

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Hérons Lea Residential Home Ltd

**Silford Cross
Abbotsham
Bideford
Devon
EX39 3PT**

Lead Inspector
Susan Taylor

Key Unannounced Inspection
20th July 2009 10:30

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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SERVICE INFORMATION

Name of service	Herons Lea Residential Home Ltd
Address	Silford Cross Abbotsham Bideford Devon EX39 3PT
Telephone number	01237 476176
Fax number	01237 476313
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Herons Lea Residential Home Limited
Name of registered manager (if applicable)	Mrs Glenys Georgina Quill
Type of registration	Care Home
No. of places registered (if applicable)	20
Category(ies) of registration, with number of places	Dementia (20), Mental disorder, excluding learning disability or dementia (20), Old age, not falling within any other category (20)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home only - Code PC

to service users of either gender whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category (Code OP)

Dementia (Code DE)

Mental Disorder (Code MD)

2. The maximum number of service users who can be accommodated is 20

Date of last inspection 19th July 2007

Brief Description of the Service:

Heron's Lea is a large detached property standing within three acres of well-maintained, attractive grounds situated in the rural area of Abbotsham on the outskirts of Bideford. Heron's Lea is registered to provide care for 17 service users in the categories of old age (OP), dementia - over 65 years of age (DE, E) and mental disorder - over 65 years of age (MD, E). The homes stated aim is 'to provide a high level of care for active and semi-active elderly and to ensure they will be comfortable and feel secure in a kind, family environment'. Access to the ground floor is level and there are chair lifts to assist with access to the first floor. Bedroom accommodation for service users is spread over three floors, with the manager also residing on the third floor. The home has a pleasant dining room/quiet sitting area and large comfortable lounge on the ground floor.

The range of fees is £ 295 - £500 per week. The provider is moving towards an 'all inclusive fee', which would include additional services like chiropody for example. The all inclusive fee is negotiated before a new person moves in to the home.

Inspection reports are made available in the home. One is displayed next to the signing in book at the entrance.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **two stars – good service**. This means the people who use this service experience **GOOD** quality outcomes. This was a key inspection of Heron's Lea under the 'Inspecting for better lives' arrangements.

We were at the home with people for 9 hours. We looked at key standards covering: choice of home; individual needs and choices; lifestyle; personal and healthcare support; concerns, complaints and protection; environment; staffing and conduct and management of the home.

We looked at records, policies and procedures in the office. A tour of the home took place. We met 9 people that live at Heron's Lea and observed how staff looked after them. We also met 5 staff. Their comments and our observations are included in the report.

In July 2009, the fees ranged between £295 and £500 per week for personal care. The provider is moving towards having an all inclusive fee that will cover everything a service user needs. Therefore the highest fee paid is for a person that has an all inclusive fee contract. People funded through the Local Authority have a financial assessment carried out in accordance with Fair Access to Care Services procedures. Local Authority or Primary Care Trust charges are determined by individual need and circumstances. General information about fees and fair terms of contracts can be accessed from the Office of Fair Trading web site at www.oft.gov.uk

What the service does well:

People describe Heron's Lea as "home". Important information is obtained about people prior to agreeing to their moving to the home. This helps to reduce the risk of an inappropriate admission to the home and ensures that the team can meet people's needs. Care plans have been improved and are now well structured around what each person wants from the team.

The team of staff have good links with professionals, which helps to improve peoples' health. People who live at the home say that 'nothing is too much trouble' and that the staff is well trained. Their relatives are very satisfied with the care and also say that their relations are 'content' and 'want for nothing'. People that live at Heron's Lea tell us that they are treated with respect and that their individuality is promoted.

The home has an open feel. People living there say that they have the freedom to do what they want to, when they want to. At the same time, they are confident about the way staff protect their property for them. Families and friends say that they are encouraged to visit whenever they wish to and are kept informed about any changes.

There is a good choice of appetising and well-balanced meals at Heron's Lea. People tell us that the choice is good and that the 'home cooking is wonderful and everyone who comes in puts on weight'.

Heron's Lea is a spacious and comfortable place to live. At the same time, people who use wheelchairs or walking aids find it easy and safe to get around the home on the ground floor. The garden has plenty of seating so that people can enjoy the flowers and fresh air. People living there say that they are encouraged to see it as their own home and that it is always clean and well maintained.

The team of staff feel well supported and are encouraged to do training so that they have the knowledge to care for people properly.

What has improved since the last inspection?

The quality of plans of care has improved and every person has a detailed plan, which has ensured that consistent care is delivered. This has been achieved through staff training and monthly audits carried out by the manager.

Risk assessments had been regularly reviewed with regard to the potential risks of scalding from hot surfaces like radiators. Where risks had been identified, a plan of action to reduce risks had been implemented and a guard had been fitted or furniture moved in front of the radiator for example. This has ensured that the home is a safe environment for people living there.

Similarly, risk assessments have been completed for individuals where there is the potential for them to wander and measures put in place to monitor this. This has ensured that people have the freedom to wander safely in the home.

What they could do better:

There should be a clear plan detailing how/who is responsible for making decisions for people that are assessed as lacking capacity. This will ensure that decisions made are always in the person's best interests and follow good practice.

People cannot be assured that best practice is always followed with regard to the management of the medicines. The facilities for storing controlled medicines and those which require refrigeration must be upgraded. This will

ensure that people's medicines are kept secure and at the right temperature for optimum effectiveness. We have made 2 legal requirements about this.

Best practice should always be followed when medicines are given out to ensure that people's health and safety is maintained.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

2,3 & 6

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are assessed and information is gathered from a range of sources to ensure that individual's needs are met. Heron's Lea does not offer intermediate care; therefore no judgement has been made about this.

EVIDENCE:

In a survey 100 % people living in the home had been given a contract for their residency. Similarly, 100 % people verified that they were given sufficient information before moving into the home that enabled them to make

a decision about moving into the home. We observed the care given to the newest resident and looked at their care file.

The provider told us that the manager meets with a person before they move in to the home to do an assessment. We looked at the assessment that had been completed. This provided a detailed record of the person's needs, for example what significant people were important to them and information about their physical disability. A social and economic history had also been completed. Additional information about this person's needs had been obtained from the local authority supporting the move into the home. This information provided the team with a picture of the social network for a person, their hobbies and interests, and past working life. The assessment highlighted that the person had dementia and was high risk of choking but did not have a nutritional assessment on their file. We discussed this with the provider and recommended that advice should be sought from the speech therapy department about doing a nutritional assessment this individual. This will ensure that all staff has access to detailed information about the types of and presentation of foods that are appropriate for a person with swallowing difficulties.

We spoke at length to the provider about the recent legislation covering 'Deprivation of Liberty Safeguards'. She confirmed that none of the people living in the home currently require assessment under these safeguards. Information sent to us by the provider highlighted that 15 people living in the home have dementia. This may or may not affect a person's ability to make decisions about aspects of their care. Therefore, people's mental capacity should be assessed to include information about what decisions may be needed and who will be responsible (for example a GP, Care manager and/or next of kin) for making best interest decisions on the person's behalf. This will ensure that people are always protected.

We looked at 2 other care files for people living in the home and case tracked their needs. Assessments have greatly improved, are detailed and had been regularly reviewed. One of the people we case tracked had poor mobility and was unable to stand unaided. Their assessment stated that they were at risk of falls and also at high risk of potential tissue breakdown. We met this person and saw that they were sitting on a pressure relieving cushion and had an airwave pressure relieving mattress on their bed. They told us that they had "no sores at all" and that the "carers are very good". Therefore, we concluded that information gathered through the assessment prioritised and measures are put into place ensuring people are comfortable and not put at risk.

The provider verified that intermediate care is currently not provided at Herons Lea.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9 & 10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements have ensured that people's health and social needs are planned and consistently followed by staff. People cannot be assured that best practice is always followed with regard to the management of the medicines.

EVIDENCE:

We case tracked 3 people by speaking to them and also observing the care they were given. 4 staff verified that training had been provided, which had increased their skills in care planning. We read their care plans and concluded that individual personal preferences, routines and social activities were well known by staff and had been well documented. Improvement of the care

planning process has ensured that people's preferences with regard to their care and support is consistently followed.

We looked at 3 care files, which demonstrated that the home has good professional relationships with general practitioners, nurse specialists and the consultant psychiatrist. In addition to this there are good links with the mental health and social services teams. Letters seen on files indicate good communication and partnership working that ensures that people living in the home receive appropriate care.

The home had clear policies and procedures about risk assessment and management, which had been robustly implemented and audited by the manager. All of the care files had guidance on action to be taken to minimise identified risks with regard to tissue viability, falls, manual handling, continence and environmental risks such as potential scalding from hot surfaces like radiators. All of the assessments had been regularly reviewed. Where a high risk of development of pressure ulcers had been highlighted, we read similar entries in the person's care plan and saw that the individual was sitting on pressure-relieving equipment.

There was a high standard of information to ensure that care and health needs were assessed and monitored. Verbal information and feedback in respect of individuals' personal and health care needs is given to staff at the start of each shift.

The home uses a monitored dosage system. Senior staff said that they are responsible for stock taking and giving out medicines. Records of ordered drugs and a register of controlled drugs were seen and tallied with those being stored. The system was easy to audit and we tracked medication given to 3 people. Records accurately reflected medication having been given as prescribed by the GP.

We also observed that when medicines were taken to people during the lunchtime round that several pots were placed on a tray at time. This is not in accordance with good practice guidelines and may lead to errors in administration. This is a practice that should be reviewed to eliminate the risk of errors in administration occurring.

All medication was kept in a secure place; however the facilities for controlled drugs and medicines requiring refrigeration do not meet the current legal requirements (information about this is available on our website). We discussed this with the provider who said that they would take further advice from the pharmacist that supplies medicines and would upgrade the storage facilities.

Medicines which require refrigeration at a certain temperature, for example eye drops, was kept in an unlocked domestic fridge with other food that is situated in the laundry. We spoke to staff about temperature checks and were shown records demonstrating this had been done for all the fridges and freezers, except the one where medicines were being kept. Therefore, the provider cannot be sure that medicines are being stored within the safe temperature range recommended by the manufacturer. This means that people cannot be confident that medicines stored in this way will be safe or effective in use.

Certificates seen in files verified that all of the staff that gives out medicines has had training to do this.

We observed that staff always knocked on doors before entering people's rooms. People told us that care was always done in the privacy of their room and that staff treated them with respect and kindness. One person commented "they all treat you nicely."

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,& 15

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live at Herons Lea enjoy a range of activities that suits their needs and are supported to exercise choice and control over their lives.

EVIDENCE:

Information sent to the Commission verified that 100 percent of people living at Heron's Lea are of Christian faith. The home has good connections with local churches and people are visited at the home by clergy.

According to information sent to the Commission, 15 people currently living at Heron's Lea have dementia. We wanted to establish how people's needs were met with regard to meaningful activity. An hour was spent in the lounges observing how staff interacted with the people. This highlighted examples of good practice. They engaged with people continuously at the right speed, in a

kind and caring way, which people appeared to respond to and enjoy. We asked staff what they did to ensure that people were stimulated with purposeful activities to pass the time. We were told that there is an activities organiser who has assessed each person's needs. 4 surveys returned by people living in the home verified that staff 'always' listen and act on their wishes. One person's comments were typical of the rest 'there is good entertainment for those wishing to participate'. Similarly, people we spoke to told us that there are regular outings, in house entertainment and activities such as crafts, quizzes and games every day. For example, people said that they had suggested going out for fish and chips and did so on a recent trip out to Torrington.

The 'residents meeting' minutes show that individuals are asked what sorts of activities they would like and this is followed up to try and provide outings and activities that people have requested.

We observed that people have freedom of movement. One person commented "I can get up when I want to and just say I'm going to my room." In surveys relatives commented 'Heron's Lea is a real home from home' and 'we are all treated as one of the family'. We met a relative that was visiting from Australia who had been invited to stay for lunch with their relation.

The Home has a menu that rotates on a weekly basis. The home displays menu choices on the notice board. Each day there is a set meal at lunchtime, however alternatives are prepared for people according to their needs and individual preferences. 100% of people in a survey verified that they always like the meals on offer. The home offers a well balanced and varied menu. All of the people we spoke to during lunch made positive comments about the quality of meals like "it's all home cooked" and "very tasty". One person told us that they had recently had a birthday. A cake is made especially for the person and they can invite any visitors to their celebration. Meals are either served in the conservatory dining room or to an individual in their room if this is preferred. One person said "I like to go to the dining room normally but if I am not feeling too good, they bring my meal to me".

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Heron's Lea are protected and able to voice their concerns, safe in the knowledge that these will be acted upon.

EVIDENCE:

Information sent to us by the provider tells us that complaint procedure has been improved to ensure that complaints are consistently recorded and acted upon. Similarly, people are encouraged to make suggestions about how the service can be improved. In surveys, 100 percent of people living in the home tell us that they are satisfied that the home listens to them and deals with any concerns in a timely way. The Commission received no complaints before or during the inspection.

Information sent to us by the manager verified that no safeguarding or POVA referrals had been made since the last inspection. We saw a copy of the 'Alerter's guide', the updated version of which, had been obtained from Devon County Council. The home also had a whistle blowing policy, which all of the staff we spoke to understood. Staff told us that they have had training about

how to recognise and report abuse. Kind and caring interactions were observed throughout the day between staff and people living in the home. Staff engaged positively with people who had dementia and demonstrated genuine warmth when engaging those individuals.

Information sent by the provider told us that 66% of the staff holds an NVQ in care, part of which is about safeguarding people. Staff told us that policies and procedures are discussed with them. We looked at training records and saw that 'Safeguarding Adults' training had been provided for staff. Therefore, people are cared for by well trained staff in a culture that does not tolerate any form of abuse.

We observed that people are treated with respect and encouraged to see Heron's Lea as their home. A relative in a survey commented that their relation is 'contented' and 'wants for nothing'. A person living in the home wrote the 'staff are attentive...nothing is too much trouble'. Therefore, people are respected and treated as individuals.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 25 & 26

People using the service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in an exceptionally clean, well maintained environment which meets their needs.

EVIDENCE:

We toured all communal areas and 6 of the bedrooms. 100% of people in a survey verified that the home is always fresh and clean. We found that the home was exceptionally clean and well maintained. All parts of the home were fresh smelling, and it was clear that staff work hard to ensure the environment is pleasant for the people who live there.

Since the last inspection, an extension had been built that provides additional ensuite bedrooms, an office and a large conservatory that is used as a dining and relaxation area. This has provided people with additional communal space, which is bright and airy and leads out through fold back doors onto a patio area with seating.

In all the care files we examined, assessments had been done that looked at the hazards and level of risks with regard to hot surfaces. As a result of this, furniture had been repositioned in some rooms so that people did not have access to radiators that did not have guards on. The provider told us that assessment would be ongoing and any risks from hot surfaces would be addressed to make the home as safe as possible for people living there.

People who live at Herons Lea made the following comments in surveys 'the home is kept clean and comfortable and fresh flowers are always in the communal areas' and there are 'no smells'. Everyone spoken to was also very positive about the environment, with comments like "my room is lovely, I feel very comfortable" and "I was encouraged to make it my own place with my own things".

Information sent to the Commission by the manager verified an audit using the department of health guidance had been carried out and there is an action plan in place to prevent and control the spread of infection. None of the staff had received training about the prevention of infection and management of infection control and this is recommended. Hand towels and soap dispensers were seen in toilets, bathrooms and bedrooms. Good hand washing practices were observed as staff delivered care to people. The laundry was clean and well organised. We observed good infection control measures being followed as staff were dealing with linen and staff had access to gloves and aprons. The provider told us that they have obtained information about swine flu and are in the process of developing a procedure in the event of a potential outbreak in the home that will cover staffing issues. Alcohol gel was seen in the front entrance hall next to the signing in book for visitors to use.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 & 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Recruitment practices at Heron's Lea are robust and therefore protect the people living there. The training and development programme ensures that competent and knowledgeable staff cares for people.

EVIDENCE:

In a survey 100 percent of people tell us that staff are 'always' available when they need them. One person wrote 'they always come when I need them. Similarly, the majority of staff responding in a survey verified that there is 'always' enough staff to meet the individual needs of people who use the service.

We examined duty rosters for four weeks up to the week of the inspection. On the day of the inspection there were 3 carers, the provider on duty during the day till 8pm and 2 waking staff at night. Additionally, there was a cleaner and a cook on duty. A hairdresser was also cutting people's hair. Staff we spoke to told us that they were busier in the mornings but did not feel rushed. We

observed that there was a calm atmosphere and that people who used the call bell system were promptly attended to. Maintenance staff had also been employed.

We examined the files of 3 of the newest staff. Two satisfactory written references had been obtained for all of the staff prior to employment. Independent Safeguarding Authority checks had been undertaken and Criminal Records Bureau certificates had been obtained also before employment commenced. The home had a written procedure about recruitment and retention of staff and it was clear that these had been followed to protect the people living in the home. Information that the manager had sent us verified that a wide range of training had been provided over the last 12 months. Records demonstrated that 66% of the care staff had achieved the NVQ level 2 in care or above. We saw individual training files, which contained further evidence of specialist training having been provided e.g. dementia awareness. Induction records seen demonstrated that training meets the appropriate standards set out by the 'Skills for Care'. We spoke to staff about their experience and training opportunities in the home and people verified that this was regularly offered to them. The training and development plan for the home contained information for the period 2008-9 and reflected the needs of people currently living in the home so would ensure that staff has the knowledge and understanding to meet these needs.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35, 36 & 38

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a well run home, where their views count and improvements are made. Health and safety is promoted and ensures that people living and working in the home are protected.

EVIDENCE:

The Registered Manager has a number of years experience in running the home. She has achieved the NVQ level 4 in care and management. The

manager was on leave on the day of the inspection and the provider was in charge. Throughout the inspection we found that she had a clear understanding of her role in meeting the stated aims and objectives of the home. Similarly, she provided the Commission with a lot of information in a document entitled AQAA (Annual Quality Assurance Assessment). In it she outlined what the home could do better to improve the quality of life of people living there and how it would be done, in addition to explaining what had been improved. Our main concern at the inspection has been that the management of medication is not as safe as it could be and therefore the risk of the wrong medication being given to people is not eliminated. However, we are confident that this will have been addressed as the manager immediately took steps to change the way medication is given out before we left the home.

We observed that there are clear lines of accountability within the home. People told us that the registered provider makes them feel "part of the family". We observed people being asked for feedback about lunch, their care and activities during the inspection. There is an open door policy that also allows people living there, visitors and staff to speak with the Registered Manager whenever they wish to do so. Information sent to the Commission stated *'We distribute a questionnaire to residents on an annual basis, this is due to be distributed at the end of June 2009. Satisfaction questionnaires are completed by people following their respite stays with us and evaluation questionnaires are undertaken by relatives / friends following the 'departure' of people using our service.'* People told us that Heron's Lea is "well run" and they liked to call it "home".

We toured the premises and saw that the certificate of registration was displayed in a prominent position where people living in the home and visitors could see it. Similarly, people living in the home some of whom had been supported by relatives to fill the survey forms in made comments like:

'meets my needs and care for me in a way my family couldn't'
'friendly and helpful staff'
'home is kept clean and comfortable and provides fresh flowers to the communal areas'
'good entertainment for those wishing to participate'
'home cooking is wonderful and everyone who comes to live at Heron's Lea puts on weight'
'a real home from home'
Relatives wrote:
'xxxx is very happy ...well cared for and wants for nothing'
'staff are attentive..nothing is too much trouble'
'all the residents are kept clean'
'no smells'
'treated as one of the family'
'residents are treated with respect'

Evidence was seen of systems to monitor the quality of the service provided. This included questionnaires and audits of health and safety for example.

For people that are unable to look after their own money, Heron's Lea holds a small float of money for people whose relatives are unable to do this for them. The money is kept in secure facilities. People we spoke to verified this and told us that either they managed their own money or relatives did this for them. We saw records that the home kept and checked balances which were correct.

Appraisal records were seen in the staff files we looked at. Staff told us that the manager and provider were always approachable. We looked at 3 records and all of the staff had had a 1:1 with the manager in the last 12 months. Information sent to the Commission also verified that the manager works alongside staff every day. This ensures that best practice is followed and staffs also have the opportunity to reflect and identify any gaps in their knowledge and experience.

Comprehensive Health & Safety policies and procedures were seen, including a poster stating who was responsible for implementing and reviewing these. In information sent to the Commission, the manager verified that risk assessments are carried out. We saw various examples of this with regard to audits done, which included hot surfaces, fire safety and first aid equipment. As we toured the building we observed cleaning materials were stored securely and used with by staff wearing gloves. Data sheets were in place and staff spoken to understand the risks and strategies to minimise those risks from chemicals used in the building mainly for cleaning and infection control purposes. Records of accidents were kept and showed that appropriate action had been taken. The fire log was examined and demonstrated that fire drills, had taken place regularly. Similarly, the fire alarm had also been regularly checked. People living in the home, and staff told us that the alarm was regularly. A certificate verified that an engineer had checked the fire equipment. First aid equipment was clearly labelled. Nearly all of the staff on duty held a current first aid qualification. Risk assessments for the environment had been reviewed since the last inspection. Maintenance certificates were seen for the heating and fire alarm systems. The manager had verified in information sent to the Commission that portable electrical appliance checks had been done and we were told by people living there that an electrician had looked at their appliances. However, the last date the electrical system was check had been left blank and we asked to see the certificate of compliance during the inspection. The provider was unable to locate this and agreed to fax a copy to the Commission. Therefore, we concluded that overall the health and safety of people living, working and visiting the home is well maintained.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	3
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	4
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	3
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP9	13(2)	The provider must ensure that medicines are stored within the temperature range as specified by the manufacturer. Arrangements must also ensure that medicines when opened are used within the timescale as indicated by the manufacturer. This is so that people can be assured that they will be administered medicines that are safe and effective.	31/08/09
2.	OP9	13(2)	The provider must ensure that controlled medicines are stored securely in accordance with the regulations. This is so that people can be assured that their medicines are kept secure.	31/08/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP3	The nutritional needs of people living in the home should be known by being properly assessed. Staff should have access to detailed information about the types of and presentation of foods that are appropriate for an individual to ensure that the person has a balanced diet that is also safe for them.
2.	OP3	There should be a clear plan detailing how/who is responsible for making decisions for people that are assessed as lacking capacity. This will ensure that decisions are made in the best interests of individual's concerned.
3.	OP9	The method of transport of medicines should be reviewed in accordance with current guidance and best practice advice to ensure that people's health and safety is maintained.
4.	OP38	The provider should send the Commission a copy of the certificate verifying that the electrical system has been checked by a competent person within the last 5 years. This will ensure that people's safety is maintained.



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