P & B Kennedy Holdings Limited

Herncliffe Care Home

Inspection report

Spring Gardens Lane
Keighley
West Yorkshire
BD20 6LH

Tel: 01535681484
Website: www.herncliffe.co.uk

Date of inspection visit:
20 June 2017
21 June 2017

Date of publication:
24 May 2019

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 20 and 21 June 2017 and was unannounced on the first day.

The home provides nursing and personal care for up to 129 older people, some of who are living with dementia. There were 124 people using the service when we inspected. The home has six separate units; Garden wing provides nursing care for up to 24 people living with dementia; Margaret wing provides nursing care for up to 23 older people; Terraces provides nursing care for up to 26 older people; Constance wing provides nursing care for up to 24 older people living with dementia; Alexandra wing provides personal care for up to 17 older people living with dementia and Victoria wing provides personal care for up to 14 older people. Each wing has its own communal areas including lounge and dining space as well as bathrooms and toilet facilities. The majority of bedrooms are single occupancy although there are 14 double bedrooms for people who wish to share. There are well maintained gardens and patio areas around the home, including a secure outdoor space which can be accessed from the Garden wing.

The home has a registered manager. 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.

At the last inspection in May 2016 we identified three breaches of regulations, Regulation 9 (person centred care), Regulation 12 (safe care and treatment) and Regulation 13 (safeguarding service users from abuse and improper treatment). The overall rating for the home was 'requires improvement'. During this inspection we checked to see if the required improvements had been made. We found that although improvements had been made the issues raised at the last inspection had not been fully addressed and there were continued breaches of two regulations.

People and relatives told us they felt the home was a safe place to live. We found improvements had been made to the way safeguarding concerns were identified and reported. Staff knew how to keep people safe and report any concerns about people's safety and welfare. Risks to people's health and wellbeing were managed effectively.

The management team decided on the staff numbers and skill mix for each unit. However, we found there were sometimes less staff on duty that were required. This meant there was a risk people, particularly those people living with dementia, would not have their needs met in a timely way.

There were robust recruitment procedures in place to protect people from the risk of receiving care and treatment from staff unsuitable to work in a care setting. References were obtained and criminal records checks were carried out but we found the records did not always show that gaps in people's employment history had been explored at interview. Staff were trained and supported to carry out their roles and responsibilities.

We found overall people's medicines were managed safely and people received their medicines as prescribed.

The home was clean and fresh and generally well maintained and secure. However, the provider did not have an electrical wiring certificate to confirm the safety of fixed electrical installations.

People's capacity to make decisions about their care and treatment was assessed and where appropriate applications for Deprivation of Liberty Safeguards authorisations had been made. However, we found while staff were aware of who had DoLS in place they were not always aware of the attached conditions. This created a risk that people's rights were not protected.

The majority of people were satisfied with the food and we saw staff were patient and sensitive when supporting and prompting people to eat. People were offered a choice of food but people living with dementia were not offered a visual choice which may have helped to inform their choice.
People's care plans did not always provide clear guidance about the support they needed to have an adequate dietary intake. Food and fluid charts were not always sufficiently detailed to provide an accurate picture of what people were eating and drinking.

People were supported to meet their health care needs and visiting health care professionals we spoke with were complimentary about the service.

People living in the home and relatives told us staff were kind, compassionate and caring. This was supported by our observations throughout the inspection. We saw staff were respectful and paid attention to people's privacy and dignity.

People who lived at the home and relatives were listened to and we found many examples of changes which had been made in response to feedback from people.

The service supported people to think about their end of life care and had recently held a 'Dying Matters' event to encourage people to think about living well and planning for end of life care.

People were encouraged to visit the home before they moved in and their needs were assessed. The home was in the process of implementing new electronic care records with the aim of supporting a more person centred approach to care planning.

Complaints were taken seriously and dealt with and people were told what action had been taken in response to their complaints. However, this was not always fully reflected in the records.

Everyone we spoke with told us they would recommend the home. We found people who lived at the home, relatives and staff had a lot of confidence in the management team.

There was a clear commitment to continuously improving the service and ensuring everyone who used the service experienced good care. However, we found there was still work to be done to achieve this. We found some of the concerns raised at the last inspection had not been fully addressed which meant the service remained in breach of two regulations and we identified two additional breaches in relation to staffing and good governance.

You can see the actions we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from the risk of abuse.

Overall people's medicines were managed safely.

There were not always enough staff on duty to make sure people's needs were met in a timely way.

The home was clean and generally well maintained. However, risks to people's safety were not always managed effectively.

Is the service effective?

Requires Improvement

The service was not always effective.

Generally people were satisfied with the food. However there was a risk people would not always receive the right support to meet their nutritional needs.

People were supported to meet their health care needs and had access to the full range of NHS services.

Staff were trained and supported to meet people's needs.

Staff were not always aware of conditions associated with Deprivation of Liberty Safeguards which meant there was a risk people's rights would not always be protected.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were treated with kindness and compassion and this was confirmed by our observations.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. The service was in the process of implementing new, more person centred care plans. People told us their choices were respected.

People were offered opportunities to take part in a range of different social activities.

Complaints were taken seriously and acted on and people were given feedback about their concerns. However, this was not always fully reflected in the complaints records.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People who lived in the home, relatives and staff had confidence in the management team and everyone we spoke with told us they would recommend the home.

There was an open and transparent culture and a clear commitment to continuous improvement from staff and management alike.

The providers systems for monitoring and assessing the quality and safety of the services provider were not always as effective as they should be.

Herncliffe 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.

The inspection was carried out on 20 and 21 June 2017, the first day was unannounced.

The inspection team was made up of two adult social care inspectors, an adult social care inspection manager and two experts by experience. 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 our experts were experienced in the care of older people and people living with dementia.

During the inspection we spoke with 23 people who lived in the home and 13 relatives. We spoke with three visiting health care professionals, the registered manager, the deputy manager, four unit managers, four nurses, seven care workers, the maintenance man, the catering manager and the owner.

We observed care interactions between people living in the home and staff throughout the day and we observed the meal service at breakfast and lunch time. We looked at 17 people's care records and other records relating to people's care and treatment such as medication records. We looked at five staff recruitment files and other records relating to the management of the service such as training and maintenance records, meeting notes, audits and surveys.

We looked around the home at a selection of bedrooms, communal bathrooms and toilets and the communal living areas.

Before visiting the home we reviewed the information we held about the service, this included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service.

The provider completed a Provider Information Return (PIR) at our request and returned it to us in good

time. This is a document which gives the provider the opportunity to tell us about their service and any planned improvements. All this information was taken into consideration when we rated the service.

Requires Improvement

Is the service safe?

Our findings

We asked people about the staff, one person said, "All the staff are very nice, everybody has been very kind." Another person told us they thought the staffing levels had improved recently.

We asked staff on three of the units if there were enough staff on duty to care for people safely. They told us when the planned numbers of staff were on duty there were enough of them to provide people with the care and support they needed. However, they told us at times because of annual leave or sickness the planned staffing levels were not maintained.

We spoke with the nurse on Garden Wing who told us in the mornings there was one nurse on duty with a senior carer and four care workers. We looked at the duty rotas for the last four weeks and saw on five occasions only three care workers had been on duty instead of four. On Alexandra Unit the senior care worker told us the planned staffing levels, in the mornings, were one senior carer and three care workers. We looked at the duty rotas for the last four weeks and saw five occasions when only two care workers had been on duty. On Constance Unit the unit manager told us the planned staffing levels, in the mornings, were one nurse, a senior carer and four care workers. Again we checked the duty rotas for the last four weeks and saw there had been four occasions when only three care workers had been on duty.

The registered manager explained recruitment of staff was on going and it was not always possible to cover shifts at short notice.

People said staff attended to them when they used their call bells and we saw people had their call bells within reach. However, many of the people who used the service were living with dementia and would not always be able to use their call bells. Therefore, when the planned staffing levels were not maintained there was a risk their needs would not be met in a timely way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager explained the recruitment process and the checks which were carried out before new staff started work. These included written references from previous employers and a DBS (Disclosure and Barring Service) check. DBS checks are done to make sure prospective employees do not have a criminal conviction which would make them unsuitable to work with vulnerable people. In the case of nursing staff the NMC (Nursing and Midwifery Council) register was checked to make sure they were registered to practice in the UK.

We looked at five staff recruitment files and in three we found there was no record that gaps in employment had been explored during interview. This was discussed with the deputy manager who said they would follow it up. However, this should have been identified by the home's quality assurance and monitoring systems.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had concerns that risks to people's safety and welfare were not always identified and assessed. During this inspection we found improvements had been made. Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, falls, nutrition and tissue viability. We saw where risks had been identified; action had been taken to mitigate those risks. For example, where people were at risk of falling we saw motion sensors had been put in place. These alerted staff if people were moving around so they could offer assistance.

We looked at records of servicing and maintenance and saw regular checks and tests were carried out on equipment and installations. We found portable electrical appliances were checked but the provider did not have a current electrical wiring certificate to confirm the safety and suitability of fixed electrical installations. This had been raised at the last inspection in May 2016 and had not yet been addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visit the provider assured us they had made arrangements to have the fixed electrical installations checked and confirmed the work would commence on 9 August 2017. They also told us they were satisfied the electrical installations were safe.

We found the home was clean, well maintained and comfortably furnished. People we spoke with told us it was always clean and tidy and there were never any unpleasant odours. There were processes in place to reduce the risk of cross infection. For example, staff were provided with and used aprons and gloves and monthly hand washing audits were carried out.

There was ample communal space on each of the six units and the Garden wing had direct access to a secure outside space. When we arrived at the home at approximately 8am on both days of the inspection we found the front doors were open and there was no one at the reception desk. This meant we were able to walk into the home without being seen or challenged. The weather was exceptionally warm; nonetheless this potentially compromised people's safety. We discussed this with the management team who assured us they would deal with it.

People who used the service told us they felt safe. Comments included, "Yes, I feel safe; I have no complaints at all." "They are lovely here, I'm very well looked after, I feel very safe." "I feel safe in my room." "I like my room." "Yes happy and safe."

Relatives also told they felt the home was a safe place. One relative said, "Yes my relative is very safe here. " Another relative said, "On the whole yes happy for my relative [to be] here – it is certainly safe."

We saw there were safeguarding policies and procedures in place and information about safeguarding was on display throughout the service. We spoke with four members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to one of the managers. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

The registered manager did not hold any money for people who used the service.

People we spoke with said they did not have any issues with their medicines. They said they received their medicines on time.

We saw medication management policies and procedures were in place and the National Institute for Health and Care Excellence (NICE) guidance for managing medicines in care homes was available for staff to refer to.

On the nursing care units the nurses took responsibility for administering medicines and on the residential units this was done by senior care workers. All staff who were responsible for administering medicines had received training and had been assessed as competent.

We found medicine trolleys and storage cupboards were secure, clean and well organised. We saw the drugs refrigerators and controlled drugs cupboards provided appropriate storage.

At the last inspection we had concerns people's medicines were not always managed safely. During this inspection we found improvements had been made. For example, the provider had implemented a new system for managing medicines. The documentation in the form of medicine administration records (MARs), administration protocols and stock control were all electronic. Staff guided us through the process which we found largely to be robust. The system demonstrated people had received their medicines or gave the reasons why it had been omitted. However, we conducted an audit of some boxed medicines and found on six occasions there was an imbalance in stock levels. The registered manager thought this was because of an accounting error rather than people not being administered their medicines and told us they would investigate this further. Based on the information in the home's own monitoring systems and the feedback we received from people we concluded this was the most likely explanation.

Allergies or known drug reactions were clearly documented on each person's electronic MAR. We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the contents of the controlled medicine's cabinets and controlled medicines registers and found all drugs accurately recorded and accounted for.

We observed parts of three medicine rounds and saw staff took people their medicines and a drink and supported them with patience and kindness whilst they took their medicines.

We saw one person was receiving their medicine covertly. It was being crushed and mixed with orange juice. Details of this were in the care plan together with the best interest decision which had been made between the GP, nurse and relative. There was nothing documented about the involvement of a pharmacist, however, the unit manager assured us this had happened.

Overall we concluded people's medicines were managed safely.

Requires Improvement

Is the service effective?

Our findings

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.

The registered manager told us some people had DoLS authorisations in place, adding others had been applied for but they were waiting for Bradford Local Authority to come and complete the necessary assessments.

We looked at some of the DoLS authorisations and saw some had conditions attached to them. We saw one condition was about the person attending church services within the home. We looked in their care plan and saw there was no information about this condition. We spoke with a senior care worker who was aware of the DoLS being in place but was unaware of the specific condition. In another person's records we saw the DoLS had one condition which was that their GP should be informed about the authorisation. There was nothing in the person's records to indicate this had been done. We asked the nurse in charge of the unit where the person lived and while they were aware of the DoLS they were not aware of the condition.

This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care files we looked at contained information about any Lasting Power of Attorney (LPA) orders which were in place but this was not always accurate. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. For example, one person's care plan stated there were no LPA's, when in fact there were two LPA's in place. This risked that staff may not have had the information required to ensure LPA's were being followed.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the consent to care and treatment forms were in the computerised care plans but had not been signed. The registered manager told us the consent forms would be printed off, signed and then scanned

back into the electronic care plans and this was still 'work in progress.'

We observed staff communicating with people to seek their consent during the medicine round. Staff communicated with people well and very clearly. They gave people options and spoke to them directly to their face so that they could hear and understand what was being asked of them. Where people were seated staff knelt by their side. We saw the staff asked people before they did things for them. For example, when one person needed help to move from their armchair to a wheelchair with the aid of a hoist care workers talked to them about what was going to happen.

We asked people who lived in the home about the food. Generally people were satisfied with the food. Comments included, "I eat it; it does not bother me." "Everything is all right." "I like all the food, I am not fussy." "I eat when I am hungry, there is always food around." "Yes, I like the food." "The food is okay." "Food is nice." "It's not bad." "It's not cordon bleu but it's ok."

We received similar comments from relatives, for example, "Yes, we have had no problem with the food, he has never complained." "It is like school dinners, now my relative has changed to a liquid diet, we did have an issue that he was not drinking enough water and this has been sorted, I understand that as it is a liquid diet, we need to be careful he does not choke." "They make very good homemade cakes, my mother loves them." "His food is liquidised so it's hard to tell if he likes it."

We observed the meal service at breakfast and lunch time on different units. We saw the majority of people who used the service remained in their armchairs at mealtimes and very few sat at the dining tables. For example, on one of the units we saw eight people having their breakfast while sat in armchairs. At lunch time the same eight people remained in their armchairs to eat their lunch. This meant people missed out on the opportunity to take part in some of the social aspects of meal times.

Care workers verbally asked people which choice of meal they wanted at lunchtime, but did not show people the meals which were available. Most people who lived with dementia would have benefitted from being shown the choices available to them to ensure they could make an informed choice. People were not offered condiments or sauces and were not given serviettes. At lunchtime we observed that although there was an option of fresh fruit for dessert this was not offered to people.

We saw one person's care plan stated, "Will sleep for 2-3 days and must be encouraged to eat when awake." We looked at their food chart over a four day period and saw one day had nothing recorded, another day stated 'ate nothing,' on the third day only 'mashed banana' had been documented. On the fourth day they had eaten two bananas and three scoops of mashed potato. We concluded this person's care plan did not address how their nutritional needs would be met to ensure when they were awake they received highly nutritious and fortified foods.

Some people who used the service were having their fluid intake monitored. However, when we looked at their fluid charts we found they were poorly completed and did not demonstrate people were getting enough to drink. The Eatwell Guide (Public Health England) recommends adults should have between 1200mls and 1600mls of fluid every day. We found one person's total fluid intake on three consecutive days had been 200mls, 100mls and 750mls. Another person's was 540mls, 130mls and 420mls. We spoke to the registered manager about this and they told us the problem was with the documentation and they were confident people were getting enough to drink.

In another example a person's care plan stated they should have their fluids thickened. However, we observed and staff confirmed the person did not have their fluids thickened.

We concluded there was a risk people would not always receive care and treatment which was appropriate and met their needs. This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw when people needed assistance to eat and drink care workers provided this patiently and with kindness.

We spoke with two visiting healthcare professionals one of them told us, "The staff are very helpful and the care is excellent. I have patients who use the service for respite care and they are very happy." The second person said, "It's a nice home the staff are good and I have no concerns about care delivery."

In the care records we saw people had been seen by a range of health care professionals, including GPs, nurse practitioners, district nurses, dieticians, opticians and podiatrists. We concluded people's health care needs were being met

Most of the people we spoke with told us they were happy with the way they were supported by staff. Comments included, "They are nice girls." "Oh yes, they do look after me." "The girls are very nice, I am really happy." A relative told us, "I am so happy with the staff and how they look after my relative, we were in another care home for a year, I am able to compare and I feel I am able to leave her here if I don't come for a couple of days she is still happy."

We asked staff about training opportunities, one said, "The training is really good and we are doing team leading diplomas and there are a wide variety of courses." Another member of staff explained training was always available and in the main reception area details of the courses on offer were on display and staff could sign up for the courses they wanted to attend.

This was confirmed by the training records which showed staff received training on a variety of subjects including safeguarding, fire safety, infection prevention and control, medication management, palliative care, the Mental Capacity Act and Deprivation of Liberty Safeguards, malnutrition, dignity and respect and equality, diversity and human rights.

We spoke with an external training assessor who was present during the inspection and they told us, "They are so organised, (name of deputy manager) sets everything up and books the training rooms. It is one of the better structures and offers good support for learners. The practice is uniform throughout the service and staff are passionate about their jobs."

We saw there was a planned approach to staff supervision and appraisals. Appraisals were carried out once a year and in between appraisals staff were supported in one to one and group supervisions.

Good

Is the service caring?

Our findings

When we inspected the home last year the majority of people we spoke with were happy with the care provided and spoke positively about the staff. This year we received similar feedback, people spoke positively about the staff and management. Comments from people living in the home included, "I am very well looked after; I get on with all the girls." "I would not be here if the care workers were not good to me." "The care workers are very nice people indeed." "The nurses are very polite to me." "Yes they are good with me, they are kind." "There is no difference with the night staff they are all very kind."

On one of the units we spoke with three people about the approach and attitude of the staff. They were very complimentary about the unit manager. Their feedback told us the unit manager had a caring approach and provided a good role model for staff. One person said, "She's the boss, she's very helpful." Another person said, "She treats everybody alike, she's a lovely woman." A third person said, "She comes and sits with us when we feel lonely."

Feedback from relatives of people who lived in the home was also positive. Comments included, "[They are] very caring, always there for my relative, always supportive to my relative, my father was also here and he passed away in March, the staff are so supportive to my relative." "I am very happy with the care workers, they are nice and they are very good." "We are very happy with the care [name of person] is receiving." "[Name of service manager] held a resident's hand and bent down to her level when speaking to her." Relatives told us they were able to visit at any time and always felt welcome. We saw people had been supported to access advocacy services when they did not have any relatives or close friends to support them.

The provider told us they had policies and procedures in place relating to the Equalities Act 2010. The policies included information on meeting the needs of people with protected characteristics such as disability, age, race, religion and sexual orientation. One example of this working in practice was that church services were held within the home for people to attend. In another example we saw the service had appointed dignity champions to promote a person centred approach to care. The registered manager was a dignity champion and staff received training on dignity during their induction. In addition staff received training on the six C's of Commitment, Compassion, Competence, Communication, Courage and Care. This approach was developed for making a difference in caring for people living with dementia but the registered manager told us it was used throughout the service.

Throughout the inspection we saw how all the staff put this into practice. We observed good interactions between people who lived in the home and staff on all the units. We saw people were happy and enjoyed the company of staff. On one of the units we observed the cleaner moving from room to room. She was pleasant and interacted with each person in a friendly manner. We heard her talking to each person about matters other than their care including activities their life and hobbies and addressing people according to their preferences. A relative told us, "The cleaner is wonderful. She talks to [name of person] and sings to him when cleaning his room."

People's care records included detailed information about their past life, family, social history, interests, likes and dislikes. This information helped staff to get to know people as individuals and develop caring relationships to provide care and support which was appropriate to their needs and wishes. When we spoke with staff we found they knew about people's individual likes, dislikes and support needs. When we looked in people's bedrooms we saw they had personal belongings which reflected their past lives, interests, family and friends.

In the care records we saw people and their relatives were involved in decisions about their care and treatment. Relatives told us they were kept informed about changes in people's needs. Two relatives we spoke with told us they were involved in care planning, one having attended a care review of the day of our inspection. Another relative told us, "I have Power of Attorney but I don't get involved with care plans. I don't think I've ever had a meeting about her care but they always ring me if there are any problems or if [person's name] is feeling ill."

At the last inspection we spoke with the provider about glass, (observation), panels in the bedroom doors in the Garden wing. We were concerned this compromised people's privacy, the provider told us they would deal with this and during this inspection we saw the glass panels had been removed.

The service followed the Gold Standards Framework (GSF) approach to end of life care and was working towards achieving formal accreditation. GSF is an evidence based approach designed to ensure people get the right care and support at the end of life. Gold Standard Champions within the home included ancillary and reception staff, this helped to ensure staff understood that everyone who worked in the home, regardless of their role, had an impact on people's experiences of care.

When people were nearing the end of life relatives who wished to stay were supported to do so. Relatives were offered a private room or a recliner chair in their relative's room and were provided with 'dignity hampers' for their comfort. A visiting healthcare professional told us, "The end of life care is good and staff liaise well with the nurses and follow any instructions."

We saw the service had held a 'Dying Matter' awareness week in May 2017. The registered manager told us this was to promote how the service helped people to live well, to discuss people's wishes and thoughts about end of life care and to discuss how the service remembered people who had died. In one of the lounges we saw a 'memory tree' had been started to remember people who had passed away.

When we arrived at Herncliffe we saw a chest freezer outside of the entrance with a note on it for people to help themselves to ice lollies. Staff told us the provider had put this in place as the weather had been very hot. This showed the provider considered the welfare of people who used the service and others.

Good

Is the service responsive?

Our findings

People told us the care and support they received took account of their individual needs and preferences. For example, one person told us, "They ask me if I want to go to the dining room but I like to eat in my room." Another person said, "I stay in bed all day, I can get up but I don't want to."

Our observations also showed staff were responsive to people's needs. For example, we saw one care worker supporting a person who used the service to get into the right position to eat their meal safely. They gently explained to the person, "If you do not sit properly you may choke on your food, I cannot give the food until you are sat properly, just shuffle a little back and sit up straight." In another example, we saw two people who lived in the home start to argue with each other. A care worker quickly intervened and diverted the attention of the person who had started the argument with a drink and a piece of cake. A conversation with a relative confirmed this type of intervention by staff was not unusual, they said, "The carers are very good at dealing with my mother's challenging behaviour."

Anyone thinking of moving into Herncliffe could visit to see if they thought it would suit them. A relative told us, "My mother is moving in the morning. The customer service is very good; the manger talked me through the care plan. I was shown around by her and was impressed that she knew all the residents by name and spoke to them all."

The registered manager or deputy manager completed assessments prior to admission to make sure the service could meet people's needs. We saw copies of these assessments in the care plans we looked at. One person moved into the home on the first day of our inspection. We saw staff were expecting them and knew what areas of care they would need support with. On the second day staff told us the person had settled in well. When we spoke with the person they told us they had slept well and were comfortable.

At the last inspection we were concerned that people's care plans were not always up to date, sufficiently detailed or person centred. The service was in the process of addressing this by introducing electronic care records. At the time of our visit four of the six units in the home had transferred to electronic records. We looked at a selection of electronic care records and found they were very detailed and provided clear information about people's care needs and preferences.

We saw evidence that staff listened to people's feedback about the service. For example, the registered manager told us that following comments from relatives in a recent survey they had taken action to improve communication throughout the service. They now had a tablet computer which people were able to use to Skype relatives. They told us a person who had been unable to attend a relatives wedding had been able to watch the ceremony via Skype. In addition, all the units had been provided with access to email to make it easier for relatives to contact staff and vice versa.

We asked people and their relatives about activities in the home. One person told us, "I do a lot of knitting" and we saw there was plenty of wool available. Another person said, "I like watching the TV and reading." A third person said, "I went to the pub with two of the girls [carer workers]." A fourth person told us they had

been a school cook and we saw they had been supported to take part in baking sessions in the home, they said, "I showed them how to make a banana cake."

A relative told us, "My relative never engaged in the previous home she was at, she now comes out and sits with people and goes on bus trips." Another relative said, "There should be more activities such as music for people, music stimulate and focussed people who have this illness [dementia]." A third relative said, "We were asked to complete a questionnaire about 18 months ago, I commented that there was not much to engage the resident's interests. I don't think I was alone as they employed [named a staff member]. The standards have been raised since then."

Another recent development had been the creation of a themed café. This had been developed to give people and their visitors a place away from the units where they could have a change of scenery, interact and enjoy refreshments.

The home employed six activities therapists and a driver to support people to go out. We saw photographs around the home of events which had taken place. Information about planned events was also on display. The home also had a monthly newsletter which included information about activities. In the May 2017 edition we saw the home had incubated five duck eggs and when they hatched the ducklings had been taken around the home. A relative told us, "They brought the ducks into [person's name] and involved him, he enjoyed the ducks".

We saw the complaints procedure was on display in the main entrance together with a suggestions/comments box. Some of the information on the complaints procedure was out of date; however, the registered manager showed us an updated version which was in the process of being put in place. We looked at the complaints log and saw three formal complaints had been made and these had been investigated and responded to by the registered manager. No final outcome to the complaints had been documented to show the complaints process had been completed. The registered manager told us they would address this in the documentation.

The registered manager analysed complaints for themes and the information was used to improve people's experiences. For example, they told us they had undertaken a complete review of working practices within one particular unit in response to people's concerns.

The service also kept a record of compliments and had received 100 in the last 12 months. The main themes among the compliments were social events, end of life care, the quality of care and compassion shown to people living in the home and relatives.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager, a clinical nurse manager and six unit managers. There was an open and transparent culture in the home and a willingness to learn and improve. Staff were upbeat and friendly and keen to tell us about the service they provided.

Everyone we spoke with told us they would recommend the service. Staff told us they would be quite happy for a relative of theirs to live at Herncliffe. One care worker told us, "This is the best home I have ever worked in; it's a pleasure to come to work. It's well run, well maintained and has a good staff team." Another care worker said, "This is the best service I have worked for. The management and staff team are wonderful." A third care worker said, "The unit manager cares about residents and staff and makes us feel appreciated." One of the unit managers told us, I have a lovely team here and I feel supported by the manager (registered)." A visiting health care professional told us, "They run a tight ship now staff, have defined roles and responsibilities."

We saw a number of staff meetings were held for specific staff groups and for each unit. These were used to discuss development of the service and to provide staff with information about good practice.

In their PIR the service told us the registered manager and deputy manager did a full walk around the home every day. During the inspection we found they were well known to staff, people who lived in the home and relatives.

We saw people who lived in the home, families and friends had been given satisfaction surveys to complete and a report had been compiled in October 2016 which gave details of the results. Where people had made suggestions for improvements a 'You said' 'We did' section had been added. For example, people had asked for an improved tea time menu and in response a different type of food service trolley had been introduced so more choice could be offered. This showed the registered manager was responding to people's suggestions for improvement.

We also saw a staff survey had been completed an as a result a number of actions had been taken, for example, offering management training to team leaders. This showed the registered manager valued the views of staff and acted upon them. The service had achieved the Investors in People award.

We found staff working in the home were supported to keep up to date with current best practice and had access to guidance such as that produced by the National Institute for Health and Social Care Excellence (NICE). The service was accredited with Bradford University to provide work placements for nursing and speech and language therapy students and was taking part in pilot scheme with Health Education England.

We looked at the provider's processes for monitoring and assessing the quality and safety of the services provided and our findings were mixed. Some audits were very effective, for example, infection prevention as we did not identify any issues across the whole service. We found the provider was taking action to address the areas of concern identified at our last inspection. For example, we found improvements had been made

to the way risks to people's safety and welfare were identified and assessed. In response to our concerns about the management of medicines the service had implemented a new electronic medicines management system which was supported them to manage people's medicines safety. In addition, the service was in the process of implementing electronic care records with a view to supporting person centred care. We found the new format had been implemented in five of the six units and the electronic records contained detailed information about people's needs and preferences. However, we found other areas in which the provider had not taken sufficient action to ensure compliance with the regulations. Two of the three breaches of regulation identified at the last inspection had not been fully addressed. These were in relation to person centred care and ensuring compliance with the Deprivation of Liberty safeguards.

During this inspection we found some shortfalls in the record keeping, for example, in relation to staff recruitment and complaints and identified a breach of regulation in relation to staffing which had not been identified by the provider quality monitoring systems. In addition, we found that the provider had not yet obtained an electrical wiring certificate to confirm the safety of electrical fixed installations, (Health and Safety in Care Homes, Health and Safety Executive 2014). While acknowledging there were measures in place to mitigate the risk the need for a certificate had been raised at the last inspection.

We therefore concluded the provider's governance systems were not always effective and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered provider and the registered manager were clearly committed to improving the service. Although there were still areas where the service required improvement we found the provider and registered manager were working systematically to bring about these improvements.

The rating from our last inspection was displayed within the home as required by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not always appropriate and did not meet their needs or reflect their preferences. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There was a risk people would be deprived of their liberty unlawfully because staff were not always aware of conditions attached to DoLS authorisations. Regulation 13(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff on duty to ensure people's needs were met in a timely way. Regulation 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes were not in operation to ensure compliance with the relevant regulations. Regulation 17(1)

The enforcement action we took:

Warning notice