

Key inspection report

Care homes for older people

Name:	Hérons Ghyll Care Village
Address:	Heron's Ghyll Care Village . Heron's Ghyll Uckfield East Sussex TN22 4BY

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
June Davies	0 1 1 2 2 0 0 9

This is a review of 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.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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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Information about the care home

Name of care home:	Hérons Ghyll Care Village
Address:	Heron's Ghyll Care Village . Heron's Ghyll Uckfield East Sussex TN22 4BY
Telephone number:	03452937672
Fax number:	
Email address:	heronsghyll@mimosahealthcare.com
Provider web address:	

Name of registered provider(s):	Mimosa Healthcare (Temple Grove) Limited
Name of registered manager (if applicable)	
Mr Ralph Greaves	
Type of registration:	care home
Number of places registered:	60

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	60
Additional conditions:		
The maximum number of service users who can be accommodated is: Sixty (60)		
The registered person may provide the following category/ies of service only: Care home with nursing - N to service users of the following gender: Either Whose primary care needs on admission to the home are within the following category/ies: Old age not falling within any other category -OP		
Date of last inspection		
Brief description of the care home		
Hérons Ghyll Care Village is a new purpose built home, registered as a nursing home for up to 60 older residents. The home and all rooms including communal areas are accessible to wheelchair users. Throughout the home there is equipment and aids to assist with residents mobility. The home has its own cinema and internet cafe. There		

Brief description of the care home

are two spacious passenger lifts so that both floors are easily accessible. The gardens are landscaped with patio areas and woodland walks. Every bedroom provides residents with up to date facilities such as electric profile beds, nurse call, telephone points, flat screen televisions with Sky and free view channels, touch lighting, internet and broadband access as well as en-suite wet room with toilet and wash hand basin. There are also five assisted bathrooms in the home for those residents who prefer to use a bath rather than a shower. Just off the main reception area there is a therapy room, used for General Practitioner visits, optician, dentists, chiropody and other therapy practitioners. The home has provision of guest bedroom for relatives and visitors. There is also a hairdressing and beauty salon.

The range of current fees can be obtained by application to the registered manager. Residents will be expected to pay extra for hairdressing, reflexology, aromatherapy, newspapers/magazines, and other luxury items.

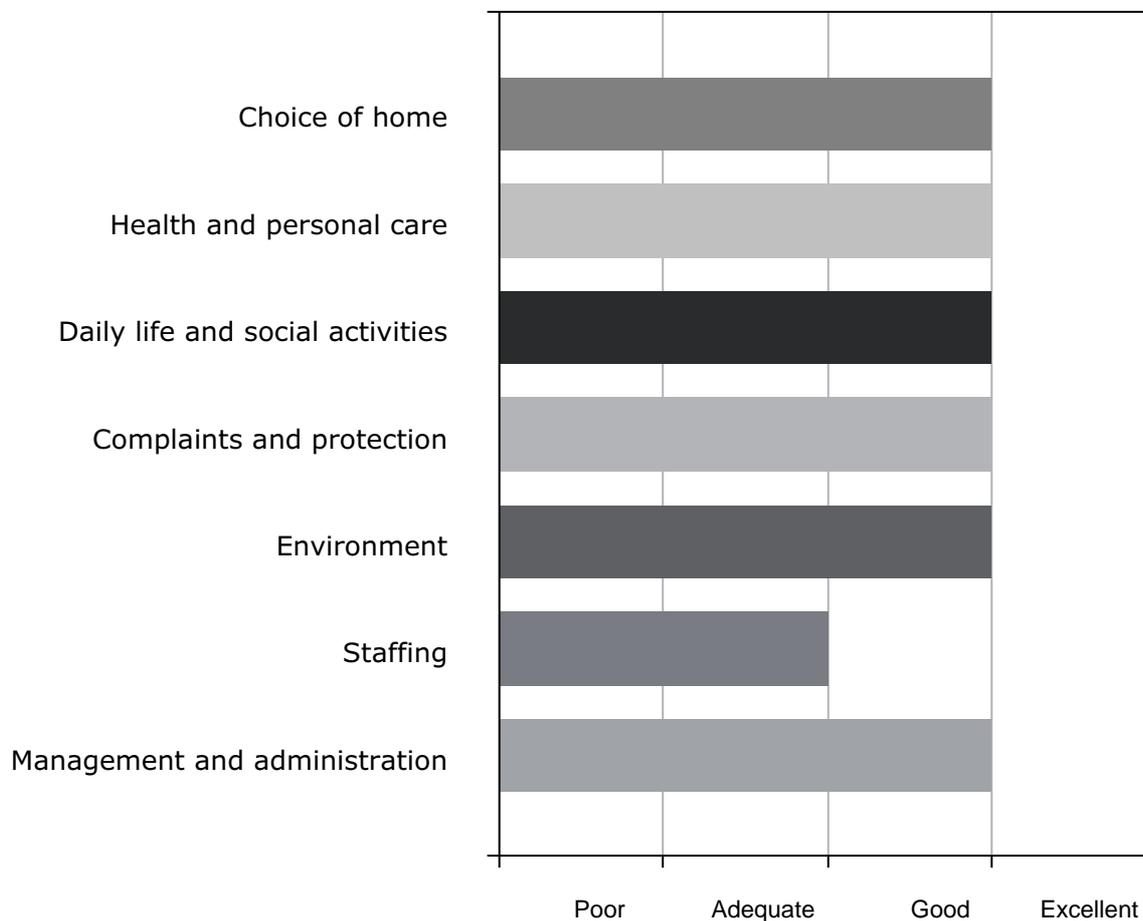
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection was carried out on Tuesday 1st December 2009 over a period of seven hours. Some information contained within this report was gained from the Annual Quality Assurance Assessment (AQAA) sent to Care Quality Commission by the home and resident surveys returned to the Care Quality Commission. During the inspection the inspector spoke with the Registered Manager, members of staff, relatives and residents. Documents relating to the key standards inspected were also viewed, and observations were carried out of the environment, administration of medication and infection control procedures.

What the care home does well:

Prospective residents are given detailed information on the services that the home offers, so that they are able to make an informed choice about moving into the home. Prior to moving into the home all residents undergo a detailed Pre-admission assessment so that all care needs are identified this helps the registered manager to ascertain that the staff have the knowledge and skills and the environment is suitable to meet the prospective residents needs.

Residents are involved in their care planning to ensure that their choices and preferences are recorded, and that all their care needs are identified. Care plans give staff good step by step information as to how the residents, health, physical and personal care needs should be met by the staff. Likes and dislikes are also recorded on residents care plans.

Staff were observed respecting the residents rights to privacy and dignity and talking to residents in a professional and friendly way. Two relatives spoken to during the inspection told the inspector that staff were very kind to residents, and they were impressed as to how staff observed the residents privacy when carrying out personal hygiene tasks. Relatives also said that the standard of care in the home was good. Two residents told the inspector that staff were kind to them and that they received good care.

The inspector observed a lunch time meal being taken by the residents, with evidence that residents are given choice. Menus show that residents are given choice at each mealtime in the home, and that meals are varied and nutritious. Specialised diets are catered for as and when required. Both relatives and residents said that the food in the home was good.

The home has a detailed complaints policy and procedure that is included within the service user guide, and is also available on a notice board outside the registered managers office. Evidence was seen that complaints are well managed and acted upon in a timely manner.

Hérons Ghyll Care Village is a new home which was opened in August 2009. The home is purpose built, and provides nursing care for 60 residents over the age of 65 years. Corridors are wide and easily accessible for wheelchair users, there are aids in communal areas throughout the building to assist residents with mobility. Bedrooms and communal lounges/dining rooms are well furnished and provide residents with a comfortable, warm, light and airy environment in which to live. The home has its own cinema, internet cafe, and therapy room. All bedrooms have en-suite wet rooms with toilets and wash hand basins. For those residents who do not like to shower the home is provided with five communal assisted bathrooms.

The inspector observed that alcohol hand gel is available in the reception area, and communal toilets to help prevent cross infection to residents. Staff are provided with disposable clothing. The laundry is fitted with industrial washing machines, with inbuilt sluicing and disinfection facilities, and there are industrial tumble driers. The kitchen has recently been inspected by the Environmental Health Officer, who has award a five star rating. Both relatives and residents said that the environment is very pleasing, and

there is plenty of space to move around.

Staff recruitment practises are good and all prospective staff are stringently vetted prior to being deployed to work in the home, this helps to ensure that residents are not placed at risk of abuse.

The registered manager has the qualifications, skills and experience to manager the home and to ensure that the assessed needs of residents are met. He has developed a good quality assurance system, and intends to send out surveys to residents, relatives and stakeholders in the next few months, to ensure that the residents are receiving the best quality of care.

Where the residents or relatives have requested that the registered manager looks after their personal allowances this is carried out appropriately with all residents having their own finance sheet and their monies being kept in separate wallets in a secure and safe place within the home.

Health and safety in the home is well met, with all equipment have clear maintenance certificates in place and all health and safety checks being carried out on a regular basis and findings recorded.

What has improved since the last inspection?

This is a new home registered in July 2009 this is the home's first Key Inspection.

What they could do better:

During the inspection some issues were found that need improving upon, to ensure that residents receive a high standard of care. The inspector did note that in care plans while their were bed rail risk assessments, there was no evidence that resident themselves had been assessed by the multi disciplinary team to ensure that bed rails were suitable for them to use. There was no evidence that residents nutrition levels are checked by weighing them on a regular basis. While generally the medications in the home are well managed the inspector had concerns that on the day of the inspection the early morning medication round was still being carried out at 12:00 hours and a requirement has been made that medication is administered in accordance with General Practitioner prescriptions instructions.

The activities programme in the home needs to be developed to ensure that residents have access to a good social programme. From discussion with two residents and information contained within the residents surveys returned to Care Quality Commission all residents said they were not provided with a suitable activities programme. One resident on the day of the inspection told the inspector how much he and other residents had enjoyed going to the homes cinema.

On the day of the inspection staff levels were sufficient to meet the needs of the residents and rotas reflected that there is always a RGN on duty throughout the day and she is supported by four health care assistants, there is concern that there is not a stable workforce in place and the home relies on meeting its staffing levels by agency nurses and health care assistants. Feedback from residents and relatives stated that there is no continuity of staff in the home. One relative said that this can be confusing for the residents, as they never know who is who and it is impossible for residents to build on good relationships with staff. While is it recognised that the home has not

been open very long, more urgent work needs to be done in ensuring that health care assistants gain the qualifications, knowledge and training to ensure that residents assessed needs can be met appropriately. The registered manager has gone some way into building on staff skills by booking training for the coming months.

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.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

Information given in the Statement of Purpose and Service User guide give residents detailed information so that they are able to make an informed decision about moving into the home.

Detailed pre-admission assessments are carried out, so that the registered manager can determine if the home is able to meet the residents needs.

Evidence:

The statement of purpose and service user guide are explicit in the information about the home. These documents are produced in written, braille and DVD format, to cater for residents with a wide range of disabilities. As discussed with the registered manager the address of Care Quality Commission must be updated in the complaints sections of these documents.

Four pre-admission assessments were viewed and found to contain detailed

Evidence:

information in regard to health, personal and social care needs of the prospective residents. The pre-admission assessments contained prospective resident preferences and choices.

Ten residents surveys were sent out by the Care Quality Commission and six were returned. Three residents surveys said that residents were given good information prior to making a decision about moving into the home and three surveys said that residents were not given information prior to entering the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Care plans are based on detailed pre-admission assessments and give clear instructions to staff as to how personal and health care should be delivered to each individual resident.

While medication is generally well managed there are some concerns in regard to the length of time taken to administer medication especially on the early morning medication round, which may have a detrimental effect on residents.

Staff ensure that the residents rights to privacy and dignity is upheld.

Evidence:

All care plans viewed were based upon comprehensive pre-admission assessments. Care plans for these residents showed that resident preferences had been taken into consideration when writing the care plan. Each area of care has been outlined with clear steps that staff need to take to ensure that care is given in conjunction with residents wishes, health, personal and physical care needs. Each care plan has risk assessments that were individual to the residents needs and capabilities. There is

Evidence:

some concern that while risk assessments have been drawn up for the use of bed rails, there was no formal assessment for the need of bed rails from a health or social care professional. Care plans showed that residents have contact with health care professionals as and when required, for example G.P. visits, chiropody, optician and hospital consultants. There is some concern that residents weights are not being recorded, as weight charts in care plans showed that residents had been weighed on admittance to the home, but no other weights had been recorded. The registered manager produced another file which contained weight charts for each individual resident, but on triangulating these charts with residents care plans viewed these too showed that weights had not been recorded. Each residents has a personal care matrix and these show all personal care tasks carried out for each resident.

The receipt, recording and storage of medication in the home is well managed. There are up to date medication policies in place and risk assessments for those residents who still wish to administer their own prescribed external creams. There were clear guidelines in Monthly Administration Records in regard to PRN (as required) medication for each resident prescribed PRN (as required) medication. All Monthly Administration Records had been signed off appropriately and there were no gaps. There is concern however in regard to the time taken for the Registered Nurse to complete the early morning administration round, and the inspector found that early morning administration of medicines was still taking place at 12:00 hours. While on the day of the inspection there had been extenuating circumstances that had not allowed medication to be given, there was still a two hour period for giving medication to 21 residents. Therefore the inspector is making a requirement that medication is administered to residents as prescribed by the G.P.

Throughout the inspection the inspector witnessed that staff respect the privacy and dignity of the residents and speak to them in a friendly and helpful manner. Two visitors to the home confirmed that staff always observe the privacy and dignity of the residents when carrying out personal hygiene tasks and that staff always ensure that bedroom curtains are drawn prior to personal hygiene care being given.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

An activities programme and appointment of activities co-ordinator will help to improve the social lives of the residents in the home.

Residents are able to have visitors and at any time.

Meals in the home are good offering residents a good choice while at the same time taking into consideration residents likes and dislikes.

Evidence:

At the present time there is no activities programme. One resident on the day of the inspection said that they had used the cinema room to watch films and that it was enjoyed by all that attended. Staff are encouraged to spend one to one time with residents throughout the day. The registered manager said that while the home does provide board games and puzzles not many of the residents want to participate. The recruitment of an activities co-ordinator will help to promote social life of the residents in the home. Residents do have contact with local community by attending health care appointments outside of the home. From viewing the visitors book and talking to visiting relatives, there is confirmation that relatives and friends are able to visit at any time and are made welcome by the registered manager and staff. From six

Evidence:

resident surveys returned to Care Quality Commission all six residents said there are no activities arranged on their behalf.

The majority of the residents in the home have made arrangements for next of kin or representatives to manage their financial affairs for them. Residents are able to have their own telephones in their bedrooms so they may keep in contact with relatives and friends. From observation residents are able to bring personal possessions into the home with them, so they may personalise their own bedrooms.

The inspector observed a lunch time meal being taken by residents and found that residents are offered choices. Each individual residents care plan states what food residents prefer and what their likes and dislikes are. From viewing the menu the inspector found that meals are well balanced, nutritious and varied and that choices are offered at each of the three meals served during the day. Specialised diets are catered for as and when required, at the time of the inspection the home was catering for diabetic and wheat free diets. From six resident surveys returned to Care Quality Commission four residents said that the quality of food in the home is good and two residents said that they sometimes like the food in the home. Two relatives spoken to on the day of the inspection said, that residents are offered good quality food and that they are able to choose from a selection on the menu. At the time of this inspection the Chef is employed five days per week and the registered manager cooks for residents at the weekends.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

The home has a detailed complaints policy and procedure in place, but it is not clear if all residents have an understanding of how to complain should they need to.

Residents are protected from abuse by staff being appropriately vetted prior to being deployed to work in the home, but staff must be given appropriate training so that they are aware of how to recognise different types of abuse.

Evidence:

The home has a detailed complaints policy and procedure that needs reviewing to ensure that it reflects the correct address for Care Quality Commission. Two complaints have been received by the home, one is in the process of being investigated by the registered provider, while the second complaint has been recorded, investigated and a timely reply made to the complainant. From six resident surveys returned to Care Quality Commission five residents said they did not know how to make a formal complaint with only one resident saying they did know how to make a formal complaint.

The home has up to date policies and procedures for the safeguarding of vulnerable adults, these include the Sussex Multi-Agency Policies and Procedures for Safeguarding Vulnerable Adults. The present staff have not been provided with safeguarding vulnerable adults training, but there is evidence that this will take place over the next few months. Restraint procedures are used in relation to bed rails, while

Evidence:

there are permissions either signed by the resident or their representative, no professional permissions have been sought. This was discussed with the registered manager who confirmed that he will seek professional endorsement for the use of bed rails. Four staff files were viewed and it was found that appropriate checks are carried out prior to a member of staff being employed to work in the home. At the present time there is a Safeguarding Referral that is being investigated by the Safeguarding Team, East Sussex County Council.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

Herons Ghyll Care Village Nursing Home provides residents with a pleasant home with exceptional facilities.

Infection control procedures throughout the home are good helping to protect residents from cross infection.

Evidence:

Herons Ghyll Care Village Nursing Home provides residents with extensive facilities, communal lounge/dining rooms. Each residents bedroom is nicely furnished and residents are encourage to bring in small items from their own homes so they may personalise their own bedrooms. All bedrooms have an en-suite wet room, toilet and wash hand basin. There are also five assisted communal bathrooms for residents who would prefer a bath to showering. The gardens of the home have been landscaped, there are patio areas where residents can sit when the weather permits, and there are also woodland walks around the home.

Throughout the home there are wide corridors, for easy wheelchair access, all doors to communal toilets and bathrooms also give easy access for wheelchair users. All communal space and communal rooms had equipment to assist with residents mobility.

Evidence:

The kitchen has recently been inspected by the Environmental Health Officer who has awarded a five star rating.

Through out the home is hygienically clean and there are no offensive odours. Staff are provided with disposable aprons and gloves. Communal bathrooms and toilets are provided with liquid soap and alcohol hand gel. There is a large laundry area fitted out with industrial washing machines with sluicing facility and industrial tumble driers.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Staffing levels in the home are adequate at the present time but need to be kept under review to ensure that all the residents assessed care needs are met.

None of the health care assistants, have recognised qualifications or up to date mandatory training, it is important that this is put into place as soon as possible to ensure that the staff team have the knowledge and skills to meet with residents needs.

Recruitment practises in the home are stringent which helps to protect residents from abuse.

Evidence:

At the present time there are 21 residents in Herons Ghyll Care Village and the home is registered for up to 60 residents. The registered manager in is the process of recruiting staff, and the inspector was shown files where prospective staff have been interviewed, and are awaiting references, CRB and POVA first checks. Staff rotas were viewed and showed that there is a Registered Nurse on duty for all day shifts and she is supported by four health care assistants. Where there are not sufficient staff to meet the rota, agency staff including Registered Nurses are employed. From six residents surveys returned to Care Quality Commission and talking to residents and relatives on the day of the inspection, the main comments were that there is not a

Evidence:

continuity of care from an established care team. In one report made to Care Quality Commission, one resident due to the lack of consistent staff team prefers to self care rather than being a nuisance. Discussion took place with the manger as to the importance of establishing a continuity of care for residents by a stable staff team.

The deputy manager/head of care is a registered nurse who has an up to date PIN number. Two other registered nurses employed also have up to date PIN numbers. None of the staff have obtained NVQ in Social Care. This was discussed with the registered manager who is in the process of getting staff signed on to NVQ training. Through discussion with the staff on duty in the home on day of inspection all expressed an interest in obtaining a qualification.

The inspector viewed four staff personnel files and found that the recruitment practises in the home are stringent and that staff are appropriately vetted prior to taking up employment in the home. All files showed that written references are obtained, Criminal Records Bureau and Protection of Vulnerable Adults Register checks all carried out prior to deploying staff to work in the home.

None of the present staff have been given mandatory training in Moving and Handling, First Aid, Food Hygiene, Infection Control. The registered manager was able to show the inspector a plan of training for the staff which will take place of the next six months and will also include work related training.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The manager has the knowledge and skills to manage this home and to ensure that residents receive the quality of care according to their assessed needs.

A good quality assurance system has been developed in the home, which will eventually result in a quality assurance annual report being produced, that highlights areas of good quality care and where improvements need to be made.

Health and safety plays an important part in the running of the home to ensure that residents live and staff work in a safe environment.

Evidence:

Hérons Ghyll Care Village has been opened within the last six months. The Registered Manager, Mr Ralph Greaves has many years experience at management level in nursing and residential care. He is a registered nurse, and has other qualifications required to manage this nursing home. There is some concern that he spends many hours working hands on but this is not reflected on the duty rota.

Evidence:

The quality assurance system has been developed, with quality assurance questionnaires due to be sent out in the near future. The registered manager also carries out regular monitoring of systems used in the home. Mimososa Health care the company that run the home, ensure that regular regulation 26 visits are carried out. The inspector was shown that risk assessment are carried out in regard to fire and health and safety throughout the home. Because this home has not been open long the management team have not produced an annual development plan based on the results of quality assurance monitoring, resident, relative and stakeholder questionnaires, but it is expected that this document will be produced in 2010.

Some residents have requested that the registered manager looks after their personal allowances. The inspector observed that a separate account is kept for each resident, with all incoming and outgoing monies being recorded. All incoming monies are countersigned by administrator and registered manager. Each resident has their own wallet where their personal allowance money is kept together with receipts of any expenditure made on their behalf. Both monies and accounts are kept securely within the home and are audited on a regular basis.

The inspector viewed evidence within staff personnel files that staff receive regular supervision from the registered manager.

Health and safety within the home is managed appropriately with all equipment used in the home having up to date maintenance certificates. Regular checks are carried out on fire call points, emergency lighting, fire exits, hot water temperatures and fire extinguishers. A full health and safety risk assessment of the home was carried out in July 2009. The manager carries out regular checks of maintenance duties and window opening restrictors. As mentioned previously while staff have had some health and safety related training, further training has been booked to take place within the next six months. All staff are expected to read the file on safe bathing, this gives step by step guidance to staff to prevent any accidents happening, there are similar instruction on cleaning to ensure that chemicals are used safely and that cleaning is carried out without causing risk to the residents.

All accidents are recorded appropriately in the accident book and where the registered manager has any concerns, these are reported directly to the residents General Practitioner and further risk assessments are carried out.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The registered person shall make arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the care home.</p> <p>The registered person must ensure that medicines are administered in accordance with G.P. prescription instructions.</p>	04/01/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

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We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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