Royal Bay Care Homes Ltd

Herons Park Nursing Home

Inspection report

Heronswood Road
Spennells Wood
Kidderminster
Worcestershire
DY10 4EX

Tel: 01562825814
Website: www.royalbay.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection was unannounced and took place 19 January 2016.

Herons Park is registered to provide accommodation and personal and nursing care for adults who may have a dementia related illness for a maximum of 82 people. There were 71 people living at home on the day of the inspection. The home is over three floors, one of which provides nursing care to people living with a dementia related illness.

There was a register manager in place however they were not working on the day of the inspection and were due to leave the location at the end of January 2016. A 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 felt safe living at the home and that the care and nursing staff were friendly. All staff told us they were confident that they understood how to keep people safe from the potential risk of abuse and what the action they would take to protect a person at risk. Nursing staff provided people with their medicines when they needed them and kept records to show what medicines had been given.

People were able to tell care staff about the care and treatment they needed and day to day decisions. Where people had not been able to make decisions on their own they had been supported by the management team to have decisions made in their best interests. People were assured that all staff have been trained and understood how to look after them. All staff we spoke with felt they had the right skills and knowledge and attended regular training to ensure they kept their knowledge updated.

People were involved in choosing their meals and all staff were seen to support people to eat and drink if needed. People told us the food was nice and well prepared with lots of choice at each meal time. People were supported to access local professional healthcare outside of the home. They had regular visits from their GP, dentists and opticians. Where appointments were needed at hospital or with consultants these were supported by care staff and any changes to care needs recorded and implemented.

People told us they enjoyed the company of staff and got to spend time with them chatting and getting to

know them. All staff told us that whilst they provided care they also spent time with people to ensure they were happy and relaxed in their home. Visitors to the home felt their family members were well cared for and that the care staff always stopped to chat and update them with any changes.

People enjoyed some group activities which staff provided twice a day. People also got to enjoy their own hobbies and interests. People and relatives felt that all staff were approachable and listened to their requests in the care of their family member. Complaints were recorded and responded to and people felt their ideas or concerns were acted on. People and visitors felt the management team and staff at the home were easy to talk to and they felt they were listened to.

Care staff felt the management team listened to and involved them when providing feedback on the service. The management team ensured regular checks were completed to monitor the quality of the care that people received. Areas of improvements were planned to improve one lounge for people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who had the knowledge to protect them from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions by staff that had been trained. Input from other health professionals had been used when required to meet people's health needs. Food had been prepared that reflected people's choice and their nutrition had been maintained and monitored.

Is the service caring?

Good

The service was caring.

People received care that met their needs from staff who were respectful of their privacy and dignity. People's individual preferences had been sought, acted on and recorded.

Is the service responsive?

Good

The service was responsive.

We saw that people were able to make everyday choices and were involved in planning their care. People were engaged in their personal interest and hobbies.

People were supported by staff to raise any comments or concerns with the provider.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were complimentary about the overall service and had their views listened to. Procedures were in place to identify and plan improvements.

Herons Park Nursing 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 unannounced inspection took place on 19 January 2016. The inspection team comprised of two inspectors and a specialist nurse advisor.

The provider had 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 the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority and the local Clinical Commissioning Group who are responsible for commissioning places for information.

During the inspection, we spoke with 11 people who lived at the home and three relatives. We spoke with four care staff, three senior care staff, two nursing staff, the cook, the housekeeper and the unit manager. 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 looked at eight records about people's care and their medicines records, complaint files, falls and incidents reports, capacity assessments, staff meeting minutes, people's feedback and checks completed by the registered manager that related to people's care and support.

Good

Our findings

All people we spoke with told us they felt safe living in the home. They had familiar staff who were available when they needed them and spent time with them to monitor their safety. People looked to staff for reassurance and support and staff were considerate when responding. One person said, "They (staff) are friendly". Relatives were happy that their family members were safe and supported by staff within the home. One relative said, "The unit is safe and [person's name] is safe". We saw that where people became anxious or upset staff where quick to provide comfort and reassure them.

All of the staffing team we spoke with were able to tell us that they kept people safe from the risk of abuse and that they understood the types of abuse people were at risk of. They told us that they would not delay in reporting any concerns about people's safety to the management team. One staff said, "I would always ask a person if there is a problem".

People spoke to us about some of their risks, which included areas around their mobility or health. They felt supported by the staffing team to help them when needed and to look out for changes, for example if they became unwell. All staff we spoke with knew how to help people with their personal safety and remained close by if someone required help to get up or sit down. Staff spoke about people's individual risks and what they needed to do to minimise the risks. For example, what equipment was needed to reduce the risk of falls or maintain their skin care to prevent sores developing or becoming worse.

Records we looked at detailed people's level of risk and the actions required by staff to reduce or manage that risk. They also recorded where people's risk had changed and the level of support had become less. For example, wounds that had healed since they came to live at the home. Staff told us they referred to the care plans often and that new information would be shared at the start of each shift.

Where a person had an accident or incident these had been recorded with details of the event and any injuries sustained. The registered manager had reviewed these on a monthly basis to see if there were any risks or patterns to people that could be prevented. The unit manager felt they had small numbers of incidents had used additional equipment or other professional advice to help reduce the risk of an incident happening again.

All people we spoke with said that care staff were available and they had no concerns about asking them for assistance. One person said, "They (staff) are always on the floor (lounge)". Another person added, "I can always use my call bell, but don't really need to. They do pop in and out all the time". Where people spent

time in the communal areas they had their requests for help or a chat responded to in a timely manner. When people were in their rooms, staff made frequent checks and spent time with them to ensure they were comfortable.

All staff said there were busier times during the day and the unit manager for the first floor was looking at increasing the number of care staff in the afternoon to ensure that people's emotional needs were met. Care staff we spoke to felt this increase would benefit people as they would have more time to spend with each person. The staffing was regularly reviewed or when new people came to live at the home. The unit manager said they would look at the level of needs and that the staff had the skills to look after them. The unit manager was able to increase staffing numbers as required and felt the provider was responsive when looking at staffing.

People's medicines were managed by nursing staff at the home. Three people we spoke told us about their medicines and were happy that they got these when needed. One person said, "I don't need many, but it's all stored for me". Nursing staff held details about what the medicines were for and provided instruction and encouragement for people. We saw that where medicines were refused the person was asked at regular intervals to ensure they were able to change their mind later.

Nursing staff kept records of the medicines they had given. Where people required pain relief 'when needed' we saw that staff talked with people about their pain levels and if they wanted medicines. Written guidance was available for medicines 'when needed'. Nursing staff told us that they noticed changes to people's demeanour which may indicate they required pain relief. People emotional needs were supported before medicines would be used. The medicines were stored in a locked medicines room and unused medicines were recorded and disposed of in a safe way.

Good

Our findings

Three people told us they felt the nursing staff knew how to support their health condition. One person said their health was, "Known by the nursing staff and I do not have to worry about that". Nursing and care staff we spoke with were happy that their training was reflective of the needs of the people living at the home. They told us this improved people's experience in the home as they felt confident to deliver the right care.

Two care staff told us about some of their training which they felt had improved their knowledge about providing care to people living at the home. For example, staff showed that they were able to understand and support people living at the home with a dementia related illness. One care staff said, "People are individual and that's how we care for them".

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.

Two people we spoke with told us they made their own decision and staff acted on these. We looked at records where nursing staff told us people did not have capacity to make a decision. We found the correct procedure had been followed. For example, people's capacity for individual decisions had been considered and a best interest decision made. The nursing staff we spoke with had a good understanding of the MCA and what this meant for people. Where a person had appointed a Power of Attorney (POA) for health and or financial decisions nursing staff knew who they were.

All care staff we spoke with understood people's right to choose or refuse treatment and knew people were able to make these choices. One care staff said, "I give them choice through showing them". Care staff had been trained in understating the MCA and knew when to refer any concerns about people choices to nursing staff or management. All care staff we spoke to knew that decisions were sometimes made on behalf of a person to help ensure they got the care needed.

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. 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 unit manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

People we spoke with told us they enjoyed the food and the meal options. One person said, "There is absolute choice," and we saw that there were two main meal options and five dessert options for the lunch that day. We spoke with the cook who told us they knew people's preferences and used these to plan the meal menus. This included where people required an alternative diet. For example, softer foods or where certain foods needed to be avoided. The cook also prepared a hot choice for the evening meal alongside a variety of cold options. We saw that each person was offered a choice at the point of serving and were shown the food to help people choose to their preferred meal.

People told us and we saw that drinks were available and offered throughout the day. Where people required their fluid intake to be monitored this information was recorded by care staff. Care staff also knew who required assistance with their meals. We saw that care staff were able to sit and assist people individually without interruption.

People we spoke with felt they were supported to see health professionals outside of the home. One person told us they were going to have their hearing aid checked to ensure it was working correctly and that they were pleased that the appointment had been arranged on their behalf.

The GP visited the home weekly to look at people's health needs and on request of the nursing staff. Where referrals had been made to consultants or specialised services if needed for further support and guidance, these had been arranged. People also had received annual checks with opticians, dentists and chiropodists. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions.

Good

Our findings

People we spoke with told us they were pleased with their care and they liked the home. One person told us, "I'm looked after well here". They knew the care and nursing staff well and enjoyed their company. One person said, "The staff are very friendly, I've not been here long but I do not feel isolated". People felt that care staff were happy to chat with them and would spend time with them. One person said, "Really it's a lovely atmosphere". We saw that people, care and nursing staff knew each other well and looked relaxed and spent time chatting with one another.

People expressed their views with the staff who then involved them as much as possible in making decisions about their care and treatment. People were confident to approach staff for support or requests. One person said, "I couldn't ask for better, staff are wonderful".

Care and nursing staff that told us about people in the home and how they got to know people by talking and spending time with them. They told us that they also asked relatives or friends if people were not able to share their histories, preferences and routines. One member of care staff told us, "Family members are encouraged to participate". Information had then been considered when completing and reviewing people's care plans and showed the views of relatives. Care staff told us that over time they recognised people's preferences and things they enjoyed or liked to be involved in, like some of the group activities.

Staff talked with people about their current interests and aspects of their daily lives. For example, what they had enjoyed so far in the day or if they were expecting visitors later. Staff gave people time to respond and did not hurry them. We saw that staff were caring, respectful and knowledgeable about the people they cared for. They used ways to engage with people through touch and facial expressions to help understand responses.

All staff we spoke with told us they enjoyed working at the home and felt they demonstrated a caring approach to their role. One staff member said, "All staff are caring in here," and another added, "We are a good team and work well together" which they felt provided a caring environment for people. They told us that while providing care was part of their role, they liked the social aspect and getting to know people.

People were addressed by their name and staff told us that some people had a preferred way of being addressed. When staff were with people they recognised when they needed help to reduce concerns or if they began to become upset. For example, we saw staff reassure and comfort people until they became settled again. One relative said, "They have taken away [person's name] concerns and worries and ours. I

have nothing but good things to say about the staff here".

Three people we spoke with told us they chose where they spent their time and how it was important for them to remain as independent as possible. They felt staff were positive about promoting their independence in personal care. People told us they chose their clothes and got to dress in their preferred style.

Care staff were quick to respond to maintain people's comfort. For example, where someone spilt their drink they were immediately supported to ensure their safety and asked if they required a change of clothes. Staff were seen to promoted people's independence in activities with voice prompts and actions. Where people required personal care they were assisted to their rooms to ensure privacy and dignity. People and their visitors told us they were made to feel welcome by staff and could visit at any time.

Good

Our findings

Three people we spoke with were confident that the nursing staff were able to maintain and monitor their health conditions. Nursing staff also told us about additional training they had completed to ensure they were able to support people's changing needs. For example, setting up and using equipment to improve people's pain management medicines. One person told us that their health needs, "Are managed well with no issues".

Staff were able to talk about the level of support people required, their health needs and the number of staff required to support them. One person said, "The nurses know the problems I have and just get on with it". We saw staff were responsive to people's wishes at different times of the day and with how they liked their care provided. For example, after lunch people chose to spend time in their room or be involved in an activity.

All relatives we spoke with told us the nursing and care staff looked after their family members health needs and they were kept informed of any changes. Relatives told us that all staff took time to talk with them about how their relative had been. One relative said, "Even the maintenance staff are helpful, with positive attitudes just like the rest of the team".

Care staff told us they supported people and would record and report any changes in people's care needs to nursing staff. This included noticing infections or if they felt a person was unwell. Nursing staff and records showed that people had been supported to have their conditions managed or improved. For example, wounds had healed or infections had now cleared. People's health matters were addressed either by nursing staff at the home or by referring to other health professionals.

People's needs were discussed by staff when their shift ended to share information between the team. These included any appointments that had been attended and any follow up appointments and changes to medicines. Care staff were provided with information about each person and the information was recorded. For example, where people required diabetic care and the changes to look out for that may indicate a concern. Nursing staff held a diary of appointments and reminders which was available for all staff to refer to if needed.

We looked at eight people's care records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. All staff told us the care plans were updated

and used to ensure that people received the care and supported needed.

Three people we spoke with told us they were able to do the things they enjoyed throughout the day. For example, reading the newspaper, watching television and going out to the shops with a member of staff. One person commented that they enjoyed relaxing and, "That's what I want to do". There were group activities like bingo and quiz's which we saw people enjoyed. One person said, "If I fancy the activity then I join in. There is lots of things on offer". We saw that where people had not been able or did not want to take part in group activities, staff spent time with them individually. People told us that the staff stopped and chatted with them and made sure they saw them if they were in their rooms.

All people we spoke with told us they had no current concerns or issues. People and their relatives told us they would raise any issues or concerns with any staff within the home. Two relatives felt their family member received the care they would expect and had no complaints. The unit manager and staff told us that as and when people or relatives raised a matter it was dealt with. Where people had raised complaints these had been recorded and we saw that a response had been sent. These included an apology and actions taken as learning. For example, further training and support for staff to improve the care offered.

Good

Our findings

There was a registered manager in post at the time of the inspection. However, they were on leave at the time of the inspection and were due to leave the home at the end of January 2016. A new manager had been appointed and the provider will need to take steps to ensure that application to register a manager is submitted to us. The unit manager was available on the day of the inspection and was able to provide the information requested.

Where the unit manager spent time with people and their relatives they were known and were approached. The unit manager was able to respond to people's requests or provide general social conversations. People looked comfortable in their conversations with the unit manager, nurses and all staff. All staff working at the home had been trained in providing care and support so they were able to be involved in all aspects of people's care.

People had been asked for their views and opinions about the home and had the opportunity to attend monthly meetings so they could discus life at the home. Two people we spoke with felt involved in the home and had attended these meetings. They felt listened to and that action had been taken where needed. For example, records showed that people views had been taken into account when changes had been made to the menus and entertainment.

The provider had a clear management structure in place with the registered manager post being supported by two unit managers, nursing staff and then senior care staff. Staff felt able to tell people in a management position their views and opinions at any time or at staff meeting and had confidence in the unit managers. One nurse said, "If I had concerns about a colleague practices, I will professionally challenge these with them".

The unit manager told us they had support from the provider and told us they were able to contact them at any time. They felt the provider listened and responded to requests where needed. These included environmental changes and general upkeep of the home. One person told us they had wanted a quieter communal space and they were happy that this had been done for them.

All staff within the home told us they were a committed staff group that supported each other to provide good care to people. They wanted to spend time with people to make them feel valued and included. They felt the atmosphere was warm and homely and one member of staff said, "Our aim is to provide high standards of care". A nurse also told us, "The care staff are brilliant as they report any formal concerns to us

for action". Care staff felt that nursing staff also listened to them and took action if need. One care staff said, "The nurses are good at checking things out".

Monthly checks had been completed by the registered manager and unit managers. The provider also visited the home to talk through any changes or improvements with the registered manager. These include looking at the environment, medicines checks and reviewed people's care plan information. Some care staff felt that the provider could consider direct feedback with care staff to ensure they felt valued and recognised where they had done well.

The unit manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. For example, specialist courses in providing care for people living with a dementia illness. They had used this to plan improvements in the dementia unit and said the, "Emphasis is on more colour schemes, furnishings and development for staff". They were clear that they wanted "Excellent care for residents who require access to nursing care". The nursing staff and unit manager also referred to external professional guidance and organisation such as National Institute for Clinical Excellence (NICE) and the Nursing and Midwifery Council. We saw that the best practice guidance had been recorded and used to develop people's care plans. The nursing staff were currently up to date with their registrations and requirements and were working towards continuing with their professional registration requirements.