Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Herons Lea Residential Home Limited

Silford Cross, Westward Ho!, Bideford, EX39 3PT Tel: 01237476176

Date of Inspection: 12 November 2013 Date of Publication: December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Herons Lea Residential Home Limited
Registered Manager	Mrs. Linda Fletcher
Overview of the service	Herons Lea is a residential care home for older people. The home can accommodate up to a maximum of 20 people. The care home predominately provides care and support for older people who have a form of dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Herons Lea Residential Home Limited had taken action to meet the following essential standards:

- Consent to care and treatment
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 November 2013, checked how people were cared for at each stage of their treatment and care and reviewed information given to us by the provider.

What people told us and what we found

When we visited the home on the 02 June 2013 we raised concerns with the registered manager about how the home was ensuring people's consent to care and treatment was being sought and the records of people's care were current and reflected people's needs. We asked the registered manager to address these concerns and send us an action plan on how they were going to address these concerns. They told us they would have achieved this by the end of July 2013.

We contacted the registered manager in the July to ensure they were on track. We returned on the 12 November 2013 to review the progress that had been made and to ensure the changes agreed by the action plan had been achieved and put in place.

On the day we visited we were advised that there were 20 people living in the home. We reviewed nine records kept by the home that included people's care plan (the detail of how they wanted or needed to have their personal care needs met), daily records and logs of people's care for those who were poorly and required a higher level of care and support. We did not speak to people who lived in the home or family. We did however speak to the registered manager for the first half hour and a senior carer after that during our visit. We could also hear and observed how staff communicated with people.

We found that people's consent to care and treatment were in place and the records of people's care plans were up to date and reflected people's current needs.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with their legal requirements.

Reasons for our judgement

When we visited in June 2013 we were concerned that people's consent was not being sought for correctly in respect of their care and treatment. We raised particular issues about the use of pressure mats and of a key pad lock on the front door that denied people leaving freely.

Where people could not give their own consent we saw the records detailed who had power of attorney and therefore had the legal grounds to act on a person's behalf when they were unable to do so for themselves. Of the records we viewed, we found that every person's care plan had a section in respect of consent to care and treatment that was signed and dated by the person or their representative. The provider might like to note that these signatures were from some time ago and a policy on seeking on-going consent may be useful to ensure that the consent is current. We found that in each case where a pressure mat was used it was highlighted in the person's care plan and consent had been sought from the person or their representative.

All files looked at included an updated locked door policy and a signed consent to care and treatment form. This ensured that people living in the home and their representatives had signed and consented to both the care provided and that exiting the building was restricted.

We saw that end of life choices had been completed on people's care files and these had been completed by the person's GP with consultation with the person, where possible, or the person within the family with power of attorney.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we visited in June 2013 we raised a concern that not all the records kept by the home were current to the needs of the people. The registered manager had told us at the time that staff were continually being reminded to review people's care plans.

We were shown by the registered manager how they ensured the care plans were up to date and reflected people's current needs. We were shown that each member of staff was allocated as a key worker to specific people. Their roles was to update the care plans by the end of the month so the registered manager could look at each of them, check they were reflecting current needs and add anything else they felt was important.

Of the plans we reviewed the majority had been reviewed in time however some had not been reviewed since the end of September 2013. The registered manager showed us the communication they had with staff during staff handover on the day we visited that advised the staff they needed to complete the review on this or their next shift. We also saw that some files had been updated since this communication had taken place. This showed the registered manager was exercising their responsibilities in ensuring people's care plans were regularly reviewed.

There was one care plan, that had yet to be reviewed, which did not reflect the person's current care needs in that they had lost weight. This was noted when they were weighed on the 04 November 2013 which when added to October's weight loss was significant. This had been highlighted by the registered manager's own audit. We raised this with the senior care on duty so the care plan could be addressed. We spoke to the registered manager on the 15 November 2013, after our visit, and were told that this person's care plan had been updated. They were also able to tell us that there were written accounts in the handover records that showed the home had the situation under review as soon as there was a concern. The provider might like to note that the system of updating care plans only at the end of the month may need to be reviewed. Should a person undergo a significant situation such as illness or weight loss it would be necessary to ensure staff are meeting people's current needs and care plans updated sooner.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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