day and not two-hourly as instructed. The MARs showed some people were not receiving their medicines if they were asleep. For example, one person was prescribed a medicine to be given daily for a urinary condition yet we saw they had not received this medicine on two days due to being asleep. Another person was prescribed a medicine to be given daily to reduce the risk of heart attacks and strokes yet their medicine had not been given on one day due to being asleep. The National Institute for Health and Care Excellence (NICE) document 'Managing medicines in care homes (March 2014) states "Care homes should have a process in place to make sure that medicines are used safely and effectively. This process should include information about what to do if the person is having a meal or is asleep". Nurses told us no such policy or guidance existed.

We carried out an audit of 12 medicines dispensed form boxes and on all but two occasions we found discrepancies. Although signatures on the MARs indicated medicines had been administered the stock counts showed otherwise. For example, the MAR showed one person had received 56 tablets on 14 April 2016 and 24 tablets were signed for as given therefore there should have been 32 tablets left. We found 39 tablets remained which suggested on seven occasions nurses had signed to show they had given the tablets but had not done so. Another person had 28 tablets supplied on 14 April 2016 and 12 were signed as having been given therefore there should have been 16 tablets left. However, 20 tablets remained which suggested on four occasions tablets had been signed as given but had not been.

Creams and ointments were properly stored and dated upon opening. However, we found the application of creams was not always recorded. The MAR referred to a topical MAR which care staff were expected to complete. We looked at the topical MARs for the month of May 2016 for two people and neither had been completed. This meant we could not be assured these creams or ointments had been applied.

On Garden wing the nurse told us six people received their medicines covertly. When we looked at these people's care plans we found the records relating to covert medicines did not comply with the Mental Capacity Act and the Nursing and Midwifery Council standards. For example, in one person's care file we saw a record which stated the GP had given permission for the person's tablets to be crushed and given covertly. A mental capacity assessment had been carried out by two nurses. This made reference to a best interest meeting but there was no record of the people who attended the meeting, the outcome or details of the medicines to be given covertly. The record indicated a pharmacist had been involved, however a discussion with the registered manager established this was not the case. This meant the provider was not ensuring people were receiving medicines safely as the therapeutic properties may have been altered by crushing the tablets. We saw there was a process in place for these decisions to be reviewed monthly. However, although the form was dated 22 March 2016 no review had been held. The remaining five people receiving medicines covertly had similar arrangements which did not comply with current policy. Whilst all

the records demonstrated the need to review the procedure at stated intervals none had taken place as described.

Written protocols were not always in place for 'as required' (PRN) medicines which meant there was a lack of guidance for staff about the circumstances in which these medicines should be given. For example, one person was prescribed a sedative to be given 'as required' but there was no guidance to ensure this was given in a consistent way. The MARs showed some PRN medicines were being administered on a regular basis. For example, we saw one person was prescribed an antipsychotic medicine on an 'as required' basis once a day. The MAR showed for the previous 11 days this medicine had been administered every day at 1700hrs. Neither the daily record nor the nurses' notes on the reverse of the MAR sheet gave any indication why the medicine had been given.

Some people had been prescribed a thickening agent to be added to their fluids to minimise the risks of choking on fluids. We saw staff were using one person's prescribed product for all of the people who had been prescribed a thickening agent. We also saw some thickening agents were kept out in the dining areas where they were accessible to people who used the service. Thickening agents are prescribed medicines for individual use only and need to be kept securely. An NHS England patient safety alert in January 2015 identified the risks of asphyxiation if the powder was accidentally swallowed. This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations

People told us they felt safe in the home. One person said, "I do feel safe, I like the staff. If they moved me (out of the home), I would be very upset." Staff we spoke with confirmed they had received safeguarding training, could describe the different types of abuse and knew the reporting procedures. We saw records which showed appropriate action had been taken in response to some safeguarding incidents which had been referred to the local authority safeguarding team and notified to the Commission. However, we also found a number of incidents which had occurred between people who used the service. These had not been recognised as abuse and had not been referred to the local authority safeguarding team. For example, accident and incident reports showed eight incidents in the last two months had involved people hitting each another. The registered manager acknowledged these incidents should have been referred to safeguarding and assured us action would be taken to ensure this happened in future. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We found the care records showed risks to people safety and welfare were not always identified and assessed. For example, one person's pre-admission assessment showed they required a hoist for all transfers yet the moving and handling assessment had not been completed since their admission to the home two weeks previously. Another person's care records showed they were at risk of falls and had a motion sensor in place, however there was no information about why this was in place or how it should be used. Staff told us the motion sensor was used when the person was in bed so staff were alerted if they attempted to get out of bed. We saw this person in bed but the motion sensor was not positioned so it would activate if the person attempted to get out of bed, although this was corrected by staff when we alerted them. The most recent moving and handling assessment stated two care staff and a moving belt were required for all transfers and a slide sheet when moving in bed. Yet staff told us the person was hoisted for all transfers. There was no information about this within the person's care records which put them at risk of receiving inappropriate support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations

On the majority of units we found there were sufficient staff to meet people's needs and this was confirmed by our conversations with people, relatives and staff. Staff on Garden wing told us their staffing levels had been increased recently which they felt had improved the service for people on this unit. Similarly on

Alexandra wing staff said they had recently requested increased staffing on the evening shift and the registered manager was currently addressing this matter.

However, concerns were raised about the staffing levels on Terraces. We observed staff were constantly busy and heard them expressing concerns to the nurse in charge at 12.15pm as they still had one person to get up and lunch was due. Staff told us although the staffing had recently been increased by one care assistant in the morning and afternoon they felt there were still not enough staff to meet people's needs, particularly in the evening when the care staff numbers reduced from six to four. They told us this had impacted on people as they sometimes missed their baths and often had to wait for assistance to the toilet. We saw this ourselves as when we arrived on the unit relatives told us one person in the lounge had been waiting 'for ages' to go to the toilet. They said the person had pressed the buzzer and the relatives had also gone to find staff to ask for assistance but staff were busy and had still not come. We spoke with the person who was waiting and they told us they were 'desperate'. We went to find staff who then came to assist the person. Another person we spoke with told us, "There's not enough staff. You have to wait a lot, they need more of them." This person told us they didn't always receive their weekly bath and the care records we looked at confirmed this as no baths were recorded in March and only two in April 2016. We spoke with the registered manager about our concerns at the end of the first day of the inspection. When we returned on the second day the registered manager told us they had reviewed the staffing levels on Terraces and would be providing additional support to ensure people's needs were met.

We looked at the files of five recently recruited staff. The files showed all the required checks had been completed before new staff started work. This included two written references and a criminal records check with the Disclosure and Barring Service (DBS). We saw checks had been carried out to ensure nurses had current registration with the Nursing and Midwifery Council. This helped to make sure people were protected from the risk of being cared for and supported by staff unsuitable to work with vulnerable adults.

We found the building was well maintained and clean. Communal areas and people's bedrooms were decorated and furnished to a high standard and the provider told us there was a rolling programme of redecoration. We looked at records of servicing and maintenance and saw regular checks and tests had been carried out as required. The electrical installation certificate was due for renewal and the provider told us they had arranged for these works to be completed and would forward the certificate when completed.

Requires Improvement

Is the service effective?

Our findings

Staff we spoke with told us the training provided, including induction training, was good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively. One staff member said, "The training's good here and they make sure we're kept up to date."

All newly employed staff worked through a probationary period and were required to complete induction training. Probation reviews were completed after four and eight weeks respectively to monitor progress and if necessary the probationary period was extended. This was to make sure staff were competent and confident to carry out their roles. Care staff who did not have a qualification in care were supported to undertake the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

The provider was in the process of changing the way training was delivered. They had moved to a rolling programme of mandatory training delivered throughout the year. Staff were booked onto this training and informed by text message. The provider said this was proving more effective than the previous system. The training matrix showed when staff were due to attend a training update and the provider told us failure to attend mandatory training such as fire safety and moving and handling would be followed up with individual staff members.

The registered manager had delivered training on the Mental Capacity Act and Deprivation of Liberty Safeguards and further training on this topic was planned. Training was also provided on topics related to the needs of people living at the home. For example, training had been booked on the management of falls, pressure area care and wound care. In addition to face to face training staff were supported to complete distance learning training packs on subjects such as mental health awareness, dementia and diabetes.

There was a planned programme of staff supervision and appraisal. This demonstrated staff were supported to develop the knowledge and skills they needed to carry out their duties effectively.

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 application 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 registered manager told us 55 standard authorisations had been submitted to the local authority. Of these 17 had been granted and 38 were awaiting best interest assessments. We looked at the care records of

five people who had DoLS in place and saw there were no conditions on these authorisations. The registered manager had a good understanding and knowledge of the MCA and DoLS. However, our discussions with staff on the units showed some gaps in their understanding of the legislation. For example, one nurse we spoke with on Garden wing did not know which people had DoLS authorisations.

On Terraces we saw a person who was living with dementia had a number of restrictions in place as they were permanently nursed in bed, had bed rails in place and the use of special clothing meant their hand movements were restricted to prevent skin damage. A mental capacity assessment had been completed in November 2015 which stated they lacked capacity to make decisions. However, there was no best interest meeting recorded or information to show who had been involved in making these decisions. When we discussed this with the nurse they provided explanations as to why these restrictions were in place but acknowledged due processes had not been followed to ensure these were the least restrictive options for this person and in their best interests. We saw another person had a safety gate on the door to their bedroom, which one staff member told us was in place to stop other people from entering the person's bedroom whilst another staff member said it was in place at the request of the person's relatives. A mental capacity assessment stated the person did not have capacity and that any decisions should be made in the person's best interest. Staff had applied for a DoLS for this person However, there was no information within the person's care records to show why the safety gate was in place or that it was in the person's best interests to have the gate in place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

We saw evidence people had been consulted as part of the care planning process. For example, we saw consent forms had been signed by the person or their representative to show whether or not they had agreed to participate in areas such as the telemedicine programme, having a flu jab and having their photograph taken.

There was mixed feedback from people about the food. One person said, "The food is okay, there is reasonable choice." Another person said, "The food's a bit dull but okay." Other people said they enjoyed the meals and described the food as 'quite good' and 'good'.

Dining assistants provided support for people with breakfast and drinks during the morning. We saw this was well organised and meant people could have breakfast when they wanted throughout the morning with a choice of drinks, cereals, toast and a cooked option. The dining staff were attentive to people's needs. For example, one person had not eaten their toast and was supported to the toilet by care staff. On their return they asked to sit in a different seat. The dining assistant noticed that they had not eaten their toast so made them some fresh toast and a fresh cup of tea which they enjoyed.

We saw the lunchtime meal service differed as on some units the food was served by staff from heated trolleys, whereas on others the meals arrived already plated which meant people were given a set amount rather than being able to choose how much they wanted. We saw staff worked from menu lists that showed which of the two choices people had requested. Staff told us people were asked to make their choice two days in advance. Staff said this meant by the time the meal was served most people had forgotten what they had ordered. They said if people did not like either of the two choices the kitchen staff would provide something else. We saw on the units for people living with dementia there were no visual prompts to help people choose what they wanted. Showing people plates of the different meals or using pictorial aids can help people make an informed choice.

We saw people had their meals in the dining room, lounge or their own bedrooms. On some units there were very few people in the dining rooms and the mealtime experience was task focussed with staff working from

the menu list to deliver meals to people in their bedrooms and the lounges and provide assistance where needed. We saw aids such as lipped plates and cups with lids were provided to enable people to eat and drink independently. We saw where people required assistance or prompting to eat their meals staff sat with them and encouraged them. On Terraces staff told us eight people needed assistance with their meals and as there were only six care staff on duty we saw this meant some people had to wait. On Constance wing we saw people were not offered a drink with their main meal, although they were provided with a cup of tea with their pudding. Four people told us they would have liked to have had a cold drink with their main meal and then a warm drink afterwards. On the other units we observed people were offered both hot and cold drinks. We spoke with the chef and found systems were in place to make sure special dietary needs were catered for and recipes were used to ensure the nutritional value of meals was consistent.

Care records we reviewed showed people had access to a range of NHS services such as GPs, tissue viability nurses, speech and language therapists, chiropodists and dentists. The registered manager told us since Christmas two of the GP surgeries had been carrying out weekly visits to the home which had proved beneficial as it had reduced the number of hospital admissions and ensured reviews of people's needs were carried out in a timely manner.

We saw designated nurses acted as link nurses for specialist areas of people's care and treatment. For example, we saw there were link nurses for falls, dementia care, tissue viability, palliative care and infection control. One staff member spoke enthusiastically about their role as a link nurse and described how they disseminated their learning and shared best practice with other staff through meetings and training sessions. Care staff we spoke with were aware of the link nurses. They told us the system worked well and always contacted them if they required help or guidance.

Good

Is the service caring?

Our findings

Overall people we spoke with were happy with the care provided and praised the staff. Comments from people who used the service included these quotes, "I can't complain. I find them civil and nothing seems to be too much trouble. I'm warm and safe." "It's lovely here. I was in another place and they weren't looking after me good. The staff here are kind." "I like it here now that I've settled." "I'm generally happy with everything. The staff are very warm and kind" and "It's very good, I wouldn't be here if it wasn't."

The majority of relatives we spoke with were similarly satisfied. One relative said, "They (the staff) seem to be kind and compassionate." Another relative told us, "Staff are superb, they know my [relative] so well." A further relative commented, "Staff are excellent and keep you very well informed." Another relative said, "My (relative) is well looked after, they tell me of incidents and handle them well. I am really pleased with the care he gets. Staff have taken time to learn about him and how to manage the challenging behaviour which he and others do show at times." Another relative commented, "My (relative) has only been here a week and I'm very happy. I've spoken with the staff who are really accommodating." A further relative told us, "It's 100% spot on." A further relative stated, "The care is excellent. I can put my head on the pillow at night without having to worry about my [relative] as I know they are being well cared for."

Care records contained detailed information about people's past life including their family, social history, hobbies, interests and likes and dislikes. This provided staff with information to enable them to build a rapport with the person and provide them with care, support and stimulation which was appropriate to their needs and preferences.

We saw staff took every opportunity to engage with people and paid particular attention to people who remained in their rooms. We saw staff were kind and compassionate in their interactions with people. One person said, "When I was ill with (an unpleasant illness) I was in pain, in agony. Carers would put their arms around me. They are very kind to (another person living in the home)." A relative told us, "Everyone goes the extra mile." Another relative who visited regularly praised the staff for their patience and remarked how well they knew people and understood their needs.

People we spoke with told us staff treated them with respect and we saw this throughout the inspection. The way in which staff approached people showed they knew them well and how best to assist them. When we asked one person if they were treated with respect they said, "Oh yes, always. They knock every time (before coming into the room) and check with me before they do anything. It's how it should be." Another person responded to the same question saying, "They certainly do. They're good like that."

Staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They were also able to explain how they helped to maintain people's dignity and privacy. For example, by addressing them by their preferred name and wherever possible seeking people's consent before assisting them with personal care. We saw staff knocked on bedroom doors before entering and asked if they could enter. People were asked discreetly about personal care issues and any personal care was carried out in private. People looked clean, well groomed and were comfortably dressed which demonstrated staff took

time to assist them with their personal care needs.

On Garden wing we saw all the bedroom doors had a glass panel which meant people could look into the room when the door was closed. There were privacy curtains which could be drawn across the glass panel from inside the bedroom. However, we found throughout the day of the inspection the curtains were open when people were in their rooms which compromised people's privacy. None of the other units had these types of doors in place. We discussed this with the provider and registered manager who advised these facilities had always been in place but agreed to review the use of these observation windows. We also found a store of communal toiletries and second hand clothing were kept on Garden wing which staff told us were used if people were admitted without their own. The registered manager was not aware of this and told us immediate action would be taken to address this matter.

Relatives told us they could visit at any time and were always made to feel welcome. We saw advocates were accessed to support people who had no relatives.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with the care they received. One person said, "I feel settled here and I'm happy with the care." Another person said, "The care's good. Staff know what they're doing." Staff we spoke with understood people's needs well and how to deliver appropriate care.

However, we looked at a sample of people's care records on each of the units and found improvements were needed. The care records were not always fully completed, up to date or accurate and did not provided clear guidance for staff about the care and support people required or how they preferred this to be delivered. For example, one person had been living in the home over two weeks. The pre-admission assessment form showed they needed support to meet their personal hygiene and continence needs yet the care plans for these area of needs were blank. The care records showed this person displayed behaviour which challenged but there was no guidance in the care plan about how staff should respond to this behaviour other than an entry stating 'staff to explain all interventions'.

Another person's records showed they had been seen by a community psychiatrist nurse (CPN) in March 2016 because they were exhibiting behavioural problems. The CPN had provided detailed advice to ensure staff had a consistent approach, yet the care plan had not been updated to reflect this guidance. When we discussed this with the unit manager they acknowledged the care plan should have been updated and confirmed they would take immediate action to address this matter. A further person's care plan showed they had a pressure ulcer which had been redressed on 4 April 2016 and was noted to be healing well. However, there was no wound chart to show what dressings were being used or how frequently they should and had been changed. Although a pressure area risk assessment had been completed on 2 May 2016 there was nothing recorded to show the grading of the pressure ulcer. We spoke with the nurse who confirmed the person had a pressure ulcer which was healing and was able to explain the dressing regime and confirm the dressings had been changed regularly but acknowledged this had not been recorded.

We saw evidence which showed people's weights were being monitored. However, we found care records provided contradictory information about how frequently people should be weighed. For example, we saw three people's nutritional risk assessments identified a risk which meant they should be weighed twice a month. However, their care records showed they were weighed monthly. Two of these people's records showed they had lost 3kgs to 4kgs between January and April 2016, yet there was no information in the care plans to show what action had been taken in response to this.

We found where fluid charts were used there was a lack of information recorded which meant we could not be assured people were receiving adequate hydration. For example, one person's fluid charts for April 2016 showed over a three day period they had consumed 200mls of fluid on the first day, 450mls on the second day and 200mls fluid on the third day. Fluid charts for another person over a two day period in April 2016 showed they had a total fluid intake of 480mls on the first day and 450mls on the second day. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

A planned programme of activities was displayed on each unit and six activity co-ordinators were employed.

The service employed a driver and regular trips out were organised for people in the home's minibus. During the inspection we saw people participating in a range of activities on the different units. For example, some people were playing bingo and others were singing and dancing. There was a religious service and hymn singing on one unit, which the people present clearly enjoyed. On another unit the hairdresser was visiting and there was a warm and engaging atmosphere as people laughed and chatted together while they had their hair done. We saw some people sat outside enjoying the sunshine, while others occupied themselves watching television, reading or listening to the radio. The home had a quarterly magazine, the Herncliffe Journal, which provided people and relatives with information about events and activities within the home. People told us outside entertainers also came to the home. One person said, "We had the Andrews Sisters the other day, they were absolutely fantastic."

People who used the service, their relatives and staff told us the quality of activities on offer varied across the units. People said some of the staff with responsibility for activities would benefit from additional training to ensure they had the required skills to coordinate meaningful activities for people living with dementia. This was supported by our observations during the inspection.

We saw the complaints procedure was displayed in the home. The majority of people and relatives we spoke with told us they would speak to staff if they had any concerns and felt confident any issues would be addressed. One relative told us, "I'm very happy with the care. I've had some minor issues but I spoke with (the director) and they were sorted very quickly." One relative we spoke with expressed dissatisfaction with many aspects of their relative's care. The registered manager was aware of these matters and was working with the relative to resolve them. We looked at the complaints log and saw ten complaints had been received since January 2015. The records showed each complaint had been investigated with the action taken and the response made to the complainant noted.

Good

Is the service well-led?

Our findings

The home has a registered manager who commenced in post in November 2015. We received positive feedback from people, staff and relatives about the registered manager and their management style. Staff told us the registered manager listened to what they had to say and addressed issues they raised, which they felt had not happened previously. One staff member said, "Things are so much better since (the registered manager) came." Another staff member said, "We see (the registered manager) or the deputy every day as they go round all the units. Communication is good now." A further staff member said, "You can go to her and she sorts things out." Feedback about the provider was equally positive. One relative told us, "If I've had any problems I've gone to (name of provider) and he's sorted it out. He's a good man."

A new deputy manager and clinical nurse manager had recently been appointed to support the registered manager. We found the management team, which included the provider, were open and transparent and were continuously looking at ways to improve the services provided. Since starting in post the registered manager had implemented a set of core values focussing on dignity, respect and involvement which were displayed and promoted throughout the home. The registered manager was a Dignity Champion and 'Champion' roles were being developed with other staff in areas such as dignity, falls and infection control.

Management systems were in place to monitor and assess the safety and quality of the services provided. We saw evidence which showed the registered manager and provider had already identified many of the issues we found during this inspection and were in the process of addressing these. This was detailed in the information provided in the PIR, which the provider had submitted prior to the inspection, as well as in the audit records we reviewed during our visit. For example, recent medicine audits identified gaps on MARs and discrepancies in stock levels and care plan audits picked up discrepancies in the record keeping. We saw action plans were in place with timescales for these issues to be addressed. The registered manager told us electronic medicine and care planning systems were being introduced over the next few months which they believed would support staff with record keeping and provide a contemporaneous audit trail.

Each unit manager had a copy of the audits carried out on their unit and a developmental plan for improvements which was monitored and reviewed by the management team. There was also a whole service improvement plan.

We saw some improvements had already been made in response to recent findings. For example, staffing levels on two units had been increased as a result of accident and incident analysis which highlighted specific times when falls were occurring. The registered manager told us the increased staffing had resulted in a decrease in the number of accidents and incidents during this time. A recent infection control audit had resulted in elbow taps being provided at wash hand basins to promote better hand hygiene and monthly hand hygiene audits were now being carried out. The registered manager had worked alongside staff on night shifts and her findings, coupled with feedback from night staff, resulted in the night staffing levels being increased.

Staff award schemes were in place to encourage attendance and the retention of staff. The home had also

achieved the Investors in People award and accreditation with Bradford University for taking student nurse on placement. Recent certification had also been received from Craven College in recognition for providing work placements for their students.

There were some systems in place to obtain people and relatives views such as care plan reviews and a communications box in the reception area. However, the registered manager recognised this needed to improve and told us they were planning to introduce residents meetings on each unit and include people and staff in survey questionnaires which were currently only sent out to relatives.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not appropriate and did not meet their needs or reflect their preferences. Regulation 9 (1) (a) (b) (c) (3) (b) (i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Service users were not provided with care and treatment in a safe way in relation to assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks and in relation to the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment as systems and processes were not established and operated effectively to investigate any allegation or evidence of abuse. Service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (2) & (3).