

Abbey Healthcare (Kendal) Limited

Heron Hill Care Home

Inspection report

Valley Drive
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Kendal
Cumbria
LA9 7SE

Tel: 01539738800

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Heron Hill Care Home provides personal and nursing care for up to 86 people. The home is on three floors and arranged into three units. Nightingale is a general nursing unit on the ground floor, Cavell on the first floor is for people living with dementia and with 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 67 people living in the home.

People's experience of using this service:

- We found that there were systems for assessing and managing risk but these were not always monitored to make sure the system was being as effective as it could be. Aspects of medicines management had not been monitored to make sure staff were following the correct procedures and that lessons learned were being disseminated to all staff. We have made recommendations about this.
- The service did not have a registered manager in post. The registered provider had acted quickly to put an interim manager in post to try to provide continuity following the unexpected loss of the previous registered manager. This appointment did not appear to have been effective and we found management oversight had been inconsistent.
- The provider had safeguarding systems in place and staff received training on this. We noted two instances of unexplained bruising that had not been reported to the management team. To help make sure safe practices were being used to reduce the risk of any bruising an occupational therapist reassessed people with specific moving and handling needs to help reduce this risk.
- High numbers of agency staff were being used to maintain safe staffing levels. The registered provider was actively recruiting and several new care staff were due to start following security checks. There was sufficient staff on the rotas to support people but some people were not always monitored by staff in line with their risk assessments to ensure their safety. The service was engaged in recruiting permanent staff and had thorough recruitment process to help ensure new staff were suitable to work with the people who lived at Heron Hill Care Home
- The registered provider had procedures for assessing a person's mental capacity in line with the Mental Capacity Act 2005. However, we found some inconsistencies in the recording of some people's capacity assessments and some restrictions placed on them. We have made recommendation about this.
- Some staff training was overdue for staff including medication competencies. The management training analysis had identified some staff needed updates on training. The training plan covered the required training and was scheduled and organised to take place within the next two weeks.
- Everyone who lived at Heron Hill Care Home had nutritional risk assessments completed to identify their needs and any risks and people had been appropriately referred to their GP or to a dietician. However, we noted some supplementary records of food and fluids taken were not always being completed accurately to ensure accurate records. Some records we looked at had not been dated, so it was unclear if they were up to date. We have made a recommendation.
- A limited range of activities were available at the time of the inspection. We found some people who were

being nursed in bed or had limited communication were at increased risk of becoming socially isolated. We have made a recommendation.

- Risk assessments relating to the environment were in place and to provide guidance and support for staff to provide appropriate care.
- Staff employed were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- People were supported to maintain their independence. Staff took appropriate actions to protect people's dignity and privacy.
- People knew how they could complain about the service provided. The provider had a procedure for receiving and responding to complaints about the service. Complaints received had been investigated and responded to in line with the provider's procedure.
- People said staff were kind and caring. People told us staff were polite and willing to listen to them and help them, if they had a problem.
- We saw from people's records that there was effective working with other health care professionals and support agencies.
- We saw people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were and where and how they wanted to be supported.

Rating at last inspection: Requires Improvement. (Report published 6 February 2018)

Why we inspected: This was a planned comprehensive inspection based on the rating from the previous inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Requires Improvement. We may inspect sooner if we receive information of concern.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Four adult social care inspectors, a pharmacist inspector, an occupational therapist and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, older people and those living with dementia.

Service and service type:

Heron Hill Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had an interim manager in post at the time of the inspection. A new permanent manager had been recruited and was due to take up their post the following month. The new manager had already started the process to register with the Care Quality Commission (CQC). Once registered the manager like the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Inspection site visit activity started on 22 January 2019 and ended on 28 January 2019. We told the provider we would return for a second day to complete the inspection, check what immediate action they had taken and give feedback.

What we did:

We used information the provider sent us in the Provider Information Return This is information we ask

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including incidents the provider must notify us about, such as allegations of abuse. We looked at issues raised in complaints and how the service responded to them. We also reviewed all other information sent to us from other stakeholders. For example, the local authority, the safeguarding team and members of the public. We used this information to help plan our inspection.

During the inspection we spoke with thirteen people who lived there, seven people who were visiting the home, ten members of staff, including laundry, domestic and the catering manager, the home's interim manager, the organisation's regional manager, operations support manager, clinical lead and two of the unit leads. We looked at the records relating to quality monitoring and the running of the home. We looked ten people's care records in detail and at a selection of medicines and medicines administration records (MARs).

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.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

- People told us they believed they received their medicines on time. Although we noted one person received their medicine late during the inspection.
- We found the management of medicines was not consistently good on all the units. On Nightingale unit medicines were stored correctly but there were some inconsistencies with administration and records. There was no additional record in place to ensure consideration was given to the correct timing of some medicines.
- There were systems in place to audit medicines procedures and management on all units. We saw the records of medicines audits and where issues were found they were addressed. However, we noted not all issues had not been picked up. For example, records for covert administration of medicines for one person had not been properly completed by their GP and this had not been noted. Staff addressed this oversight immediately by contacting the person's GP.
- Staff had not made sure that some controlled drugs were properly denatured [rendered unusable] and the waste was not stored in the lockable controlled drugs cupboard. Controlled drugs are subject to tighter controls because they are liable to misuse. Staff had not acted in line with the home's procedure. Action was taken immediately by the home's clinical lead to ensure the correct procedure was used to render the medicines unusable. Staff had not identified this risk during the regular checks on controlled drugs.
- On Wheawall unit daily fridge temperatures were not always recorded and the maximum temperature was above 8 degrees Celsius but had been annotated as within range. Staff had not escalated this reading to management. Refrigerators to store medicines should maintain an air temperature of 2-8 degrees Celsius.
- Staff managed medicines well on Cavell unit. Medicines were stored correctly and regular effective audits had been done by unit staff. We looked at medicine administration (MAR) charts and checked stocks. We found that medicines were administered properly and safely. Protocols [written instructions] were in place for people who had been prescribed 'as required' [PRN] medicines. These instructions helped to make sure that people only received as required medicines, such as those with a sedating effect, when they needed them.
- The home's clinical lead had addressed the oversights we had noted regarding medicines management on the units by the second day of the inspection. They had carried out detailed medication audits on the units where shortfalls were noted during the inspection. This was to help make sure staff were carrying out the home's procedures on safe medicines management. We recommend that the management team carry out a thorough review of all medication practices with staff. This should establish their understanding of their responsibilities regarding best practice and following the home's own medication procedures.

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

- People who lived at Heron Hill Care Home told us they felt safe. Relatives we asked did not raise any specific

concerns with us about their family members being unsafe. They told us, "I have not found any problems" and also "I think [relative] is safe here."

- The registered provider had safeguarding procedures and staff were given training on this. Staff we spoke with understood what to do to make sure people were protected from harm or abuse. However, during the first day of the inspection we found two people with some unexplained bruises that had not been reported by staff to the management or to the appropriate authorities. The management raised the concerns with the local authority safeguarding team immediately when we raised this. The home had notified us of other allegations of abuse and had referred these to the local authority as required.
- On the second day of the inspection we found that the registered provider's occupational therapist from a sister home had visited to reassess people with specific moving and handling needs. This was done to help make sure safe practices were being used by staff to reduce the risk of any bruising and skin damage when staff were helping people to mobilise.

Assessing risk, safety monitoring and management.

- the registered provider had risk assessments relating to the environment. This included evacuation plans and equipment to be used in case of fire.
- Service records indicated equipment was safe to use and was maintained. Rooms were large enough to use a portable hoist and accommodate two or more carers at a time. All hoists were clearly labelled with up to date inspection records that confirmed they were in working order. All lifting slings we looked at were in good order and clean, with legible labels and were for individual use. The use of the hoists we saw was done correctly and staff appeared to be familiar with the equipment and how to use it.
- Moving and handling risk assessments all referred to moving and handling equipment being used and the staffing levels required. We saw the staff levels were appropriate during the hoisting situations we observed.
- Staff and management completed risk assessments had been done to provide guidance and support for staff to provide safe care. This included risk assessments for skin integrity, nutrition, falls and dependency levels, for the use of bed rails and some behaviour risk assessments.

Staffing and recruitment.

- People who lived at Heron Hill Care Home told us, "They [staff] are mostly agency and "They don't have enough staff when people are sick, or on holiday, they really struggle." Another person commented, "The agency staff are good, but they don't really know the residents". A relative told us, "They [staff] do a wonderful job but they are short staffed." They added, "They are nearly all agency staff sometimes."
 - Staff told us, "We have been struggling with staffing levels" and also "Since we sadly lost the previous manager we have had lots of problems with staffing levels and some people have left."
 - We looked at staff rotas and how staff were being deployed. We noted the day before the inspection agency staffing levels on day and night shift was at 50% and this was not an isolated occurrence. The management team were trying to make sure all vacant shifts were covered using agency staff. Several agency staff had been working in the home for some time to try to achieve consistency.
 - On Cavell unit, there were periods of time when staff were not present and accessible to people in the dining area. This was not in line with some dependency assessments we looked at for people. On the second day of the inspection we observed staffing in dining areas had been reviewed on all units. Unit leads had also been reminded they had a responsibility to escalate any staffing issues on their units to management.
 - We discussed staffing with the regional director. They had taken action to recruit more permanent staff and had been actively recruiting to all vacant posts. A detailed plan to recruit and retain staff and offer incentives was being followed and this needed to continue. Seven new care staff were due to begin work as soon their recruitment checks were completed.
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- The provider had recruitment processes to help ensure new staff were suitable to work with people who used the service. We saw staff files included application forms and appropriate references. Records showed

that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or were barred from working with people who used care and support services.

Preventing and controlling infection.

- Before this inspection a visit was made by Cumbria County Council Quality and Care Governance supported by infection prevention and control colleagues from the commissioners. A report had been produced that noted areas that the service could improve, including the environment and overall cleanliness. We found the actions required by that report had been done or were in the process of being addressed and the service was accessing the additional training support offered for staff. We noted cleaning products had been reviewed in line with the recommendations made and the changes in products had been effective in getting rid of lingering odours.
- Cleaning schedules were in place for housekeeping. Staff told us wheelchairs were cleaned by them as they used them. We saw two wheelchairs that were dirty and some adapted chairs also needed cleaning. On the second day of our inspection we found that the management had held meetings with domestic staff so all were aware of the scope of their duties and on following procedures. We found deep cleaning being carried out and cleaning schedules being checked after the first day of the inspection. Carpets in communal areas were being cleaned and action was being taken to recruit additional cleaning staff to improve the housekeeping service.
- We visited the laundry and found one of the industrial washing machines was not working. We found that the interim management team had been sending some laundry out to be washed whilst waiting for the machine to be repaired under the service contract. There was a build-up of laundry waiting to be washed. The laundry staff had not escalated the need for help with the build up to management this on the day we visited so action had not been taken to send out laundry. By the second day of the inspection the part had been fitted and the machine was working.
- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control and staff we saw they used the protective equipment correctly to deliver personal care and when serving food. The home had achieved a 5 Star rating from the national food hygiene standard rating scheme. This meant the hygiene standards were very good
- We saw hoists in use were clean and records were kept of equipment cleaning. Staff had completed cleaning schedules for people's rooms and communal areas. The regional director confirmed that funding had been authorised to provide new furnishings and decorations for the communal areas of the home. We saw that bedrooms were being refurbished and improved on a rolling programme.

Learning lessons when things go wrong.

- We looked at a medicines error report from December 2018, lessons had been learned from an incident but had not been shared with all nursing staff. However, the management team was using 'flash meetings' to try to share information with the teams more effectively. We recommend the registered provider seeks guidance from a reputable source on how to make sure information was fed back to effectively to all staff.
- We saw records of regular monitoring of accidents and incidents. These were reviewed by the clinical lead to identify any patterns where lessons could be learned.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider had procedures in place for assessing a person's mental capacity in line with the MCA. We found inconsistencies in the recording of some people's capacity assessments and restrictions placed on them. There was not always enough detail provided of how to manage behaviours that may challenge the service in the least restrictive way. For example, what steps to take if distracting people did not work or what to do if as required medications did not work in calming people. We recommend the registered provider seeks advice from a reputable source to help make sure that all assessments were comprehensive in scope and in line with the MCA.
- We saw that where they were able people had agreed with the content and signed to receive care and treatment and give their consent. When people lacked capacity a best interest meeting was used to agree the decision.
- The management team provided evidence that DoLS applications had been submitted in line with individual assessments and any restrictions on the person had been noted in the application and stated in the care plan.

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

- Assessments obtained from other health and social care professionals were being used to plan effective care for people. For example, specialist nurses, community mental health teams, occupational therapists, speech and language teams (SALT). People also had access to dental care and eye testing.
- Assessments of care needs identified expected outcomes for people were identified and this was reviewed when required.
- The service had developed a dementia strategy to help staff incorporate best practice into the support they provided to people living with dementia.

Staff support: induction, training, skills and experience

- We asked people if they felt staff were well trained and knowledgeable about all their needs. We received a mixed response. One person told us, "Luck of the draw – some are, some are not." A relative told us, "Some of them are but the agency staff don't seem to know what people need."
- We asked staff if they had been provided with the necessary training to do their jobs and meet people's needs. One told us, "I have completed a lot of courses and e-learning." Another told us, "I am fully trained to do my job." An agency staff worker said "Yes, my own company sorts out my training."
- Permanent staff told us they received supervision in their work, although some noted that recently it had not been as regular. This included additional supervisions if they required more support or to achieve some specific competency. Supervision was a one to one meeting where the staff could discuss their work, training needs and any support they needed. The home had a supervisions matrix so senior staff were aware when any supervisions were getting behind and needed doing. The service had training profiles for agency staff provided by the agency so they could see if their training and skills were up to date.
- Some staff not received up to date training to support people who may challenge the service and had more complex needs related to living with dementia. Some support plans had little detail to make sure staff had step by step instructions on how to manage people who were described as "resistant to personal care."
- We looked at staff training records and noted some staff training was overdue for some staff including some medication competencies, moving and handling, fire wardens and dementia training and safeguarding refresher courses. We discussed with the interim management team to see what action they had taken. Their management training analysis had already identified some training and refreshers were still required by staff. The training plan the management had put into operation covered the required training and was scheduled and organised to take place within the next two weeks to make sure staff had the right training to work effectively.
- The home's clinical lead had already asked the Care Home Education & Support Service (CHESS) team to work with home staff. [CHESS is a dedicated team providing a combination of education and practical support to Care Homes]. The clinical lead had arranged to provide additional training sessions to staff on the dementia strategy to help make sure all staff were fully aware of and understood its implementation. This was because some staff told us they did not know about the home's strategy to support people living with dementia. We observed the strategy was displayed within the home for anyone to access.

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

- People said the food was very good. They said there was plenty of choice and "more than enough" to eat, nobody said they ever went hungry or thirsty.
- We noted the dining rooms were clean and spacious. Tables were neatly laid out with tablecloths, cutlery and condiments. The atmosphere was relaxed and nobody was rushed.
- The menu for the day was on display in the entrance to the dining rooms with photographs of the food. Menus for the month were up at the entrance to the dining room. We observed the midday meal being served and saw that people were offered a choice of meal and could choose where they wished to have their meal
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating. Where necessary people had been referred to their GP or to a dietician. However, we noted some supplementary records of food and fluids taken were not always completed accurately. By the second day of the inspection all supplementary charts had been audited by the interim management team and a more robust system of daily monitoring implemented to try to make sure recording was accurate.
- Since the last inspection the service had continued the work to improve their catering service and people's mealtime experience. The new catering manager had introduced several initiatives including pictorial menus, different types of fresh fruit, fruit juices, milk shakes and health drinks and introduced more oily fish to the menu. They had achieved a Healthy Eating Award that recognised the improvements made to the

food provided and the choices available. A relative told us, "The catering manager has done a marvellous job."

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

- People we spoke with said staff noticed if they were unwell and they confirmed they were supported to see a doctor if they needed one. Relatives we spoke with said they would be informed if their relative was unwell.
- Staff carried out assessment of people's needs carried out to try to ensure the service could support them effectively. Where people had more complex needs appropriate specialist services had been included in assessing their needs and in developing their care plan.
- We saw from people's records that there was effective working with other health care professionals and support agencies.

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

- We saw the home had continued to develop a dementia-friendly environment to help maximise people's wellbeing and memory skills. Areas of the home had easy to read signage to help in meeting the needs of people living with memory problems. The signage helped promote people's independence and orientate themselves within the home, for example to locate bathrooms.
- We saw people had personalised their bedrooms with their own items of furniture and ornaments to help make their rooms more familiar and personal spaces.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People told us the staff were kind and caring. They said staff were polite and willing to listen to them and help them, if they had a problem. One person told us, "The majority of them are [caring] but some are only here for the money." One relative told us "They [staff] work very hard but you can go to them and they will help you." Another relative told us, "We get on alright [with staff]. I have every respect for this home – the staff are very good."

- We looked at the service's arrangements to help ensure equality and diversity was promoted. We saw support was provided for people in maintaining important friendships and family relationships. People told us they had been supported to maintain relationships that were important to them. Relatives told us how they could visit at any time and were made to feel welcome.

- We saw staff were attentive and spoke respectfully to the people they were supporting.

Supporting people to express their views and be involved in making decisions about their care.

- Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

- Information about people's background, history, favourite pass times and life experiences had been discussed with people and families. People's personal relationships, beliefs, likes and wishes were recorded in their care plans and staff we spoke with knew about these and respected people's family and personal relationships.

- People were supported to express their spiritual needs and these were accommodated. People were supported to follow their own faiths and beliefs. We saw that the service made sure that people could access their own clergy and/or meet with others of their faith.

- Most people felt that information was given to them in a way they could understand. We saw some information was provided in a pictorial and large print format to help people with this.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocked on people's doors and waited for a response before entering the rooms. We observed bedroom and bathroom doors were kept closed during care. People told us, "They [staff] always knock" and also "They [staff] check its Ok to do something with me." A relative said, "They always knock and close the curtains."

- People had personalised their bedrooms reflecting their tastes and interests. They were personal spaces where people could spend time in private if they wished to.

- People told us they were given choice over their day to day lives and supported to maintain their

independence. All the people we spoke with said they had never been stopped from doing anything they wanted to do.

- Staff promoted people's independence and encouraged and supported them to do things for themselves. During the lunchtime meal we observed the staff were encouraging and polite.
- Staff made sure that people's confidentiality was maintained and records were kept safe.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- We asked people if staff helped to support them with interests or hobbies. Most people said they did not have any hobbies in the home that staff could help them with. One person said, "The staff will get wool for me for knitting." We were told by a person who lived there, "We lost both of our activity people and the staff don't have time to do many activities." They added "once a fortnight we can make things, do craft work."
- At the last inspection, the provision of activities and individual support was commented upon positively by the people who lived there. At this inspection people were less positive. They told us "There is nothing to do here." A relative told us, "I don't see any activities and I am here every day".
- The home's activity coordinator and occupational therapist had recently left. This had a negative effect upon the overall provision of organised activities for people who lived in the home and the improvements seen at the last inspection had not been maintained.
- We found some people who were being nursed in bed or had limited communication were at increased risk of becoming socially isolated due to the current lack of person-centred activities provision. Staff carried out more detailed assessments and social isolation risk plans were put in place before the second day of the inspection. This was to help to raise staff awareness and address the increased isolation risk.
- Recruitment was underway to fill the vacant posts. Temporary arrangements were made during the inspection to get more activities support from the home's sister service. We recommend the registered provider seeks advice and guidance from a reputable source on expanding activities for those less able to participate and to focus upon the whole person and their needs.
- We saw some activities were being carried out by staff. We could see staff were trying hard to try to provide some additional stimulation but had other calls upon their time providing personal care. Some activities were going on for people who were more able to participate. For example, we saw people joining in arm chair exercises, a singalong and playing indoor bowls on the unit where people were living with dementia.
- Staff completed an assessment prior to admission to the home. This was to help make sure the service could provide people with the right level of care and support they required. Care plans were in place for everyone who lived there. Some people told us they had been included in developing and reviewing their care plans. We were told by one, "I have signed it, sometimes it has to be changed." Other people said they were not aware of their care plans or preferred their relatives to take care of reviews.
- Not all the care plans we saw had been fully completed to reflect the individual's life story and personal preferences. We found some people's care records did not hold consistent information about their needs or preferences. We saw some records had not been updated to reflect changes in a person's condition and behaviours. We saw some records had not been dated, so it was unclear if they were up to date. We recommend the service reviews their procedures for managing records to ensure they meet legal requirements.

Improving care quality in response to complaints or concerns.

- Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so. They said they and believed that their concerns would be acted upon. We asked people if they did have any complaints did they know who to approach. We were told, "Yes, I do know who they all are" and "I know all the carers but not all the senior people." A relative said "I know the names of the senior staff to speak with about anything that bothers us."
- We asked staff if they knew how to handle complaints or concerns brought to them. They all said they did know about the complaints procedure for people to use. One staff member said, "I would refer them to the office to complain."
- The home had a complaints procedure that was assessable within the home on all units. We saw complaints had been logged and managed in accordance with the home's procedures.

End of life care and support

- We saw people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. This included where and how they wanted to be supported.
- The home had worked with local GPs and specialist nurses to help make sure appropriate care could continue to be provided as a person approached the end of their life. This included making sure appropriate 'anticipatory' medicines were available to help support people to remain free from pain and distressing symptoms at the end of life.
- The home had developed links with a local hospice for support with education and to help the home develop an end of life strategy. The regional manager told us the long term strategic plan was to start the process for accreditation for the Gold Standard Framework (GSF) for end of life care in care homes. The GSF accreditation focuses on organisational and systems change within the home and leads to quality assurance and recognition through an accreditation process.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered provider used quality assurance systems to monitor the quality and running of service being delivered. However, these had not always been sufficient to identify and address quickly the issues found during the inspection. For example, the medicines management on two of the units, conflicting and/or insufficiently detailed or out of date information in some care plans.
- There was evidence of other auditing being effective. For example, the interim management team regularly monitored accidents and incidents and 'near misses'. This was so trends could be analysed with a view to putting in preventative measures and altering systems to help stop the same thing happening again. Some incidents had resulted in a review and some actions had been implemented, for example using sensor mats or providing closer supervision.
- At the time of the inspection the service did not have a registered manager in post although an experienced manager had been recruited and was due to start work the following month. We were very aware from speaking with the interim management team and staff that the unexpected and sudden loss of the previous registered manager had had a significant impact upon the continuity of the service. We saw that staff morale had been adversely affected and the overall management team had been required to deal with unplanned change. There had been a period of management instability and systems had not been reviewed with the usual degree of management scrutiny at unit and at management level.
- The registered provider had tried to mitigate the risk by acting quickly to put an interim manager in post to try to provide continuity but this appointment did not appear to have been effective. We found that management oversight on the three units had been inconsistent. Care records and staff practices had not been well monitored to ensure best practice and continue to drive the improvements found at the previous inspection.
- The new manager had begun the process to register with CQC prior to taking up the appointment. People who lived in the home told us that they knew there was an interim manager but they did not feel they were accessible and visible on the units and welcomed having a manager who they could get to know. Staff we spoke with were positive about having a permanent registered manager again who could continue the work take the service forward.
- The registered provider was displaying their CQC rating on the home page of their website and it was also displayed within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw regular reviews of people's care needs were held with those commissioning the services.

- The operations manager understood their responsibilities in relation to the Care Quality Commission (CQC). They could describe the types of incidents that required notification to us, for example such as safety incidents or safeguarding concerns.
- The registered provider had a broad range of policies and procedures in place to inform and guide staff as to the safe practices they were expected to follow These were subject to review and change in line with changes in best practice and legislation. The provider had a procedure for staff to raise any concerns regarding the actions or performance of other staff members.

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

- There was a notice board in the reception and on the units within the home and information was available on different aspects of care and how to access support services.
- The service encouraged communication with people, relatives and staff through its management open door policy. We saw resident's and relative's meetings were being held where people and their relatives could raise any concerns and make suggestions. These meetings were also used to keep people informed of changes within the home. Satisfaction surveys and comments forms were also available for people to give feedback on their experience of the home.
- Staff meetings were held on a regular basis to give all staff members the opportunity to feedback on the service. We saw that where the staff had identified additional resources were required these had been provided. We saw daily 'flash meetings' were being held to update departments on a daily basis and also regular heads of department meetings to monitor service provision.
- The operations manager told us about plans the service had to improve community links and the steps being taken to achieve this. They [interim management team] had been researching what local groups and organisations were of interest to people living at Heron Hill Care Home to form links with them. When complete this would help support people to be more involved with local events and groups and allow people to share their interests.

Working in partnership with others.

- The interim management team and staff were working with other agencies and specialist nursing services to try to make sure people received joined up care, treatment and support. Records showed that people had access to all healthcare professionals as and when required.
- We found the service engaged with local stakeholders including the local authority, the clinical commissioning group, 'Buddy Matrons' and link nurses for the local care homes.
- We saw regular reviews of people's care needs were held with those commissioning the services had taken place to make sure the home was still meeting their needs.