

Anchor Trust

# Heyberry House

## Inspection report

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Date of inspection visit:  
20 March 2018

Date of publication:  
14 May 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected the Heyberry House on the 20 March 2018. The inspection was unannounced.

Heyberry House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Heyberry House provides personal care and accommodation for up to 41 older people. Nursing care is not provided. At the time of the visit 38 people lived at the home.

The home is a purpose built facility set in its own grounds in the area of Birkenhead, Wirral. The home is decorated to a good standard throughout with accommodation provided across three floors. A passenger lift enables access to the bedrooms located on the upper floors. All bedrooms are single occupancy with en-suite facilities. Specialised bathing facilities are also available on each floor. On the ground floor, there is a communal lounge, dining room and conservatory for people to use.

There was no registered manager in post at this visit. This was because the previous registered manager had achieved a promotion within Anchor Trust and had commenced in a new role. A new manager for the home had been appointed and they were in the process of registering with CQC.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We looked at the care files belonging to five people who lived at the home and saw that in the majority, their needs and risks were assessed. Risks in relation to some people's health needs required further detail to give staff sufficient guidance on how to meet these needs appropriately. People's daily care records which recorded people's food and fluid intake and the personal care they had received had not always been properly reviewed. We spoke with both the regional manager and manager about the above issues. They assured us these issues would be addressed immediately.

Care plans contained person centred information. Where people lived with dementia, information about how this condition impacted on their day to day life was limited. We saw there was some good practice with regards to the implementation of the Mental Capacity Act 2005 but this required further development to ensure it was routinely applied. People's choices were reflected in their care plans and daily records showed people's consent was sought before support was provided. People told us they were able to choose how they lived their life at the home and that staff respected this.

We saw that people were able to express their views and suggestions about the running of the service

through regular resident meetings. Records showed these meetings were inclusive and that people's suggestions were acted upon where possible.

People told us they felt safe at the home and that staff were kind, caring and compassionate. They said their needs were responded to promptly and that whenever they asked for help, staff were always on hand to provide it. It was clear that people thought highly of the staff team and no-one had any concerns or complaints about their care. Relatives were as equally complimentary.

Medicines were managed safely and people received the medication they needed. People had access to a range of health and social care professionals in support of their needs including routine health appointments such as GP visits, dentists and opticians. People received enough to eat and drink and we saw that mealtimes were a sociable and enjoyable event.

There were a range of social and recreational activities provided. The activities we observed on the day of our visit were well-attended and people looked like they were having a good time with staff. Activities were promoted positively on a colourful noticeboard and there were lots of different things to choose from each day. Interactions between people and staff were positive and the home had a warm, homely atmosphere. We observed that staff treated people kindly, with respect and supported them at their own pace.

There were a range of quality assurance systems in place to assess the quality and safety of the service. People's satisfaction with the service was sought through the use of a satisfaction survey and everybody's feedback was overwhelmingly positive. The home was well led, open and transparent and the people and relatives we spoke with were more than happy with the care provided.

## 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.

People's risks were identified but staff needed further information on some of these risks.

People told us they felt safe and had no worries or concerns.

Staff knew how to respond to signs of potential abuse.

Staff were recruited safely and there were enough staff on duty to meet people's needs.

The environment was safe, pleasantly decorated and well maintained.

**Requires Improvement** 

### Is the service effective?

The service was effective.

The Mental Capacity Act 2005 was implemented for some decisions with regards to people's care but this needed further development.

People told us staff looked after them well and that they could choose how they lived their life at the home.

Staff had training and support to do their job role. People and their relatives spoke highly of the staff team and the support provided.

People had enough to eat and drink and mealtimes were a sociable enjoyable affair.

People's health needs were met by a range of health and social care professionals.

**Good** 

### Is the service caring?

The service was caring.

People and the relatives we spoke with were very complimentary

**Good** 

about the staff team and the home. They told us the support was good and that they were happy there.

People's independence was promoted and their right to dignity and privacy respected.

Regular residents meetings took place where people could become involved in any decisions that may impact on their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care was individually planned and person centred enough to enable people's preferences to be respected.

There were a range of diverse social and recreational activities to participate in.

Minimal complaints had been received by the provider since our last inspection. Those that had been received were responded to appropriately.

No-one we spoke with had any complaints or concerns on the day of our visit.

### **Is the service well-led?**

**Good** ●

The home was well-led

The culture of the home was open, positive and uplifting. The atmosphere was warm and homely.

The provider had a number of quality assurance systems in place that were effective in mitigating risks to people's health, safety and welfare.

A satisfaction survey had recently been undertaken with overwhelmingly positive results.

# Heyberry House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 March 2018 and was unannounced. The inspection was carried out by an adult social care inspector and an assistant inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the last inspection.

During the inspection we spoke with five people who lived at the home, five relatives and two care staff. We also spoke with the manager, the regional manager, the deputy manager, the administrator and catering staff.

We looked at the communal areas that people shared in the home and visited a sample of people's bedrooms. We looked at a range of records including five people's care records, medication records, three staff files, staff training information and records relating to the management of the home.

# Is the service safe?

## Our findings

We looked at the care files belonging to five people who lived at the home. We saw that people's care plans and risk assessments were designed to provide staff with guidance on people's needs and risks. Most of the risks associated with people's care were assessed with clear guidance for staff to follow to mitigate them.

Staff did not always have sufficient information on people's specific medical conditions and information about people's pressure area care was not always documented. We found that one person's food and fluid charts did not always make sense in terms of fluid input and output which made it difficult for staff to be sure they had received sufficient hydration. People looked well dressed and cared but their personal care charts did always reflect this. For instance some people's personal care charts did not tally with their daily records with regards to the support they had received to maintain their personal hygiene. This aspect of risk management required improvement. We spoke with the regional manager and manager about these issues. They told us they would be addressed without delay.

We saw that staff supported people in a safe and appropriate manner and were supported by a consistent staff team, the majority of whom had worked at the home for some time. The atmosphere was homely and it was clear from our observations that people felt 'at home'.

We spoke with five people who lived at the home and asked them if they felt safe. All said yes. One person told us "They do everything here to keep me safe. I could not fault them". Another said "I never had any concerns at all, none whatsoever. But if I did, I would speak to (name of deputy manager). I know they would listen to my concerns".

Records showed that staff had received training in how to protect vulnerable adults. We asked two care staff what action they would take if they felt a person was at risk of abuse. We found they had a good knowledge of what to do and how to protect people from potential harm.

We looked at accident and incident records and saw that people's accident and incidents were responded to appropriately. The circumstances surrounding people's falls or incidents were investigated with the action taken following the accident and incident clearly documented.

The number on staff on duty to meet people's needs was sufficient and people's needs were responded to promptly. People we spoke with, their relatives and staff on duty confirmed this. One relative said "There are enough staff, always seems to be plenty." A staff member told us "We have had a few short-staffed times in the past, but not now. We all cover shifts between us when needed; we do it for the residents".

We looked at how staff were recruited to work at the home and saw that procedures to do so were robust. Appropriate pre-employment checks had been undertaken prior to an offer of employment being made. For example, application form, previous employer references, proof of identification and a criminal conviction check. This meant the provider had taken the necessary steps to ensure people were suitable to work with vulnerable people prior to appointment.

Medicines were managed safely. We checked a sample of people's medicines and found the amount of medication left in the medication trolley matched what had been administered. A running count of 'as and when' required medication were kept which helped staff to account for the medication they administered. The people we spoke with during our visit told us that they received the medicines they needed.

The home was safe and well maintained with all relevant safety checks on the electrics, gas, fire safety and moving and handling equipment undertaken. The home was clean, decorated to a high standard and a pleasant place to live. There was a legionella risk assessment and management plan in place to mitigate the risk of Legionella and all required actions had been undertaken. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection.

Fire safety arrangements were sufficient and people had personal emergency evacuation plans in place. These plans provided emergency personnel and staff with clear information on people's support needs should they need to be evacuated in the event of an emergency.

## Is the service effective?

### Our findings

We looked at the arrangements in place for the training and support of staff. We found them to be good.

The provider's mandatory training was monitored on an electronic system. This system recorded what training each staff member had undertaken. The provider's mandatory training programme included a mixture of classroom based training as well e-learning modules in a range of health and social care topics applicable to their job role. For example, safeguarding, mental capacity, DoLS, nutrition and hydration, moving and handling, fire safety, food safety, dementia awareness, equality and diversity and medication administration.

A staff member we spoke with said, "I feel I have been trained well and they (the management team) are not complacent. I have to be careful with every task I do. I had a fire drill and I was actually in the middle of a manual handling training session. But a drill is a drill, nobody knew about it, so we did it".

A relative also told us "They have excellent training here. You can see it in the way they move people".

We saw that new staff received an induction into their job role which included shadowing another member of staff. They also completed the Care Certificate. The Care Certificate is a nationally recognised set of standards that care staff must adhere to in their daily working life. The Care Certificate is a key component of a staff member's induction.

We saw evidence that staff members had regular supervision meetings with their line manager to support them in their job role and an annual appraisal. One staff member said "We have supervisions probably every six weeks and a review every year". A new member of staff who had not had formal supervision yet, told us, "I have not had a 'sit down' meeting yet, but managers always ask me how I am getting on or have a chat with me. I feel well supported".

We observed lunch and saw that it was a social and active event with people chatting amicably in groups of 4 to 5 around their table. Tables were set nicely and the atmosphere was uplifting and enjoyable. People's meals were served promptly and were of ample portion size. They smelt and looked appetising and people tucked into them well. People we spoke with and their relatives told us the food was good and there was enough of it. One person said "Sometimes too much food".

Another person told us "What is a really good idea is that there are actual 'showcase meals.' They prepare each meal choice on an actual plate to show people, rather than just a picture. That really helps people."

We saw that people's special dietary needs were assessed and recorded. Catering staff had clear information on what people's dietary needs were and their meals were prepared accordingly. A relative said "(Name of person) is very happy with the food, loves it. There are choices and they are diabetic, so they (the staff) get things in to meet that dietary need".

A staff member told us "If people are not well here, we always get the doctor straight away and do not wait". Records confirmed this. We saw that people had access to routine health appointments such as GP, dentist, optician and chiropody. Where people needed specialist help records showed appropriate referrals were made to a number of different health and social care professionals. For example, falls prevention team, district nurses, continence care teams and mental health teams.

The home had recently been redecorated to a high standard. The manager told us "We got the residents to choose the colours and furniture" they would like. A person we spoke with said "They have made [the home] beautiful now. It used to be a bit run down. This is like an 'uptown' place, not 'downtown'. I moved here from another home, this is so much better. It is like living in the best hotel".

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 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. We looked at people's care files and saw evidence of some good practice in relation to how the service ensured people's consent was sought. It was clear that the provider had considered the Mental Capacity Act 2005 and associated code of practice when planning people's care. The implementation of this legislation however required further development to ensure that it was consistently applied.

We saw that staff members carried an information card about the Mental Capacity Act and Deprivation of Liberty Safeguards on them at all times to ensure people's right to consent was respected appropriately. The staff we spoke with had a good understanding of the Mental Capacity Act. One staff member summed it up accurately. They said, "It is about the fact that people have the right to make decisions and we should not think they do not have capacity, unless proven otherwise". This assured us that staff understood that people's legal right to consent was an important aspect of their care.

## Is the service caring?

### Our findings

All of the people and relatives we spoke with told us they could not fault the home, that it was a wonderful place and staff were kind and caring. Their comments included "They (staff) are so kind and considerate. No one here is ever rude or dismissive", "I never had any concerns. Everyone is nice to me" and "Staff are brilliant. I can speak to all of the girls (staff). I really do not have anything bad to say".

The relatives we spoke with told us staff were excellent when it came to maintaining people's privacy and dignity. One relative said "(Name of person) now needs help with their continence. The way staff deal with this is fantastic, they really know how to do it in a way that preserves their dignity. I know (name of person) could easily get upset about the help they need with their continence. But the staff here are great at doing it so they do not get upset".

Another relative said "Staff are great here. If someone is having a 'grumpy day', they know just how to cheer them up. I saw this member of staff putting a really big smile on one person's face when they were not happy, just by singing and knowing what to do".

All of the relatives we spoke with said that they could visit whenever they wanted and were always made to feel welcome. One relative told us "I can visit when I want, it is never a problem. Even when I wanted to come and look at the home to start with, they said 'whenever is best for you'. The other homes had set visiting times, they do not have that here".

We saw that people's rooms were spacious and reflected people's preferences and lifestyles. During our visit we saw that staff chatted to people socially. Conversations were light hearted, spontaneous and natural which demonstrated that staff knew people well. It was clear from our observations that people and staff had positive relationships with each other.

A staff member we spoke with told us about the 'Make a wish' tree that was situated in the entrance area of the home and staff plans to make everyone's wishes come true. The 'Make a wish' tree had been set up by staff in discussion with people who lived at the home. It enabled each person who lived at the home to make one wish about something they would like to have or do. The wish was then put in a tiny jar and hung on the tree. Staff from the home had organised to participate in the Wirral Coastal Walk to raise money to enable everyone's wish on the tree to be acted upon. This showed that the service cared about people's well-being and doing things that made people happy.

We saw that people's care plans outlined the tasks they could do independently and what they required help with. People's care plans were written in a person centred way and gave staff sufficient information on the person's day to day preferences.

Regular resident meetings took place every couple of months to enable people to feedback their views and opinions on the service provided. Records showed activities, menu planning and the home's recent refurbishment plans had all been discussed with people who lived at the home and their opinions and

suggestions sought. A "You said, we did" board was displayed in the entrance area of the home which showed what action the manager and staff had taken in response to people's suggestions for improvement.

## Is the service responsive?

### Our findings

We looked at five people's care files and saw that they contained sufficient person centred information about the person's preferences, likes and dislikes and wishes with regards to their care. Where people lived with dementia, information about the type of dementia the person lived with and the impact on their day to day life was limited. We spoke with the regional manager and manager about this and they acknowledged this was a work in progress.

We asked people if they were able to choose how they lived their life at the home. Everyone we spoke with said yes. One person told us "I get up when I want to. I am usually already up before staff come to get me up".

Everyone we spoke with told us the support provided was good and met their needs. A relative said "They take the person's needs into consideration. I and my relative can ask for anything, they (the staff) are happy to help".

During our visit, there were lots of activities taking place in the communal lounge and most people joined in. There was a quiz in the morning with a mixture of topics for people to answer questions on. We saw that staff asked questions in different ways to ensure that everyone was able to participate. A chair based-based exercise session took place mid- morning that involved people doing different movements using pompoms and scarves. People and visitors joined in with this, moving and singing along to music. In the afternoon, some people enjoyed drawing and knitting activities whilst others enjoyed a sing-along to a music CD. The words of the songs were displayed on the TV screen in the communal lounge to enable everyone to join in. Everyone sang along and encouraged each other to get involved which created a real sense of community and belonging.

A relative said "The staff will sit with them (the person) and take time to have a chat. They make sure there is a lot going on. My relative likes quiz activities, but also their own space. Staff respect this and make sure it is their own choice" to join in". Another relative said "They (the person) used to be very isolated before this. But (name of staff members) were absolutely excellent at bringing them out of their shell".

The home had an activities board that looked varied and interesting. Activities included quizzes, bingo, our yesterday, art workshops, hairdresser sessions, reminiscence, a movie night as well as bible studies. We asked the deputy manager how the bible studies met people's different religious needs. They told us "The bible studies are more like readings that are not specific to one faith". It was clear from the range of activities provided that the service worked hard to ensure that no-one at the home became socially isolated.

We saw that there a bird cage in the lounge with two canaries. The manager told us that people very much enjoyed caring for the birds and during our visit we saw and during our visit people sat around the birds listening to them sing. We saw that they provided people with a source of conversation. One person requested that the birds have a bath and a staff member acted on this immediately. We saw that the person was pleased with this and sat to watch the birds for most of the day.

We asked people and their relatives if they had ever had a reason to complain. They all said no. We looked at the provider's complaints. People's complaints about the service were minimal but those that had been received had been responded to appropriately and in a sensitive manner.

The provider's complaints policy was easy to follow and displayed in the entrance area to the home. We saw that the policy listed some of the external organisations people could contact in the event that a person was dissatisfied with the provider's response to their complaint. We saw however that the procedure was designed to be used by all of the provider's homes across the country. As a consequence it did not include local contact details for the Local Authority Complaints Department or the Local Government Ombudsman to whom people could also complain. This information is important to include as these are the two main bodies to whom people can complain in the event they remain dissatisfied with the outcome of the provider's complaints process.

## Is the service well-led?

### Our findings

The service was well led. This was confirmed by the people we spoke with, relatives and staff.

Everyone we spoke with was complimentary about the home and the staff who supported them. People were more than happy with their care and the atmosphere at the home was homely and engaging. It was obvious that the staff at the home cared about the people who lived there.

A relative we spoke with said "We could not have found a better place, we are so happy [our relative] lives here. We have never had to complain about anything, but if we did, I do not think managers here would tolerate whatever it was that was wrong".

A range of quality assurance systems were in place to check the quality and safety of the service. For example, there were care plan audits, environmental audits, equipment audits and accident and incident audits. We found that the provider's care plan audits had not identified that information about people's medical conditions required more detail or that people's day to day care records had not always been reviewed. We spoke with the regional manager and manager about this and they told us this would be addressed immediately.

Where the provider's audits had identified areas for improvement, the majority of these had been acted upon appropriately. There were a couple of environmental issues that had not been responded to as quickly as they should have been and we discussed this with the regional manager and the manager. They told us they would ensure these issues were addressed without further delay.

We saw that there were logs in place to document and monitor the number and type of safeguarding incidents and complaints received. Safeguarding incidents and concerns had been reported appropriately to CQC and records showed that they had been investigated and responded to properly.

Regular staff and management meetings took place to discuss the running of the home and people's care. Staff we spoke with told us the home was well managed and that they liked working at the home. During our visit we observed that staff were active participants in people's care and that a team manager was always on hand to assist staff 'on the floor'. This was good practice. The atmosphere at the home was warm, relaxed and friendly and it was clear that people and staff knew each other well.

Each year the provider commissioned an external company to complete an annual satisfaction survey with people who lived at the home. The survey was called 'Your Care Rating'. The results from the provider's 2017/2018 survey showed that 100% of people surveyed were happy at the home. A 100% of people reported that they were treated with kindness, dignity and respect and that staff provided them with the support they needed. The regional manager told us that Heyberry House had achieved the highest score out of the provider's homes in the region.

A compliments folder contained copies of the reviews people and their relatives had submitted to Care

Homes UK. Care Homes UK is a care home review website. 17 positive reviews had submitted by people and their relatives to the Care Homes UK website since our last inspection. One relative had written "You have an amazing team of workers from care staff to kitchen, housekeeping and management".