

Royal Bay Care Homes Ltd

Hérons Park Nursing Home

Inspection report

Héronswood Road
Spennells Wood
Kidderminster
Worcestershire
DY10 4EX

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

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15 August 2018

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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

This inspection took place 14 and 15 August 2018 and was unannounced, which means they did not know we were coming. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

Hérons Park accommodates 82 people across three separate floors, each of which have separate adapted facilities. One of the area specialises in providing care to people living with dementia.

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

People continued to tell us they felt safe living in the home. Staff showed good knowledge in how they were to protect people from harm, and recognised the signs of abuse and knew how to report this. Staff had identified potential risks to people and had put plans in place to reduce the risk of harm, without taking away people's right to make decisions about their care. People were supported by enough staff to keep them safe and meet their needs. People's medicines were managed in a safe way. Staff carried out safe practice to reduce the risk of infection.

People's care continued to be assessed and reviewed with external healthcare professionals involved and listened to. People were supported to have a healthy balanced diet and where people required additional support with their eating and drinking staff knew who required this support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people.

Staff treated people as individuals and respected the choices they made. People were treated with respect and their dignity was promoted. People care was delivered in a responsive way, with any changes in care being communicated clearly to the staff team. People were supported to maintain their hobbies and interests. People had access to information about how they could complain about the service. Where the registered manager had received complaints, these had been responded to, with a satisfactory outcome and learning shared.

People told us they had the opportunity to raise their suggestions and ideas about how the service was run and these were listened to. Staff were supported by the registered manager and provider to carry out their roles and responsibilities effectively, through training and daily contact. People, relatives and staff felt the registered manager was approachable and listened to them. We found checks the registered manager and the provider completed on the service focused upon the experiences of people.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remained Good.	Good ●
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

Hérons 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 inspection site visit took place on 14 and 15 August 2018. The 14 August 2018 visit was unannounced, we told the registered manager we were returning on the 15 August 2018 to complete the inspection visit. This inspection included speaking with people, relatives and staff. We reviewed care records and policies and procedures. The inspection team consisted of one inspector, a specialist advisor who is a nurse and one expert by experience who had experience of care home services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the Local Authority and the Clinical Commissioning Group to understand if they had any relevant information to share with us.

Due to technical problems on our part, we had not received the Provider Information Return. This is information we require 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. The registered manager gave us this report during the inspection visit. We took this into account when we inspected the service and made the judgements in this report.

We spoke with 11 people who used the service and two relatives who supported their family member with the management of their care. 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 also spoke with four care staff, two nurses, the activities co-ordinator, the chef, the maintenance person, two-unit leaders who were also nurses and the registered manager. We looked at aspects of five people's care records and 18 medication records. We also looked at staffing rotas, staff and people's meeting minutes, complaints, the checks for the nurse registration, incidents and accidents and checks of records completed

by the registered manager and provider.

Is the service safe?

Our findings

When inspected the service in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they continued to be kept safe by the staff who supported them. One person told us, "I feel safe as staff know how to care for me." Whilst relatives felt their family members were safe and were notified if there were any concerns. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. All staff we spoke with felt confident the registered manager would take action if they did raise any concerns. The registered manager worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

All people we spoke with told us the staff supported them in a way which kept them safe and maintained their independence. One person told us how staff had discussed with them how to reduce the risk of them falling, and the measures they had put in place meant they had not fallen since. A relative we spoke with told us the staff would not always know they were visiting and would always find their family member clean and comfortable.

Staff were able to explain to us about potential risks for people they supported. We saw there were clear plans of how each person was to be cared for and how they were to be supported. For example, where a person was at risk of a pressures sore staff knew who needed regular turns to help reduce the risk of harm to their skin. We read in one person's care record how the person's damaged skin had healed and had continued to remain healthy. The nurses we spoke with knew who required dressings and where necessary they would work with specialist nurses who could visit people to ensure they were receiving the right treatment to heal their damaged skin.

People who lived in the home and relatives told us they were supported by a staff team who knew them well. All people we spoke with told us staff were quick to respond to their requests and answered their call bells quickly. We spent time with people who lived with a dementia related illness, we saw staff were busy, anticipated people's requests and took their time while they supported them.

Staff told us they were busy, but worked together as a team so the shifts ran smoothly. Staff told us they had clear guidance about what support they were offering to people and that they worked well with nurse who supported them were they needed. We saw that while care and nursing staff spent time with people, there were dedicated activity co-ordinators who ensured there were a mix of different activities taking place for people. Nursing staff felt there were enough nurses on duty to meet people's needs and keep them safe. Each unit had a team leader who reviewed people's dependency levels to ensure there were enough staff to meet people's changing needs.

The registered manager knew the people who used the service, their support needs and skill mix of their staff. We found that there was a good skill mix of staff on duty at the time of our inspection.

All people and relatives we spoke with felt medicines were managed in a safe way and given on time or

when requested. One person told us, "I'm quite happy they come around with it". While a relative told us, "Their medication is given fine, watch [the person] take it, as they have regular painkillers." Care staff assisted some people with prescribed creams and people told us this was done in the right way. Care staff had clear guidance on where and how to apply the creams. All staff told us they received medicine training and their practices were checked on a regular basis. Nursing staff had a good understanding about the medicines they gave people and the possible side effects. The storage, checks and stock control of medicines was managed in a safe way.

We asked people about the cleanliness of the home. One person told us, "My room is lovely, clean and nice and I'm particular". While another person told us, their laundry was always cleaned. People and relatives told us staff used gloves, aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff told us they had received training in food hygiene and infection control, they confirmed they had access to equipment that protected them and people they supported. The registered manager told us they carried out spot checks of their staff to ensure they were following best practice regarding preventing infections.

The registered manager monitored accidents and incidents that happened within the home; this information was used to improve the care for people either on an individual level or learning for staff, such as fall prevention techniques.

Is the service effective?

Our findings

When inspected in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The registered manager completed face to face assessments of people's care where they were looking to move into the home. These types of assessments meant that staff could be sure they were able to meet the person's needs and had the right equipment to support the person. One person told us, "[Registered Manager] visited me in hospital prior to my coming here and would have arranged a visit prior to admission but hospital just discharged me." We saw that people and where appropriate their family members were involved in on-going assessments of their care which covered different topics about their health and wellbeing along with their interests and hobbies. People told us that they were treated as an individual and staff knew them very well. A nurse explained, "Some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right".

People told us staff were confident in their approach and had the knowledge and abilities to meet their needs. One person told us, "My health has improved a lot since being here." Relatives told us they were happy with the way their family members were cared for. Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as safely moving and handling to keep people safe. Staff had received further training and specialised in different areas, for example, staff had received dementia care training and were using this knowledge to manage situations where some people may become anxious to ways to improve the environment for people to better support them.

Staff told us they all worked as a team and had handover of information at each shift. Where staff had been away, for example on holiday, they had access to a detailed handover to ensure they were kept up to date with all changes. The head of departments would meet daily to discuss what was happening that day and to ensure each department was aware of what was happening within the home for people.

People were very complimentary about the food that was available. We saw people enjoying their meals and told us they had enjoyed their lunch time meal. One person said they enjoyed their, "Cooked breakfast every morning." While a further person said, "The food is excellent, we have a roast on Sunday and Wednesday, the meat is really good." People told us and we saw that they had a choice of meals on the day, or had an option for a lighter meal if they wished. We saw people were given a choice of different desserts which people enjoyed. Meal times were a relaxed and social occasion, where people required support to eat their meals staff did this in a dignified way and the person's own pace. Where staff had identified a person's weight as low, measures were in place to ensure the person's weight was stabilised and/or increased. The chef was aware of who required high calorie milkshakes and made these for people where it had been identified they were losing weight. We observed people had drinks to hand, and where required, staff assisted people to drink enough to keep them healthy. Where people were at risk of de-hydration, their fluid intake was monitored to ensure they were having enough fluid.

People confirmed they were supported to see their doctor if they became unwell. A relative told us, "[Person's name] has access to a GP if needed. They are prone to water infections but always have drinks to hand and staff encourage them to drink." We spoke with a Speech and Language Therapist (SALT) during our visit, who confirmed that referrals for assessment were appropriate and timely and staff followed their advice. People told us they also had visits from chiropodists, opticians and audiology and these appointments were kept. We saw a staff member supporting one person with their hearing aid to ensure it was working. The registered manager told us they were developing their links with the local hospice to help support people, family and staff with end of life care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them in how they wanted to be supported. Where people lacked capacity to make decisions about aspects of their personal care relatives and external healthcare professionals were involved so that the care provided reflected what was in the person's best interests.

Staff told us they assumed people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person decline, they would respect their choice. Staff were aware who may have a restriction in place and how this affected their care. The registered manager had recognised where they may be restricting some people's liberty and had made applications for approval to restrict the freedom of people who used the service, and we saw these had been granted.

Hérons Park is a large purpose-built home, which has been extended over the years where there were three units on each floor, one of which is a specialist dementia unit. People had their own private bedrooms and some people had their own ensuite. The provider had equipped the home with specialist baths and showers which were appropriate to support people's individual nursing care needs. People were cared for on specialist profiling beds and staff had access to enough hoists, slings and wheel chairs to enable them to support people in the right way. People had access to communal areas and could move around freely and independently. People had access to a garden area which was suitable for wheelchair access. The maintenance manager completed checks of the building and the equipment to ensure they met the right standards and identify any areas that may require further adaptation

Is the service caring?

Our findings

When inspected in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People were complimentary about the service they received. One person said, "I like living here, the staff are nice, kind, helpful, I wouldn't have stayed here if I didn't like it." Whilst a further person said the, "Staff are smashing, they look after me very well." A relative told us, "[Person] loves the staff, they are very pleasant, helpful and lovely." Another relative told us, "Staff are lovely, I can't fault them."

Staff supported people to live as independently as possible. One person said, "I now make my own decisions at Heron Court, I get about independently with a frame and have a key to the lift, I've not lost my independence." While a further person told us, they could "Come and go as you like." People shared with us how staff recognised what was important to them. One person told us how staff had supported them with internet shopping and that the provider had put additional wardrobes into their room to store their love of clothes. We heard staff were complimentary to people and acknowledged and supported their emotional needs. Where one person became tearful we saw staff spending time with the person to reassure them.

Staff spoke about people with compassion and shared their knowledge of what they knew about people. Staff supported people to continue with their hobbies and interests, such as ensuring a person who enjoyed art and sculpting had the equipment to enable them to do this. One staff member told us how they had attended a dementia training course and used some of these ideas to bring into the home for people to benefit, such as using bird sounds to create a more relaxing and calming atmosphere for people, which they felt was working well.

Throughout the inspection we found the atmosphere to be calm and relaxed. We saw the interactions between staff and people was warm and respectful and they had obvious positive relationships. Staff were observed and heard to be discreet when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively. People could spend their time where they chose and this was respected by staff. People told us that their relatives and friends were welcome to visit at any time and people appreciated this. One visitor told us, "There is no restriction on what time we can come and visit and the staff treat us very well." One relative told us, "I am made welcome and treated like a friend." They continued to say that when their family member had been ill they were pleased that they had did not have restricted visiting times.

People told us they were supported in a dignified way. One person told us that, "Everything is done with dignity, things are done discreetly." We saw staff were respectful towards people and promoted and maintained their dignity at all times, for example, supporting people after their meals so that their clothes were clean. Relatives told us their family members were treated well by staff and their family member's privacy was maintained.

Is the service responsive?

Our findings

When inspected in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People continued to be involved in the planning their care from the beginning and their needs continued to be met. One person told us, "[Staff] ask me when I want to get up and if I want to come down for breakfast and I tell them when I'm ready for bed." Where appropriate relatives were involved in their family members care who told us they felt listened to and that staff acted quickly where appropriate. One relative told us how they were kept informed when their family member had become unwell and needed to go to hospital. We spoke with staff about one person who lived in the home and saw in their care record, staff had supported the person back to good health. A staff member told us, "When they arrived they were very frail, not eating or drinking and was nursed in bed." We saw now that the person had gained weight, their skin was healthy and was socialising and joining in with activities within the home.

Staff had the training, skills and knew people well to recognise when a person was not well. A relative told us that staff had acted quickly when their family member was unwell. Staff also shared examples of what action they had taken in response to a person's declining health. We also read in one person's care record how staff had identified one person had a potential infection and promptly contacted the doctor so antibiotics could be given.

Staff told us they were kept up to date with people's changing needs and told us the communication within the team was good. Staff were updated of a new change in a person's care following an assessment undertaken by an external healthcare professional on the day of our visit, and we saw that the most up-to-date care was being delivered. All staff told us they worked as a team. One care staff member told us, "The nurses are all very good. If ever I need a nurse to check someone they do it straight away."

People were supported to maintain their hobbies and interests. One person told us "I've called the bingo and at the garden fete I did the tombola and got two of the carers sons to help me it was like old times." Other people told us how they enjoyed the bands and singers, with one relative telling us their family member "Loves to dance when they come in." A further person told us how, "The garden was an asset and staff had decorated everywhere for the World Cup although there was a football free zone." People told us there were always plenty of things to do that they enjoyed, such as board games, card games and exercises, relatives told us people also had the opportunity for individual time with staff and said, "[Persons name] has got photos in their room and staff look at these with them." People were also supported to follow their faith, with one person saying, "A communion service takes place once a month at the home."

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us they knew how to raise a complaint if they needed to but were happy with the service provided. One person said, "Not made any complaints, I would find somewhere else if I wasn't happy but I'm really happy." We looked at the provider's complaints records and saw that the registered manager had kept clear records about how they responded and taken actions to reduce the

likelihood of a concern from happening again. Where appropriate staff confirmed concerns were shared with them so that lessons could be learnt.

Staff told us they had received end of life care training which had helped them to support those people who were at end stage of life. Staff told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. Staff explained how they worked with the hospice staff to ensure people had a dignified and comfortable death. The registered manager told us they were working with the local hospice to increase their links with them. Staff spoke in a compassionate way about people they had supported and expressed how they were happy to enable people to stay in their home, to meet and support the person's wishes.

Is the service well-led?

Our findings

When inspected in January 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and their relatives continued to feel enabled to make decisions in how the service was run. People told us there were resident meetings that were held regularly where they could discuss topics that were important to them. We read some of the past meeting minutes and saw that people had been positive about the quality of the food and were planning their future events. People we spoke with told us they felt included and that the staff and registered manager listened and responded to them. One person told us, "I like living here, I get on well with everyone."

Staff said they all worked as a team and felt supported in their role. Staff had regular team meetings which they felt were useful, but also had daily communication with a senior staff member. Staff told us the registered manager was visible within the home and supportive of their requests. One staff member told us how the registered manager was prompt to respond to their requests, for example, ordering more pressure cushions for people.

The management structure of the home meant that there was one-unit leader for the ground floor and top floor and one-unit leader for the middle floor. Staff felt this worked well as the unit leaders knew people very well and how they worked as a team. Staff told us that the unit leader would be the staff member they would initially speak to if they had any concerns that needed addressing. The registered manager received reports from the day and night shift of any changes, incidents or accidents that may have happened, so that they could ensure people were receiving the right care and treatment. Staff told us that the registered manager visited the different areas of the home and was available and approachable if staff needed to speak with them. One staff member said, "[Registered manager] is very good, and supportive.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They also visited people so they would ask if they were happy with their support. They said this gave them an opportunity to see how their staff interacted and supported people. The registered manager told us that they had used this opportunity to move staff between different areas of the home, as it was important for staff to know all people who lived in the home. Staff shared with us that they had been apprehensive about the change, but had settled into their new routine well. They showed us other checks that they had in place, such as spot checks of care records and spot checks of staff performance to ensure that appropriate and timely actions were being taken.

The registered manager told us they had also identified that re-decoration and better signage of the middle floor which cared for people who lived with dementia was required. They had set up a garden area space for people, as they had identified that not all people were able to go outside. They spoke of their plans to develop the communal spaces and dining area to encourage the space available to be used by people.

The provider made regular visits to the service, which involved speaking with people and staff to gain their views about the service. Where the provider had identified areas to develop the registered manager had either completed these or where working to improve in this area. The registered manager told us they had good support from the provider, who was responsive to their requests. The registered manager told us they worked with the provider's managers from their other services to share information and keep up to date with new changes. They told us and staff confirmed that any changes or updates were shared with their staff group.

The registered manager understood the requirements of their registration. They submitted statutory notifications to us where this was required. The previous rating was displayed in the reception area for people and visitors to view.