

Abbey Healthcare (Kendal) Limited

Heron Hill Care Home

Inspection report

Valley Drive
Esthwaite Avenue
Kendal
Cumbria
LA9 7SE

Date of inspection visit:
20 December 2015

Date of publication:
23 February 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 December 2015 and was unannounced. We carried out a focused inspection after we had received concerns from other agencies and individuals in relation to the levels of suitably qualified staff being deployed in the home to meet people's needs. As a result we undertook this focused inspection to look into those concerns. This report only covers our findings in relation to staffing. We have not revised the rating for this key question and the service continues to require improvement in this domain. We will review our rating for safe at the next comprehensive inspection.

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

Heron Hill Care Home provides accommodation and nursing care for up to 86 people. The home is on three floors and has four separate units each with separate dining and communal areas. All bedrooms are single occupancy and have en suite facilities. The service provides support to adults who have a physical disability, mental health needs, behaviour support needs, dementia and complex nursing needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We found on the day of our inspection 20 December 2016 and from looking at rotas and speaking to staff that staff levels fluctuated in the home and staff were at times being moved to work on different units with people whose needs they were not familiar with. We found that efforts were being made to recruit more permanent staff and that agency staff were used to maintain sufficient numbers of staff but that the skills and experience of people were not always being taken into account when staffing units. Work that had been done on using a dependency tool to assess and adjust staffing levels but the staffing was not consistent and stable across the home and the numbers of permanent staff were sometimes exceeded by agency staff on night shifts.

Rotas over the Christmas period indicated that all the units would have sufficient nursing and care staff on duty as long as all staff worked their shifts. On the day we visited sickness had reduced the staff levels and also the adverse weather conditions. There was no clear contingency in place and we recommend that the service finds out more about developing procedures for dealing with emergency situations when staffing levels drop below the accepted level which is likely to have an impact on care.

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 safe.

A dependency tool was being used to monitor staffing and adjust rotas however there were not plans and procedures to cover emergency situations when staffing dropped and could impact upon care delivery.

Requires Improvement ●

Heron Hill Care 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.

We undertook this inspection on 20 December 2015 after receiving concerns from other agencies and individuals in relation to the levels of suitably qualified and experienced staff being deployed in the home to meet people's nursing and personal care needs and to provide individual support where it was needed. We have not revised the rating for this key question.

This focused inspection was undertaken by two Adult Social Care (ASC) inspectors and an inspection manager on a Sunday evening to see how the units were being staffed with sufficient suitably qualified and experienced staff and to look at the rotas in place to cover the Christmas and New year period to make sure this period had sufficient staff rostered to be on duty. This report only covers our findings in relation to staffing.

Before our inspection we reviewed the information we held about the home and concerns raised with us by members of the public and the action plans sent following our previous inspection in July 2015. We also had contact with the local authority quality management team and the Clinical Commissioning Group (CCG) and health care professionals who provided care and support to people living there.

We inspected the service against one of the five questions that we ask about services: is the service safe. This is because the concerns raised relate to this domain. We visited all the four units in the home and spoke with the registered nurses in charge on the three units providing nursing care and with six health care assistants on duty.

Is the service safe?

Our findings

At our focused inspection on 11 May 2015 we had found that staff levels and skill mixes on some units were not consistent and stable. At the comprehensive inspection carried out in July 2015 we found that steps had been taken to improve staffing levels and deployment in line with the action plan the registered manager had sent us following the focused inspection in May 2015. A shift monitoring system had been put in place and this was based upon a dependency tool. The tool classified levels of dependency based on needs and was used to calculate the dependency category and the number of people in each, the overall staff hours of care required and the total number of registered nurses and care assistant hours needed to provide the care. We saw the rots being done included the increased staffing in line with the occupancy and the dependency of the people living there. Agency staff were being used to fill the gaps in the rotas where staff were needed and to cover the staff vacancies and maternity leave in order to try to maintain sufficient numbers of staff. Staff told us that some care staff had recently left further reducing staff available.

At this focused inspection 20 December 2015 we were responding to concerns that had been raised with us from other agencies and individuals in relation to the levels of suitably qualified and experienced staff being deployed in the home to meet people's nursing and personal care needs and to provide individual support where it was needed. We looked at the staffing on each of the four units on the day of the inspection. We also requested the rotas for staffing over the Christmas holiday period to make sure that staffing levels and experience had been planned on the rotas to meet the needs of the people living there.

Staff we spoke with told us that staffing was "much better" and that the incentives introduced by the registered providers helped to make staff feel that they were valued. Some told us they thought morale was improving amongst the staff. Staff we spoke with knew that recruitment of staff was on going and that in the meantime they needed to continue to use agency staff. The agency staff being used included staff that had been coming to the home for some time and knew the service. Some agency staff had been working there for up to a year.

The rotas we looked at showed that there were still some shifts to be covered over Christmas on some units, for example McKenzie unit where there were people living with dementia, still a had a shift to cover on Christmas Day. We could see that agency staff had been booked on those units where the need for more staff had been identified. The Regional Manager for the service had confirmed to us that any gaps in the rotas would be filled by using agency staff. We saw that on Cavell, one of the two nursing units for people with dementia, there was still a heavy reliance on agency staff to cover night duty and maintain safe levels of nursing and care staff. This had been the case since our last inspection and rotas did not indicate that any more permanent staff had been recruited to for night duty.

On the day we visited two staff members had called in sick on Nightingale unit, the general nursing unit, and one on Cavell unit where people were living with dementia. The rota had been planned for Christmas on both units and we could see that the shifts on Nightingale had been covered by permanent staff with the exception of two night shifts when an agency nurse would be in charge of the unit.

Rotas for Cavell unit had been subject to many changes. There was staff sickness on the off duty so changes had been made to maintain the staff establishment and we could see that staff from the McKenzie unit had been moved to the unit for Christmas. Agency staff were ordered to cover other gaps in the day shift and for four nights that week three of the four care staff on night duty were agency staff and on two of those nights the nurse was agency as well. During the preceding week of our visit every day and night shift additional staff were required to work extra shifts or have agency cover.

On the day we inspected an agency carer had not come in on duty for the male only Baden Powell unit. So the staffing was down on what was planned on the rotas. On Baden Powell the Registered nurse should have had two care staff for the day shift but there was only one carer for the nine men living there. The male nurse told us there were usually two carers working with them but the second agency staff had not come on duty due to flooding. They told us that it had been difficult to give people the time they needed with just two staff on duty.

The service was continuing to try and recruit nursing and support staff. We found that staff levels had fluctuated and staff were being moved to work on different units with people whose needs they were not familiar with. Staff told us that they moved around units to help maintain numbers as needed and were working additional shifts to try to cover. We found that strenuous efforts were being made by the staff and management to maintain sufficient numbers of staff but that the skills and experience of people were not always being taken into account when staffing units as the emphasis was on maintaining a level of staffing.

Despite the work that had been done on using a dependency tool to assess and adjust staffing levels the staffing within the home was not consistent and stable across the different units and the numbers of permanent staff were sometimes exceeded by agency staff on night shifts on Cavell unit. The lack of a stable and permanent staff group was an ongoing problem that could affect the continuity of care.

Rotas over the Christmas period indicated that all the units would have minimum nursing and care staff on duty as long as everyone turned in for duty. On the day we visited sickness had reduced the staff level and also the adverse weather conditions and there was no clear contingency procedures in place to deal with this. Staff had worked with less staff than the duty rotas indicated was the planned staffing level on three of the units.

We recommend that the service develops a more robust plan and procedures for dealing with emergency situations when staffing levels drop below the stated level which is likely to have an impact on the delivery of care.