Herons Lea Residential Home Limited

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Inspection report

Silford Cross
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Date of inspection visit: 22 October 2015
Date of publication: 22/01/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced comprehensive inspection took place on 22 October 2015. Herons Lea is registered to provide care and support for up to 20 older people. At the time of the inspection there were 20 people living at the service.

There was a registered manager in post. 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 and their relatives were very positive about their experiences of living at Herons Lea. Comments included ''Staff are lovely, angels, I can't fault them.''

People said they felt safe and well cared for. One relative said ''The staff all know my relative so well, they are very kind and skilled at what they do.''

Summary of findings

Staff were experienced and knowledgeable about how to meet people's individual needs. Care and support was being delivered in a caring and sensitive way. People were being offered choice throughout the day about when they wished to be supported to get up, how they spent their day and what meals and drinks they wished to have. People's health care needs were well met and staff ensured they were eating and drinking sufficient to maintain good health.

Staff had training, support and supervision to help them understand their role and provide care in a safe way. Staff felt their views were listened to and understood the ethos of the home. This was to provide a safe, homely environment for people to enjoy. Where possible, people were supported and encouraged to be independent. People had equipment such as walking aids to assist them with their mobility.

Some people lacked capacity, and this had not always been fully considered in light of the 2014 supreme court ruling, covering mental capacity and the need to consider Deprivation of Liberty Safeguards (DoLS). Following further discussion with the registered manager, she agreed there were some people who should be considered for this and was in the process of applying for these following our inspection visit.

People were protected by the service having a robust recruitment process, which ensured only staff suitable to work with vulnerable people were employed. Medicines were being well managed which also helped to protect people.

There were a range of audits to ensure the environment was safe, clean and homely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There was sufficient staff available to meet people's assessed care needs.

Risks had been appropriately assessed as part of the care planning process and staff had clear guidance on the management of identified risks.

Recruitment practices were robust and demonstrated staff were suitable to work with vulnerable people.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Requires improvement

The service was not always effective. This was because people's rights had not always been fully considered when looking at the Mental Capacity Act.

Staff were motivated, well trained and effectively supported.

Induction procedures for new members of staff ensured they had training and support to do their job effectively.

People were supported to eat and drink in an unrushed and supported way.

Staff ensured people's healthcare needs were being met

Is the service caring?

Good

The service was caring. The established staff team knew people well and provided support discreetly and with compassion.

People's privacy was respected and relatives and friends were encouraged to visit regularly and be involved in supporting their relative and the service.

Is the service responsive?

Good

The service was responsive. Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

A wide variety of activities were available within the home provided by staff and paid entertainers.

People's and their relatives concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well led. The manager provided staff with strong leadership and support.

Summary of findings

Systems ensured the records; training, environment and equipment were all monitored on a regular basis. This helped to ensure the service was safe and quality monitoring was an on-going process. The views of people and their relatives were part of this process.

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Detailed findings

Background to this inspection

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

This inspection took place on 22 October 2015 and was unannounced. The inspection was completed by two CQC inspectors.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met with 12 people using the service to gain their views about the care and support they received. We also met with five care staff and the registered manager. We spoke with two relatives and one health care professional.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked three records relating to recruitment, training and supervision. We reviewed records detailing complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

Good

Is the service safe?

Our findings

People said they felt safe. One person said ‘‘The staff are very good, if any of us get in a muddle, they come straight away.’’ People said they felt safe when staff assisted them in moving or transferring using hoisting equipment. One person said ‘‘They (staff) know what they are doing, I feel very safe.’’

People said their call bells were answered quickly and several who were asked, said they thought there were enough staff on duty to meet their needs. Staff confirmed there was always sufficient staff on each shift to meet people’s assessed needs. The rotas showed staffing levels were consistent, with any gaps due to holiday or sickness being filled by existing staff. One staff member said ‘‘We have a really good team here and rarely have gaps in the rota which can’t be filled. People get good care and we are proud of this.’’ The registered manager said one of their strong points was the fact they had a very stable staff team and had never had to use agency staff to cover leave or sickness. The provider information return completed by the registered manager stated ‘‘We have never run a shift with an unacceptable level of staff on duty. We consider skill mix when devising rotas, always ensuring there is a competently trained person in administration and

recording of medication.’’

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked. Their last employer was asked for a reference and if needed would be followed up with a phone call to ensure their previous employers were satisfied with their work.

Staff understood the importance of reporting any safeguarding concerns and could describe types of abuse and possible signs and changes in people’s behaviours they should look for. Staff confirmed they received training in safeguarding vulnerable people and their knowledge was reviewed as part of their supervision meetings with their manager. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been no safeguarding concerns raised in the last 12 months.

Staff understood how to work in a way which ensured people’s human rights were protected. For example some people preferred to spend time in their room. Staff respected this, but also encouraged them to spend time in communal areas, such as at mealtimes.

Risks assessments were in place and were up to date for people’s physical and mental health needs. For example, where people had been assessed as high risk of falls, walking aids had been considered, their environment was also looked at. Where people had repeated falls and sustained injuries the registered manager had considered the use of equipment such as pressure mats. This was to alert staff to the fact the person was moving and may need support and assistance.

For people who were at risk of developing pressure damage, assessments included consideration of pressure relieving equipment. People who had been assessed as being at high risk had equipment in place to minimise risks. The registered manager agreed it would be useful to include within the risk assessment, the setting airwave mattresses should be set at. This was actioned swiftly to ensure staff knew the correct setting for the weight of the person and would be able to check this quickly. Staff were vigilant in checking people’s skin when providing personal care. Where people’s skin showed any change, such as redness, they were referred to the community nurse team for monitoring. One healthcare professional confirmed this was done in a timely way and helped to prevent people developing pressure sores.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from medicines trolley and people were provided with appropriate drinks to aid them to take medicines. Pain relief was offered to people and where medicines were prescribed as needed (PRN); staff checked with the person. Where people lacked capacity, staff used their judgement to decide if PRN medicines were required. The registered manager said they rarely used PRN medicines to help calm people. Where these had been prescribed she said she would ensure there was clear protocol in place to instruct staff about when this should be considered and what other strategies might be used before considering PRN medicines. The Medication Administration Records (MAR) had been correctly completed. All medicines that require stricter controls by law were stored securely and accurately documented. Regular medicines audits had been

Good

Is the service safe?

completed and an external audit of the homes medicine procedures was completed by a pharmacist on an annual basis. All staff who dispensed medicines had received training and their competencies were checked by the registered manager as part of their supervision processes.

The service had an infection control policy and a lead person who ensured infection control measures were in place. This included ensuring there were enough personal protection equipment such as gloves and aprons. We saw there was a towel in the staff toilet which may not fully ensure infection control. When we fed this back to the registered manager, she immediately changed this to ensure only paper towels were available for hand washing. The home was spotless and fresh smelling. One person said "I like the cleanliness of the home and the attention you are given…whatever you want; they'll do whatever you ask. I have no complaints whatsoever"

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and is in a person's own best interests.

Staff confirmed they had received training in understanding the law relating to mental capacity. They could describe how they worked in a way which ensured people were given choices throughout their day. Staff were less clear about people who had been assessed as lacking capacity. Staff were able to say which people had variable capacity due to their dementia, and how they supported them.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. There were no DoLs in place at the time of our inspection visit. The registered manager said she was going to make applications for several people, as she agreed that due to the supreme court ruling in 2014, some people did lack capacity and were under constant and continuous supervision.

There was no written evidence of best interest meetings occurring, although some families had signed to agree to measures such as use of a pressure mat and bed sides to help keep people safe. There was also conflicting information on files, where their assessment indicated the person did not lack capacity, but family members had signed to agree to the assessment. One person we spoke with said she wasn't aware that she had a care plan or assessment and said she had not been involved at all. However, she also said that staff responded to absolutely everything she wanted and listened to her. She felt that they would facilitate any request, valued the cleanliness of the home and that medical appointments were always made very quickly.

People were positive about how staff supported them and felt their care was good and effective. One person said "I couldn't improve it; it's home…you can feel it when you walk in the front door." One relative said "The staff all know my relatives so well, they are very kind and skilled at what they do."

Staff were able to describe people's needs and wishes in a way which showed they had good knowledge about individuals. During handover between shifts, staff talked in detail about how they had supported individuals to ensure their care was effective. Staff said they had received training to help them deliver care and support effectively. This included training in all aspects of health and safety as well end of life care, understanding dementia and other specific health conditions.

Staff confirmed they had regular supervision and support from the registered manager to help them identify their training and learning needs. New staff were being given an induction which included the completion of the Care Certificate, a nationally recognised programme covering all areas of care.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed with staff supporting people in a discreet and thoughtful way. People were offered a choice of meals and drinks. People confirmed they were offered a good range and choice of meals. One person said "There is always plenty to choose from. I like most meals, but the cook knows if we don't like something and will always offer you something else."

Where people were assessed as being at risk from poor nutritional intake, staff kept records of their daily intake and offered additional snacks. The cook discussed the use of fortified meals using additional calories to help maintain weight for people. Where needed, people were referred to their GP for assessment if their weight loss was significant.

Daily records showed that people's healthcare needs were closely monitored and, where needed, referrals were made to healthcare professionals. For example one person was nearing the end of their life and there had been close liaison with the GP, community nurse team and family. Raised bedsides were being used, but they did not have a protector and we saw the person was agitated and moving around. When we discussed this with the register manager, she made immediate arrangements to have protectors

Requires improvement

Is the service effective?

delivered from the local community hospital within an hour. This ensured the person was safe. The registered manager has since informed us, she has purchased more protectors to use with raised bedsides.

Good

Is the service caring?

Our findings

People said staff were caring towards them and our observations throughout the day confirmed this. One person said ‘‘Staff are lovely, angels, I can’t fault them.’’ One relative recently wrote to the service to say ‘‘Thank you to you and all your staff for the loving care you gave mum in her last two years. She could not have been better cared for or more loved anywhere. The affection you all showed her made it so much easier for her to be happy with you and for us as her family to know she was in such good hands. You and your team…… are fantastic and we are so grateful to you. We'll see you soon. PS: please tell the CQC that this is what 'outstanding' is like!’’

Staff were able to give examples of how they respected people’s privacy and dignity. For example, knocking first, closing curtains and using covers. Staff were also aware of individual’s needs, wishes and worked in a way which respected this. For example one staff member described some people liking physical reassurance and warmth (a hug), but noted “that this isn’t right for everyone, you have to know what the person likes.”

People looked well cared for and were well dressed. Staff had received training in dignity and this was an important part of new staffs’ induction process. One staff member told us they were a dignity champion for the service and another said they were encouraged to become part of the dementia friend’s movement. This promoted respect and dignity to people with dementia.

The atmosphere of the home was calm and welcoming. Relatives confirmed they were made to feel welcome. One said they were always offered a drink and an opportunity to talk with their relative in private. Another said staff were friendly and caring to their relative and to visitors.

The provider information return gave further information about how the service offered a caring approach. In this they stated staff were trained to consider all of a person’s needs, not just physical ones. Staff training covered ‘‘psychological needs such as a sympathetic ear, understanding and getting used to living with others. Emotional needs such as being a good listener and giving the service user an opportunity to express their feelings. Social needs, such as mixing with others and maintaining links with family and friends. Religious needs such as privacy for inner thoughts and access to clergy if needed. Staff are committed to helping the service user settle in as soon as possible. We respect people’s privacy and dignity and staff are trained to promote this. Staff addressed people in the manner they prefer. Equipment was available to promote independence and dignity. For example, hoists, wheelchairs, handrails and assistance with eating and dressing.’’ Our observations showed staff did work in the way the registered manager had described.

Good

Is the service responsive?

Our findings

People said care provided was responsive to their needs. For example people agreed the call bells were answered quickly. One person said ''If I need anything, I just ask the staff. They are very good.''

We observed staff being responsive to people's needs throughout the day. The registered manager described some of the ways they had responded to people's needs. For example, she said one person had wanted to feel water on their feet in the summer months, so they had purchased a paddling pool. They had also installed a bird table outside someone's room as they loved observing and feeding birds. The provider installed Skype in order for one person to speak to their daughter in America on a regular basis.

Care plans had been developed from a pre-admission assessment. Where possible the registered manager visited a person prior to their admission to gain information about their needs and preferred routines. This included discussion with their family and important people in their lives. This helped build up a good picture of how the person wished to be supported and to detail what had been important to them in the past. Care plans included details of how staff should respond and support people in all aspects of their daily lives. Plans were being reviewed monthly to ensure staff were aware of any changing needs.

People were encouraged to maintain their independence with support being given when the person was not able to do something for themselves due to fluctuating needs. We observed people being offered choices throughout the day. Staff were responsive to people's need to have time to listen to their requests or simply to have some reassuring words said. Staff responded promptly to people's requests for support with their personal care. When one person asked for a drink, their request was fulfilled, even though they had recently been given a drink. The staff member said ''It is always good to see people wanting more to drink. We have tea trolley rounds, but we always offer more if they want it.''

Activities were offered each morning. One staff member said they always liked to ask people what they wanted to do, so there would be a pre-arranged activity, then some choice. On our visit, people had chosen the quiz, which had proved popular. One person was particularly animated as they had won a prize. Outside entertainers were arranged which included, singing, dancing, keyboard playing, exercises, reminiscence, plays and bingo. The registered manager said ''In the afternoons we offer walks, blackberry picking, scrabble, dominoes or word games. We have had a pack of visiting Alpacas and their babies. We have a visiting PAT dog. We take residents out shopping, to attend plays, to church services and for coffee mornings. We provide residents with as much or as little access to the local community as they wish. We can recognise social isolation and loneliness and have systems in place to minimise this.'' We discussed what activities were offered to people who preferred to stay in their rooms. Staff said they would check on them and offer them opportunities for joining in activities within the communal areas. Some people had their own interests and hobbies, which staff supported and encouraged.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives. Complaints were dealt with effectively and records were kept of actions to resolve any concerns. Relatives confirmed they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with. Similarly, staff said their views and opinions were listened to. One staff member said she had suggested offering sherry to people before lunch as it stimulates appetite. Their suggestion was taken up and was proving popular.

Good

Is the service well-led?

Our findings

The registered manager had a clear vision for the future development of the service. They wanted to ensure the service was person centred, open, inclusive and empowering. They had signed up to the Social Care Commitment.

The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. This involves seven 'I will' statements, with associated tasks. Each commitment focus on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. The registered manager shared their plan to meet these statements, which have been agreed by the staff team.

People said they felt confident in the registered manager's approach. Several people said they felt their views were listened to and had meetings to discuss any changes such as what they would like for menu changes. Staff also felt their views were listened to. Staff said they worked as part of an extended family and talked about wanting people to be cared for in the way they would want to be looked after. They also identified they very felt valued and appreciated by the registered manager and this helped them work as a team. They gave the example of receiving chocolates or wine for if they stepped in to fill a shift at short notice.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. Where people had been injured following a fall or had a number of falls they had been referred to the falls assessment team for advice and support.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Where audits had identified issues, actions were taken to address these.

Healthcare professionals confirmed there was a good partnership working with the service and it was clear the registered manager worked to ensure there were also good links with the local community. For example the registered manager was invited to become a member of a Care Learning Exchange Network via the local college as good practice, an innovative approach

and motivation for learning was recognised locally. Staff meetings took place on a regular basis to encourage all staff to share ideas about how our service could be improved. The registered manager said she shared with staff all correspondence received which ''praises the service and thank staff for providing such an excellent service.''