

Miss V Etheridge







# Heronlea Residential Home

## Inspection report

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Date of inspection visit: 17 & 19 October 2014  
Date of publication: 18/03/2015

### Ratings

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

### Overall summary

This inspection was unannounced and took place on 17 and 19 October 2014. This meant that the provider did not know that we were coming. It was carried out by one inspector.

Heronlea Residential Home provides care and accommodation for up to 13 older people who are living with dementia. On the day of our inspection there were 12 people living at this home.

This service is required to have a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider is also the registered manager.

People and their relatives were very complimentary about the support provided by the service. We could see that people were very relaxed around the staff and in their environment. There was plenty of chatter and engagement.

# Summary of findings

The service benefitted from a stable staff group. However, robust recruitment procedures were in place that included staff completing induction training so that they knew what was expected of them. Training and development was encouraged and all but one of the staff team had a qualification in care.

Medicines were managed and administered safely and staff followed safe procedures. They received regular update training and frequent medication audits took place to ensure safe practices were followed.

The manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). They understood DoLS and had made applications to apply with it. All applications were made lawfully and with the person's best interest at the heart of the decision making. Deprivation of Liberty Safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests or their own safety.

People were offered choices and encouraged to make as many decisions as they could around their daily living. Staff supported people to do this by showing people the choices open to them, including using simple sign language to help them better understand their options. Risk assessments were in place so that people could be as independent as possible whilst reducing risks to themselves.

Visitors and relatives told us that staff were very kind, attentive and caring. We observed staff empowering people in a way that encouraged their individual choices and preferences, so that they lived as they would prefer as far as possible.

Relatives were asked for their views on the quality of the service provided and people were spoken with to seek their opinions about daily living. People were involved in choosing the colours in the lounge when the room was re-decorated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service is safe.

We saw that people felt safe because they were relaxed in the presence of staff. People appeared well cared for by the staff team and the service provided.

There were safe procedures in place when recruiting staff.

Staff understood how to report their concerns to the appropriate professionals in the event of any safeguarding concerns being raised.

Medicines were managed and administered appropriately and safely.

Good



### Is the service effective?

The service is effective.

Staff were suitably trained and supported to fulfil their role effectively. Staff had an understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People had a choice of meals and drinks and were supported appropriately. People were supported to be as independent as possible.

People's health care needs were met in a timely way. Health professionals visited the service when required.

Good



### Is the service caring?

The service is caring.

People and visitors told us that they were supported by kind, attentive and caring staff.

People were listened to and staff acted in accordance with their wishes wherever possible.

People were treated with respect and in a dignified way.

Good



### Is the service responsive?

The service is responsive.

Care plans were person-centred and reflected the needs and aspirations of the individual. Staff had access to all the information they needed to care for the people appropriately.

People's representatives knew how to complain if they needed to.

People had choices around daily living and choices made were respected by staff wherever possible. Activities were available.

Good



### Is the service well-led?

The service is well-led.

The manager and staff had been together for a number of years and worked well together as a team. They provided care and support that met the needs of the people.

Good



## Summary of findings

Regular checks for the quality of the service provided were completed.	
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# Heronlea Residential Home

## 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 checked 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 17 and 19 October 2014 and was unannounced. This inspection was completed by one inspector.

Before the inspection, the provider who also manages the service, completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us by the provider. These are reports from the registered manager to advise us of any incidents or changes occurring at the service.

During the course of the inspection we gathered information from a variety of sources. For example, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

The records we looked at included risk assessments and risk reduction care plans, medication records, Mental Capacity Act and Deprivation of Liberty Safeguard assessments and applications, menus, the care pathway for three people, recruitment records and staff rotas.

We also spoke with three people who were able to speak with us, talked with two relatives, spoke with one health professional on the telephone and received an email response from another health professional and contacted the local authority quality monitoring team. We spoke with four care staff, including one night carer and one housekeeper.

# Is the service safe?

## Our findings

People we spoke with were very positive about how they were kept safe from harm. One person said, “They look after you, they look after you alright.” We also spoke with two relatives who told us there were always plenty of staff available and that they provided good care. One relative told us, “We don’t have to worry about [person] now [person]’s there.” Another relative said, “I have no concerns.” We also contacted health professionals and one said that there were always enough staff and that they had no concerns about the safety of people living at Heronlea.

Staff told us that they had completed training about safeguarding people and keeping them safe from harm. Staff understood what steps they should take if they suspected that that people were at risk of harm. They were able to tell us where they would access the contact details for the local authority safeguarding team in the event that a referral was necessary. No safeguarding concerns had been reported to the local authority in the twelve months prior to this inspection.

We looked at the care records for three people and saw that processes were in place to identify risks to the person. Risk assessments were completed and updated monthly and risk reduction care plans were developed so that risks were minimised. For example, one person was assessed as at high risk of developing pressure ulcers and actions to be taken to prevent this from happening were recorded. We saw that a health professional was involved in this person’s care and that their condition was kept under review. Copies of the risk reduction care plans were also kept in a daily records folder so that staff had this information to hand. Where possible, people were involved in agreeing steps to reduce risks to themselves and family members were also consulted where appropriate.

Hoist equipment was serviced six monthly and in accordance with manufacturers instructions and visual checks were made to ensure they were working safely. During our inspection we saw that all corridors and exits from the building were kept clear in the event an emergency evacuation was required. Each person had an evacuation plan in place. The service had received a visit

from the fire safety officer in April 2013 and there were no concerns identified. We also noted that fire and other safety equipment was regularly checked and serviced to ensure they were safe. These included electrical systems and emergency lighting.

On the two days of our inspection, there were enough staff on duty to meet people’s needs safely. We were given copies of the staff rotas for four weeks, including the week of our inspection. These showed that staff were provided in sufficient numbers to provide appropriate care to people. In addition to the registered manager and deputy manager, there were three care staff and a housekeeper. Two waking night care staff were employed each night. Staff told us that they had time to provide care that responded to people’s choices and preferences throughout the day and allowed one-to-one time. Our observations showed that this was the case and people received care and support that was centred on their individual needs and wishes. People were not rushed and were given time to speak and undertake tasks at their own pace.

The service operated a recruitment process that included a minimum of three references being required. All checks were carried out to ensure people employed by the service were of good character and appropriate to work with vulnerable people.

We looked at the arrangements for storing and administering medicines in the service. We saw that the service used a monitored dosage system which meant that the prescribed tablets were dispensed into blister packs by the pharmacy for the care staff to administer. We looked at the medication administration records (MAR) and saw that they had been completed to show that medicines had been given as prescribed. However, we saw that one MAR had not been signed for two consecutive days although the tablets had been taken from the blister pack. The registered manager undertook to investigate the discrepancy. All medicines were stored securely. We observed a member of staff administering medicines at lunchtime and saw that they did this in accordance with safe practice guidelines. Staff told us that only those that had completed safe medication training were authorised to administer medicines.

# Is the service effective?

## Our findings

People's preferences, care and support needs were met by a team of staff who had the necessary skills and knowledge to effectively carry out their role. People were happy, relaxed and engaged with staff and others around them. One relative told us, "We are very pleased with the standard of care given. The whole family is very pleased with the home and care." Another visitor said, "The care is very good and I have no concerns. The food is good and homely."

Staff told us that they felt well supported by the registered manager and they confirmed that they received regular formal supervision although they could speak with the registered manager at any time. Staff told us about the training that they had completed and they were able to show that they were knowledgeable about the conditions that affected the people living at Heronlea. Staff had completed a qualification in care and opportunities to progress in relevant qualifications were available to them. All staff had completed training about equality and inclusion.

All staff had received training about the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff demonstrated that they understood how it affected the way they cared for people who were not always able to make decisions for themselves. Staff understood that people's capacity to make decisions for themselves could fluctuate. The registered manager told us that, after consultation with the authorising body, they had been advised to make applications for each of the people living at Heronlea for authority to deprive them of their liberty. At the time of our visit we did not see that anyone was being restrained in any way.

Our observations at lunchtime showed that people enjoyed their food. The food was freshly prepared and cooked each day and looked appetising. It was dished up in the kitchen. The cook and care staff knew how much each person liked to eat and the meal was plated up accordingly. Extra helpings were offered for those who wished for more

and choices were available for those who wanted an alternative meal. Throughout the day we saw drinks being provided. Regular drinks rounds were supplemented with drinks on request. One person was having their nutrition and fluid intake recorded because they were at risk of malnutrition and we saw that all the relevant health professionals were involved in this person's care plan. Staff were aware of risks to people and described the steps they would take if a person started choking on food. The atmosphere over the lunchtime was relaxed and cheerful. People were supported by staff to eat where necessary and other staff sat with people and ate their lunch with them.

Health care needs were assessed and appropriate referrals made to health or social care professionals. These were appropriately recorded with outcomes as necessary. One health care professional told us that care staff were responsive to people's needs and acted appropriately to ensure that all their needs were met. In one of the care plans we saw that the service had acted promptly when someone entered the home with a pressure ulcer. Records showed that a referral was immediately made to the district nurse team and appropriate pressure relieving equipment put in place to aid healing. One health professional told us that the staff were very professional and referred to them appropriately for advice and guidance. Another health professional said that people were always properly dressed and any concerns were reported in a timely way. They described how the service ran smoothly so that people received effective care.

Records we looked at showed that the GP or nurse practitioner were called if they were needed. We were told that the service had a good relationship with all health professionals and they would approach them if they needed guidance or advice. Any concerns were acted on quickly. For example the service kept a supply of dip sticks to test urine if an infection was suspected. The staff then contacted the GP with the result so that treatment could start quickly. People were having their health care needs met appropriately and effectively.

# Is the service caring?

## Our findings

Throughout our inspection we observed positive examples of how caring staff at this service were. One person was able to tell us, "The staff are good." We spoke with two relatives who both described the staff as kind and caring. One health professional also said that staff were very caring.

It was clear that staff knew each person as an individual and understood their specific needs and aspirations. They knew how to approach each person so that the interaction was appropriate to them and understood how to support the person when they showed signs of distress. For example, one person became agitated because they were frustrated by being unable to make themselves understood. Staff spoke quietly to the person, calmed them down and helped them to indicate that they wanted a cup of tea, which was duly made for them. This person spent the rest of the afternoon contentedly sitting at a table with staff who were chatting and including the person in the conversation.

Staff listened to people when they indicated that they did or did not want to do something. For example, one person preferred to eat their meals alone and at a different time to everyone else. The person's meal was plated up ready and heated through when they requested it. Staff told us that most people were able to make decisions such as what time they wanted to get up, what they wanted to wear and what they wanted to eat. Most people were unable to be actively involved in planning their care and relatives were encouraged to do so on their behalf. Relatives were also

asked to provide a personal history to help staff understand what was important to the person. These personal histories provided valuable information to staff about significant people and events in the person's life and care plans were developed around them.

We spent time with people and observed that they were comfortable in the presence of staff. People were engaged in one to one and group activities with staff or were following their own hobbies and interests. The atmosphere was calm and relaxed. It was clear that people were able to spend their time as they wished.

We saw that people looked well cared for. Their clothes were clean and one person was assisted to change their top after lunch to preserve their dignity as it had become soiled with food. People looked tidy and all wore shoes or slippers on their feet. All personal care tasks were provided in private behind closed doors. Staff spoke quietly to people when they needed to encourage people to receive personal care so that their dignity and privacy was protected. One member of staff told us, "We treat them like they're our own Mum or Dad."

No-one was using an advocacy service at the time of this inspection. However, the registered manager acted as a strong advocate on behalf of the people living at the service. For example, we were told of difficulties that had been experienced using the new private transport services that had seriously impacted on a person and caused them to miss their hospital appointment time. The registered manager had followed the matter up with the relevant authorities so that it could be investigated and acted on.



# Is the service responsive?

## Our findings

The service consulted with family members wherever possible to ensure that the care and support package was appropriate to the individual person and their preferred lifestyle. One relative we spoke with confirmed that they were consulted about their loved ones care and they were highly satisfied and felt it met their needs. They told us, “We are very pleased with the standard of care given. [The registered manager] keeps us informed about what is going on.”

We looked at three care records and saw that the views of family members were taken into account when planning and delivering care. The care documents focused on the individual and were specific to their needs. Care plans were developed based on assessments of need, involving family members as appropriate. The care documents gave staff clear information about how the person would wish to be cared for. We noted that some assessments had not been dated when they were completed, making it difficult to see when they referred to. Each plan was reviewed and updated at least monthly and more frequently if changes occurred in the person’s condition. This was so that the care remained appropriate to the person’s needs.

Daily reports were kept securely in a cupboard in the dining room and these included records about food and fluid intake, skin care and integrity and turn charts that recorded changes of position for people at risk of developing a pressure ulcer. Staff told us it was helpful to have key records easily accessible so that they could refer to them and keep them up to date throughout the day and night. The complete care plans were kept in the office which was locked when not in use and staff had access to them at all times.

Our observations showed that staff offered people choices around all aspects of daily living. Staff were seen and heard offering people choices and options about what activities

they wanted to do and what food they wanted to eat at lunchtime and for snacks. Staff supported people to make choices by giving them time to respond and repeating the options until they were able to make a choice. Staff respected all of the decisions made by people. For example, one person decided they wanted to go out into the garden to look at the young chicks in the henhouse and staff accompanied this person so they could spend time safely in the garden.

Staff also spoke about how they provided person centred care and gave good examples of this. For example, they spent time with people following their preferred pastimes such as wordsearch or playing cards. They also described how they made sure that people’s appearance was as they would wish. People’s spiritual needs were met as required. There was evidence that people’s diverse needs and aspirations were considered and steps taken to meet them as much as possible. The registered manager had developed close working arrangements with health and social care agencies and organisations so that people could have access to all services.

The relatives we spoke with said that they would speak with the registered manager if they wished to complain, but that they were satisfied with the care their loved one received. The service had a complaints procedure in place and this was displayed in the entrance hall. The procedure provided timescales within which a complainant could expect a response. It also included information about how to escalate a complaint if the person was not satisfied with the response. At the time of our inspection the provider told us that no complaints had been received in the twelve months prior to our inspection. They described how they always made themselves available to discuss any concerns and these were always addressed immediately. The Care Quality Commission had not received any complaints about this service in the twelve months previous to this inspection.

# Is the service well-led?

## Our findings

The registered provider is also the registered manager of this service and has run the home for over five years. It was evident that the registered manager and staff team worked well together and supported each other with various tasks. The registered manager spoke of accessing information about the new inspection regime and how it affected the service. They kept up to date with changes to regulation and were aware of their responsibilities in this respect.

Those people who could speak with us told us that they liked the registered manager and staff team. Our observations showed close relationships that were built on trust and confidence in the staff team. People were able to speak openly or make themselves understood and staff acted accordingly in support of the individual.

Almost all of the staff team had been working at Heronlea for more than two years and this had built strong working relationships between staff and the registered manager. Staff told us that, although regular staff meetings did not take place, daily discussions did and they were kept up to date with all events at the service. Staff felt well informed about the changes that were taking place around the way the service was inspected and the things that would be looked at in the process. Regular supervision and appraisal was taking place, although staff confirmed that they could speak with the registered manager at any time if they had concerns or queries. Staff told us the registered manager was very approachable and we observed the good relationships throughout the inspection. One staff member told us, "She's a very approachable boss." All staff were encouraged by the registered manager to develop and build on their skills.

We checked our records prior to this inspection and saw that we had received notifications in a timely way of any changes or incidents that had occurred in the service.

Audits were carried out to identify any areas of work required, such as re-decoration. However, the registered manager told us that they also responded to comments from people and visitors and addressed any areas that it were suggested may needed improving. For example, the lounge was re-decorated following comments made by families. Audits were also carried out on care records such as care plans and medication. This was to identify any gaps or errors that needed to be addressed. As a result an action plan was developed and any omissions or errors were identified and corrected quickly so that people received the care and treatment they needed. A record of staff training was kept under review and refresher and other courses booked in a timely way.

Care plans were stored securely in the registered managers office and daily records were kept in a cupboard in the dining room. There was some duplication of the information held in these locations but it ensured that staff had access to the records they required when the registered manager was not at the service. People's confidentiality and privacy was protected.

The service sought the views of people using the service and their families. Quality feedback questionnaires were available in the entrance hall and five had been returned from family members recently. These showed high levels of satisfaction about the quality of the service and all contained positive comments apart from one suggestion about more activities, which the registered manager had acknowledged and was acting on. The registered manager told us that they were developing a quality feedback questionnaire to send out to health and social care professionals to also seek their views.