

Hérons Lea Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hérons Lea is a residential care home for 20 people with dementia and conditions associated with old age and frailty. The service provides care and support without nursing. Herons Lea is a detached home in a rural setting with large grounds. The service is set over two floors with communal lounges and dining areas all on the ground floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. The key question of caring has been rated as outstanding at this inspection. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated as good.

People said they enjoyed living at Herons Lea and felt safe and well cared for. Comments included "It's very good. It was difficult at first being independent. I find it very satisfactory - the carers have a lot of compassion and are a happy bunch, very caring. I just accept their way of doing things now. They know what they're doing and I trust them - they're very helpful" and "I think it's one of the best places we've got around here. I kept falling over and I didn't like my [daughter] getting upset when I fell down stairs and in the shower room it was awful. I miss home but I'm safe here."

People were supported to maintain their independence and live fulfilling lives doing the things they enjoyed and being encouraged to try new things.

The home had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were exceptionally caring and knowledgeable about people's needs, wishes and preferred routines. This helped them to plan personalised care. People, their families and visiting healthcare professionals were positive about the caring and compassionate nature of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care and support was person centred and well planned. Staff had good training and support to do their job safely and effectively.

Risk assessments were in place for each person. These identified the correct action to take to reduce the risk

as much as possible in the least restrictive way. People received their medicines safely and on time. Accidents and incidents were carefully monitored, analysed and reported upon.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Quality assurance processes and audits helped to ensure that the quality of care and support as well as the environment was closely monitored. This included seeking the views of people and their relatives.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service has improved from good to outstanding. Staff showed exceptional kindness and caring towards people.	Outstanding ☆
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Herons Lea Residential Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 17 April 2018. The first day was unannounced.

This was a routine comprehensive inspection carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with eight people living at the service and four relatives. We also spoke with the registered provider, registered manager, cook, housekeeping staff and five care staff. Following the inspection we sought feedback from three healthcare professionals and had responses from two.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: three people's care files; three staff files which included recruitment records of the staff recruited since our last inspection; staff induction, training and supervision records; quality monitoring systems such as audits, complaints; incident and accident reporting and minutes of meetings.

Is the service safe?

Our findings

People said they felt safe and well cared for by staff at Herons' Lea. Comments included "It's very good. It was difficult at first being independent. I find it very satisfactory - the carers have a lot of compassion and are a happy bunch, very caring. I just accept their way of doing things now. They know what they're doing and I trust them - they're very helpful." And "I think it's one of the best places we've got around here. I kept falling over and I didn't like my [daughter] getting upset when I fell down stairs and in the shower room it was awful. I miss home but I'm safe here."

Relatives were also confident that their family member was safe and being well cared for. One said "I can honestly say that when I leave here I just don't worry about (my relative) - I trust them implicitly and I never have to worry anymore."

People's individual risks were identified and reviews were carried out to keep people safe. For example, risk assessments for falls, mobility, general safety awareness, aids for daily living, self-medication of medicines and the workplace environment. Staff also completed a home safety check. The provider had been ensuring that all windows had new restrictors fitted and this work was completed by the second day of our visit to the home. We saw some radiators were not covered and the risk assessments completed showed they were low risk. Following further discussion about this with the registered manager and provider, they had implemented a plan of ensuring all radiators were covered to reduce the risk of people being harmed by hot surfaces. The programme would ensure those areas where radiators were most likely to be a risk, such as along corridors and those not obscured by furniture were being done first.

We noted one bathroom was being used as a sluice and store area for some cleaning products. This had a bolt across the top of the door. We discussed how likely people may have been able to access this and by the second day of inspection, the door had a lock fitted which required a key to access it. This ensured people remained safe and were unable to access any harmful substances.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff showed an understanding of what might constitute abuse and what to look for. Staff had received training in safeguarding adults and knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). The registered manager demonstrated an understanding of their safeguarding role and responsibilities. There had been no new safeguarding alerts made in the last 12 months.

People's medicines were safely managed and people received their medicines at the right time. Staff had received medicine training and competency assessments to ensure they were competent to carry out this

task. Staff were confident supporting people with their medicines and prescribed creams. The management team checked medicine records to ensure staff were administering them correctly. Storage was secure and the temperature of where it was stored was regularly monitored.

People were cared for by confident and competent staff. There were sufficient staff each shift to ensure their care needs were met. Each day there were four care staff on the morning shift, plus a cook, kitchen assistant and two housekeeping staff. There was also the registered manager and administrator part time. In the afternoons the staffing levels were slightly reduced and there were two waking night care workers.

People said there were enough staff to meet their needs in a timely way. One person said "This is my family now - they are really good. I cannot find one thing wrong. Anything I need I wait a minute and they bring it to me." And another said "There are always staff around, you never have to wait for long."

The provider had an infection control policy which reflected best practice guidance. Staff had completed infection control training, washed their hands regularly and used protective equipment, such as gloves and aprons to reduce cross infection risks. Care staff said they had plentiful supplies of gloves and aprons available. We observed staff using gloves and aprons. There was hand gel at the entrance and a notice to remind people coming into the home to use it.

Learning from incidents and investigations took place and appropriate changes were implemented, where needed. The registered manager had an overview of accidents and incidents within the service and looked at trends and patterns. Health and social care professionals were asked to review people's plans of care and treatment to see if there was anything further the service could do to reduce accidents such as falls.

Emergencies were planned for. This included each person having a personal evacuation plan in case of a fire or other emergency. There was a separate day service building where people could be moved to if there was an emergency in the home which necessitated people being evacuated. Staff had a policy and numbers to contact in case of an emergency and there was always a manager available to contact for advice.

Is the service effective?

Our findings

People said they were being supported by a staff team who understood their needs and had the right skills. One person said "I'm treated like a god. [Carer name] is as good as gold. She helps me with my shower twice a week in the mornings. She tells me 'I've got to go through your care plan with you today and check when you've had your shower etc.'." Another said "They all know what they are doing. Very helpful and very good staff."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were. Care staff received mandatory training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. Staff were required to record they had gained people's consent when providing care and support. Where people lacked the capacity a best interest decision had been completed to decide about restrictive practices such as the use of bedrails and pressure mats to keep people safe.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. Two people had DoLS authorisation and there was a list of other people's applications pending. Staff understood what these authorisations meant and how to work with people in the least restrictive way.

People's healthcare needs were fully assessed, monitored and where needed referred to healthcare professionals. This included the community nurse team, GPs and hospital specialist teams. People confirmed they were able to see their GP as requested. Daily records and handovers showed staff kept a close eye on people's specific healthcare conditions. One person said "If I start coughing a lot they either get me to the doctor or he comes here."

Staff were confident and competent to meet people's needs. This was because the registered manager had set up ongoing training, support and supervisions to ensure staff had the right skills to do their job. Staff confirmed they had regular training, meetings and one to one supervisions to discuss their role and ongoing training needs. This included an induction process for new staff. Any staff who were new to care completed the Care Certificate (a set of standards that social care and health staff adhere to in their daily working life). Staff also completed equality and diversity training.

People were supported to enjoy a balanced and nutritious diet to help maintain good health. This included plenty of drinks and snacks in between the three main meals of the day. Where someone had lost weight,

staff monitored their food and fluid intake and if needed referred to their GP for supplements. People were complimentary about the menu choices. Comments included "The food is very very good: they tell you what's for lunch but there's always a choice." And "They always give you good choices of food." One relative said "The food is wonderful and she loves her meals they come and offer choice. The chef chats with residents about their food and my [mum] has a good appetite."

The environment was homely and dementia needs had been considered. For example good clear signage for toilets. The use of a white board to give people specific information to help them stay orientated. Grab rails and raised toilet seats were in use and areas were kept clutter free to enable and assist people with their mobility.

Is the service caring?

Our findings

People were being supported by staff who shared the key values of the registered manager and provider, which was to provide person centred care. Core to this was that each person was treated with kindness and compassion. It was evident from the comments we heard during the inspection, feedback the service had received and from our observation, this ethos and compassionate care was embedded.

People said "The carers have a lot of compassion and are a happy bunch, very caring. They know what they're doing and I trust them - they're very helpful." And "It's a lovely place, really caring. They go over and above." Similarly relatives were very complimentary about the caring attitude of staff. One said "Nothing is too much trouble. I can see sometimes that one or two here could really wear your patience down, but the staff are always so jolly and helpful. Never a cross word, never ignore anyone. They are true angels. I could not do this job. They really do show care and compassion in buckets loads."

Healthcare professionals agreed staff showed a great deal of care and compassion for people living at Herons Lea. One said "They seem to go that extra mile for people. I was visiting one person and although they were in bed it was clear staff had made an effort to make sure their hair was set and they had flowers in the room. Everything is thought about to make people comfortable." We also viewed a large selection of thank you cards from people and their families. Comments included "Thanks to all the staff, you went above and beyond to look after (name of person) and me and the rest of the family. We will always be thankful for all you did" and "Thank you for all the care, love and devotion. Your patience is incredible."

People mattered and staff understood what was important for each individual. For example one person had previously had a passion for gardening. Staff had worked hard to ensure this passion was still included in their life in the home. They had developed a greenhouse for them. The person told us "This is my family now - they are really good. I cannot find one thing wrong. Anything I need I wait a minute and they bring it to me. I like to work in the greenhouse and I have tomato plants hardening up now. I enjoy my gardening." Staff had detailed information about each person's past life, who was important to them and what their achievements were. Staff talked about people's life histories and how they chatted to people about their family, friends and past interests. One staff member said "Sometimes when a person is distressed, you can distract them by chatting about their family or what they used to enjoy doing. Their dementia means they cannot always remember this, but in chatting their memories can sometimes be jogged."

The registered manager had introduced a 'ten minutes to chat' for every person. She had researched and found evidence to show that a simple wellbeing chat for ten minutes every day, increased people's emotional wellbeing. This innovative but simple idea had been embraced by the staff team. Each person had at least a one to one chat each day. One person had written their own autobiography. Their chat time was spent with staff reading sections of this and discussing it with them. For another person it was an opportunity to look at their favourite family photos and reminisce. It was clear this strategy had helped staff to better understand people as individuals and people said they loved having time to chat with staff.

Staff supported people to maintain caring relationships with their family and friends. There was an open

door policy which meant visitors could come at any time. Relatives were encouraged to bring children to the home to visit their family members. The staff were working on improving facilities for the young people visiting. When the weather was good they had extensive grounds to walk and sit in. One person used their portable device to stay in contact with family and friends. The registered manager said that more and more people were getting used to using this type of technology to stay in touch. They had recently installed Wi-Fi boosters so that people could access the internet in their own rooms. This was to ensure their privacy when wishing to use the Wi-Fi to stay in touch with friends and family. Previously this had only been available in the lounge because it was closer to the router.

The service ensured people with dementia were supported to make choices and decisions in their everyday life. For example if information had been given from a healthcare professional about a particular condition, the registered manager made sure the print was easy to read and if needed would enlarge print and spend time talking with people about the information. Pictures and photos were used to help people make meal choices.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans. Staff were knowledgeable about people's diverse needs.

The provider, registered manager and staff had a strong ethos in encouraging the community to be part of the home to enrich people's lives. This meant they had a small team of volunteers who came to help with social activities, reading and spending one to one time with people as befrienders. Where people were affiliated with a church, the registered manager made sure they got in touch to help facilitate visits from the church group. They also ensured that people had regular visits out into the community to shop, see places of interest or simply have an ice-cream by the sea.

The staff team worked hard to ensure a calm, relaxed and happy atmosphere for people. There was lots of laughter, fun and it was clear people enjoyed the staff teams company. One staff member said "We treat people like they are our mum or gran; we laugh, encourage and sometimes have a cry with them. They are like family and we offer lots of cuddles when people are sad, lonely or frightened by their illness."

People were encouraged to make choices about all the care they received. Staff told us how important it was to listen to people and their views. They had built a close and open relationship with people so they felt comfortable to express their choices. The work staff had been completing around people's life stories had helped to create this strong relationship. People confirmed staff helped them to make choices in every aspect of their daily lives. One said "Nothing is too much trouble. They check at each step of the way. Staff are very helpful." Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care.

Staff helped people to celebrate important events such as birthdays and anniversaries. One relative said "When it was her 90th birthday the staff arranged a teddy bears' picnic on the patio because [mum] loves teddies - it was so lovely." Another relative said "At Easter we had some Easter food and a treasure hunt and everybody got a little bag of Easter mini eggs."

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. People said staff were responsive to their needs. For example one person said "The staff really listen to me, they are very busy at night whenever I have help from them they always ask 'is it alright [name] if ... ' before they do anything." Another said "Staff are brilliant, if I need anything I just ask."

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Areas of the service were sign posted to help people find their way. There was a large white board available for staff to put up important information such as the menu for the day and the date and day to help people remain orientated.

The provider had invested in an electronic care planning system which helped to ensure that detailed care plans were available. These were well organised and easy to read. Plans included clear instructions for staff about how to provide personalised care and support for each person. It considered the risks, their needs and wishes and how best to support them with the right equipment. This might include pressure relieving equipment or walking aids. Staff said they had taken a little time to get used to the new electronic care plan system but were now seeing the benefits of being able to update what care they had completed for each person as they completed the task.

People and their families were supported to review and develop their care plan if they wished. The registered manager said this may simply involve their keyworker having a chat about their needs from time to time, or it may be a more formal meeting if care needs had significantly increased.

The service offered a responsive activities programme throughout the week. This included some paid entertainers, such as musicians. Volunteers came on a regular basis to take people out or to read, play scrabble or simply befriend people and chat over a cup of tea. Staff organised ad hoc games and puzzles. People also enjoyed quizzes and floor games such as skittles. They also employed someone to do hand massages. Some people went out to the local blind club and others to religious groups and social events put on by the salvation army and other church groups. One staff member said "When we do people's life histories, we ask what their interests and hobbies are and try to work some of this into our activities, such as gardening, crafts, whatever people enjoy doing. Lately we have had a few baking sessions and they have gone down well."

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff, senior staff and the registered manager. People said they would feel able to raise any concerns and would be confident they would be resolved. One person said they had meetings to talk about any improvements "We've had one meeting so

far and others ask questions but I had not been here very long. But I did ask if I could have more gravy with my meal, so they said ok and now they bring me more in a jug." The complaints log showed that there had been no new complaints since the last inspection, but when one had been raised the registered manager responded and where needed made changes to ensure people got what they needed.

The service worked closely with the local hospice, GP s and community nurses to ensure end of life care was provided. This also helped to ensure people were pain free and specialist advice and support was sought when needed. There was a section within care plans for people to document their end of life care wishes if they were able or wished to do so. There were many compliments about the care and attention people had received in their final days.

Is the service well-led?

Our findings

People and their relatives spoke positively about the service, the provider and the registered manager. One person said "How lovely they all are! They do work hard and are a really good team. The lady owner won't have anyone who isn't ok. I hear them laughing and talking - they are always jolly." One relative said "I can honestly say that when I leave here I just don't worry about [Mum] - I trust them implicitly and I never have to worry anymore." And "I really like the manager: we communicate mainly on email and she always responds immediately - I am never kept waiting.

They are kind and thoughtful and I feel it is a safe and secure environment and they look after him really well."

The home had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had day to day responsibility for the running of the service. The registered provider had a more general oversight and ensured that the environment was clean, well maintained and safe.

Staff said the management team were open and inclusive. They felt their ideas and suggestions were valued and they were encouraged to develop their skills via learning and development programmes. Most care staff had either achieved or were completing national vocational qualifications in care. Staff said they had confidence in the registered manager, that her approach was open and inclusive and any training needs were always met. One staff member said they were appreciated for the additional work they put in. For example they were often given flowers or a bottle of wine if they had filled in for someone being off sick, or stayed on to do some extra work.

People, their families and staff views were sought both via general day to day feedback but also via meetings to discuss the quality of care and support being provided. They discussed activities and outings people would enjoy for the future. They also asked for ideas and suggestions to ensure people remained fully engaged in a wide variety of activities. The service also used annual questionnaires. The provider information return highlighted that recent surveys to professionals and relatives had shown positive results in terms of their feedback about the service.

Systems and audits were used to ensure the environment was safe and well maintained, records were kept accurately and staff were following the medicines protocols. The registered manager had begun to introduce champion roles to encourage staff to take on a specialist area.

The manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this. For example, where laundry had gone missing.

The rating from the last inspection report was prominently displayed in the front entrance of the service and

on the provider website.