

Abbey Healthcare (Kendal) Limited

# Heron Hill Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Heron Hill Care Home is a care home providing personal and nursing care to up to 86 people. The service provides support to older people and people who are living with dementia. The home is on three floors and arranged into three units. Nightingale is a general nursing unit on the ground floor. Cavell on the first floor is for people living with dementia and nursing needs. There is a small male only unit, Wheawall unit, accommodating up to 20 men on the second floor. All units have separate dining and communal areas. All bedrooms are single occupancy and have ensuite facilities. At the time of our inspection there were 72 people using the service.

### People's experience of using this service and what we found

People were safe and protected from abuse. There were enough staff, with the right skills, to support people. The provider used safe systems when new staff were employed. Risks to people were identified and managed. Staff followed systems and processes to safely administer, record and store medicines. Regular checks were completed to ensure that should any shortfalls be identified they could be promptly addressed. The registered manager had systems to learn and share lessons from incidents. People were protected against the risk of infection.

People received the support they needed because staff were trained in how to provide their care. Most people were positive about the meals provided. Some people raised concerns about the choice and variety of meals. The registered manager addressed this during the inspection. People's rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff planned and provided care to meet people's needs. People were provided with a variety of activities they enjoyed. One person said, "There is lots to do if you want." The provider had a procedure for receiving and managing complaints about the service. People received support, as they needed, as they reached the end of life.

People told us the service was well managed and said they would recommend it. The registered manager was committed to providing people with person-centred care. People were asked for their views and their feedback was used to further improve the service. Staff felt well supported and able to provide good care to people. The registered manager and staff worked in partnership with other services to ensure people received the care they needed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published 4 April 2019).

At our last inspection we recommended the provider made improvements to medicines management, capacity assessments, activities and managing records. At this inspection we found the provider had made the required improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We identified the service may have improved since the last inspection. We carried out a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heron Hill Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Heron Hill Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 3 inspectors, a member of the medicines team, a nurse specialist advisor and 2 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 February 2023 and ended on 1 March 2023. We visited the service on 24 February 2023 and returned on 01 March 2023 to look at medicines management and records relating to the management of the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 13 February 2023 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 19 people who lived in the home and 29 relatives and visitors about their experience of the care provided. We observed how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and 13 members of the care team and 3 ancillary staff. We spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around the home and reviewed a range of records. This included 14 people's care records. We reviewed 10 medicine administration records. We observed medicines administration, spoke with staff and looked at the governance arrangements for the safe handling of medicines. We looked at records related to the recruitment and training for 5 staff. We also looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider carry out a thorough review of all medication practices to ensure staff understood their responsibilities regarding best practice and following the home's own medication procedures. The provider had made improvements.

- People told us they received the support they needed to take their medicines. One person said, "I get all my medicines alright."
- Medicines, including controlled drugs, were received, stored, administered and disposed of safely.
- Staff handling medicines completed training and competency assessments to help ensure that processes for handling medicines safely were followed in practice. Managers completed regular medicines audits and action plans were in place to ensure that should any shortfalls arise they could be promptly addressed.
- Nurses positively described how they were part of the wider weekly primary care led multidisciplinary team, helping to ensure that people's medicines were regularly reviewed.
- Clear records of medicine changes were made but we saw one example where a person's care plan had not been updated to reflect a change to one of their medicines. This was promptly followed-up by nurses during the inspection.
- Appropriate checks of people's medicines were made on admission to the home. Newly prescribed medicines were usually promptly received into the home, but we saw one example where there was a delay in chasing-up a supply of a nutritional supplement.
- Individual written guidance supported the safe administration of 'when required' medicines. Appropriate safeguards were in place should the covert (hidden) administration of medicines be used.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People told us they felt safe in the home. One person said, "I am safe and well looked after." A relative told us, "I am happy [relative] is safe here, they [staff] are very kind and attentive."
- All staff had received training on how to identify and report abuse. Staff told us they would report any concerns immediately.
- The registered manager reported any concerns regarding people's safety to relevant authorities such as the local authority safeguarding team. They worked with appropriate agencies to ensure people were safe.

### Assessing risk, safety monitoring and management

- The provider had robust systems for identifying and managing risks to people's safety. Staff carried out

thorough risk assessments which identified the support people needed to maintain their safety. These included environmental risk assessments and risks associated with people's health and wellbeing such as skin integrity, risk of choking and risks associated with mobility.

- Staff told us the risk assessments gave them the information they needed to provide safe care to people. One staff member said, "We know people well. We know how to keep people safe. We have all the information we need in the care plans and risk assessments."
- The registered manager carried out thorough audits of care records and risk assessments to ensure they were accurate and reviewed if people's needs changed.

#### Staffing and recruitment

- People received the care they needed because there were enough staff, with the appropriate skills, to support people. The home provided nursing and personal care to people. The provider had ensured there were enough qualified nurses to meet people's needs and oversee their care. One person told us, "There are plenty of staff, even at night and weekends."
- Some people told us they sometimes had to wait for staff to support them. They said, although staff responded when they used the call system to request assistance, they sometimes said they would 'be back in a minute' but did not return to support them. We shared this with the registered manager for them to address with staff.
- Staff told us there were enough staff to care for people. They said they worked well as a team to ensure people received the care they needed.
- The provider carried out thorough checks before new staff were employed. This included checking people's good character and conduct in previous employment. New staff were also checked against records held by the Disclosure and Barring Service, (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was creative in promoting working in the home as a career, to attract and retain staff. They highlighted how the home could offer opportunities for people to gain further qualifications which could lead to promotion and a long-term career path.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting visiting in the home in line with government guidance.

#### Learning lessons when things go wrong

- The registered manager had systems to ensure lessons were learned from incidents. Lessons learned was an agenda item at staff meetings, so learning from any incidents could be shared with the staff team to improve the safety of the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider sought advice to ensure all capacity assessments were comprehensive and in line with the MCA. The provider had made improvements.

- The registered manager had ensured comprehensive capacity assessments had been completed which respected people's rights to make decisions, with support if needed, about their daily lives. Staff gave people choices and respected the decisions they made. One person told us, "They [staff] don't boss you about and they ask you what you want."
- The registered manager and staff were aware of their responsibilities under the MCA. All staff completed training about their responsibilities under the act. We saw staff assumed people were able to make decisions of daily living, such as where to spend their time and whether to take part in activities provided.
- Where the registered manager had assessed a person needed to have restrictions on their liberty, to maintain their safety, they had applied for appropriate authorisation. Any conditions relating to an authorisation, such as regular review of certain medicines, were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs to ensure the service could provide the support they required. They gathered detailed information about people's lives and preferences about how they wanted their care to be provided. They used this information to develop individual care plans to guide staff on how

to support people and engage with them.

- Staff worked with appropriate services to ensure people received effective, timely care. Staff reviewed people's needs assessments and care plans regularly to assess if their support remained appropriate and provided positive outcomes for people.
- Staff knew people well and provided support to meet their needs and take account of their wishes.

Staff support: induction, training, skills and experience

- People told us staff were skilled and provided good care. One person said, "The girls [staff] know what they are doing." Another person said, "The staff all certainly know what to do."
- Staff were knowledgeable about how to support people in a manner which promoted their wellbeing. They created a calm atmosphere and understood how this supported people's mood and wellbeing.
- Staff told us they had received the training they needed to give them the skills to provide people's care. One staff member said, "Training has been really good." New staff completed robust induction training which they told us had been "helpful" in gaining skills and knowledge to support people. The provider supported staff to gain further qualifications relevant to their roles.
- Staff told us they felt well supported by the management team, registered manager and senior staff. Staff had regular meetings with a member of the management team where they could discuss their role and raise any concerns. One staff member told us, "[Registered manager] is very, very approachable. We can contact her night or day." Another staff member said they felt "valued and respected by the managers".

Supporting people to eat and drink enough to maintain a balanced diet

- People received a balanced diet and staff supported them to drink enough to maintain their health. However, we received mixed views about the main meals provided. People on Cavell and Wheawall units told us the food was "good" and one person said, "The food is always good."
- Most people we spoke with on Nightingale unit told us they did not like the main meals. One person told us, "The food is horrible and it's always cold ... it's just mush on a plate." Another person said, "The food is horrible, it's all casseroles and curries." A relative explained, "It's all got posh names, stroganoff and ratatouille and [relative] doesn't know what it is. It's all full of cream or tomato sauce and [relative] is used to a plain diet, so they don't eat it."
- Some people on Nightingale unit told us they enjoyed the meals provided. One person said, "The food is good." Relatives of people on the unit told us, "The food is alright, [relative] eats and likes it" and "[Relative] loves the food, they are always complimentary about it."
- The registered manager told us people could request alternatives to the meals on the menu. They immediately reminded staff to offer people alternative meals if they did not want the meals planned. They also provided a picture menu of some of the alternatives people could request, to assist people to make a choice of what they wished to eat.
- The meals provided had been planned to ensure people received a balanced and nutritious diet. The provider's catering team had won awards for the standards of catering provided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective care, which met their needs, because staff worked cooperatively with other services. The home had a good working relationship with community healthcare services to ensure people received routine and specialist care as they needed.
- Staff identified changes in people's needs and contacted appropriate services for support. People received support from a range of services including dentists, opticians, chiropodists and specialist services such as the Speech and Language Team.
- People's care records included details of the other services which supported them and any advice for staff

to meet their needs.

Adapting service, design, decoration to meet people's needs.

- The home had been purpose built as a care home providing nursing and personal care. It had been designed to incorporate features to meet people's needs including assisted bathing facilities, passenger lifts and accessible signage to help people find their way around their accommodation.
- People and their families told us they had been able to personalise their rooms as they wanted. People had their own pictures and ornaments in their rooms and told us they liked their accommodation.
- The provider had adapted the premises during the COVID-19 pandemic to ensure people were safe and could maintain contact with their relatives, in line with government guidance. One relative said, "During the height of Covid they had a pod with a screen where we could visit, that was very good indeed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider sought advice about activities for people. We also recommended they reviewed their procedures to ensure all records were completed properly. The provider had made improvements.

- The provider employed 2 activities coordinators who led the staff team in providing activities for people. People enjoyed a range of group activities such as crafts, an audio book club, exercises and visiting entertainers. There were also individual activities to reduce the risk of isolation for people being cared for in their rooms. These included hand massage, nail painting and staff spending time chatting or reading the paper with people. We saw people enjoyed spending time with staff. One person told us, "I go to quizzes and keep fit, there is lots to do if you want." A relative told us, "There are activities going on at all different times of the day."
- We noted a staff member on Nightingale unit proactively engaging with people as they carried out their duties. They were very positive and cheerful, and people enjoyed laughing and joking with the staff member. One person told us, "[Staff member] brightens my day."
- Each person had a detailed care plan to guide staff on how to support them. People and those who knew them well had been included in developing the care plans. People's care plans had been reviewed regularly to ensure they gave accurate and up-to-date information for staff to follow.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and provided them with information in the way they preferred and needed. Staff were aware of people's communication needs. They gave people the time and support they needed to understand information and to make choices about their lives and care.

### Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. People told

us the registered manager was accessible and easy to talk to. They said, if they raised any concerns the registered manager acted promptly to resolve them. One relative told us, "I have never had to complain. I would go to the [unit lead or registered manager]; they would action any concerns."

- We shared concerns people raised with us on the first day of the inspection with the registered manager. We saw they had taken action to improve how people were given a choice of meals when we carried out the second day of the inspection.

#### End of life care and support

- People and their relatives had been asked about their preferences about their care if they were identified as reaching the end of their life. The information received was used to create an end of life care plan to guide staff on how to support people. Where people did not wish to discuss their end of life care, their wishes had been respected.

- Staff worked with appropriate healthcare services to support people to remain comfortable as they reached the end of life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff were clear about their roles and committed to providing people with good-quality care and support. The registered manager and provider had made improvements to the service to ensure people received safe, effective and compassionate care.
- The registered manager had been open to feedback following the first day of our inspection. They had carried out their own audit of mealtimes and taken action to improve people's experience. They had reminded staff to tell people of the various alternative meals they could request if they did not like the planned meals. They had produced pictorial menus featuring the alternatives, to help people choose. They had also increased the number of ways people were asked for their feedback about the menus and meals provided.
- People told us the home was well-managed and said they would recommend it. One relative said, "I would definitely recommend the home ...we are really happy." One person told us, "It's very nice here, I do like it." Another person told us the home was "fantastic".
- The registered manager and provider had taken action following our last inspection to improve the service. People told us they had noticed the home had improved. One relative said, "When I visited the home [the registered manager] was open and transparent about previous CQC reports, she reassured me, and her evidence was correct." Another relative said they would "Recommend [the home] 100%, absolutely." They also said, "Previously the home did not have a good reputation, but it is beyond my expectations now."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a person-centred culture which focused on providing good care for people. Staff knew people well and provided individualised care which met their needs and promoted positive outcomes for people.
- People told us there was a "happy" and "welcoming" atmosphere in the home. They told us, "The atmosphere is happy, residents and staff seem to be happy" and said, "The atmosphere is pleasant and welcoming, staff are lovely, [relative] could not be in a better place, I would definitely recommend the home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour. They

were open and honest with people when incidents occurred and shared information with relevant people as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider used a range of methods to gather people's views about the service. These had included quality surveys and meetings held with people and their families to ask for people's feedback. One relative told us, "I have been asked for my opinions via a questionnaire." Another relative said, "There are relatives' meetings and I have had a survey form." People also told us they could speak to the unit leads or to the registered manager to share their views. People said the registered manager was "friendly and approachable".
- Staff told us they felt well supported by the registered manager. One staff member told us they were "very happy" with the support provided. Staff said they were asked for their views and could make suggestions about how the service could be improved.

Working in partnership with others

- Staff worked effectively with other services which supported people to ensure people received the care and support they needed. The registered manager and staff had developed positive, supportive working relationships with other health and social care services to ensure people could access appropriate support if their needs changed or they were moving between services.