

Methodist Homes

The Herons

Inspection report

The Herons Residential Home
Calverton Close, Toton
Nottingham
Nottinghamshire
NG9 6GY

Tel: 01159460007

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Herons is a residential care home providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

The Herons is a purpose-built care home. Bedrooms are situated on both the ground and first floors. There is a dining and lounge area on the ground floor as well as other communal lounge areas on both floors.

People's experience of using this service and what we found

People told us they felt safe. The recruitment of staff was safe and there were sufficient staff employed to meet people's needs. The management of medicines was robust. The premises and equipment were suitably maintained. People's care records included risk assessments, although where people required a hoist, staff needed to record more detailed information.

New staff were supported and there was ongoing training and support for all staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Information was effectively communicated between staff. People were able to access external health care professionals as needed. A varied menu was provided but feedback about the meals was mixed.

Staff were caring and kind. People's right to privacy and dignity was respected. Staff involved people in making decisions about their daily care and support.

Care records were detailed, and person centred. Information was recorded to enable staff to be aware of people's communication needs. There were a range of activities provided for people daily. There was a system in place to manage complaints although no-one we spoke with told us they had any complaints about the service.

Staff enjoyed working at the home and felt listened to. A number of audits were completed at the home to ensure the quality of the service was continually monitored. Regular meetings were held with staff and people who lived at the home. We saw evidence issues raised were addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Herons

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant 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.

Service and service type

The Herons is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. They were not present at the inspection as they had left the service in August 2019. At the time of the inspection we had not yet received their application to cancel their registration. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two visiting relatives about their experience of the care provided. We spoke with nine members of staff including the operations manager, deputy manager, administration manager, a senior care assistant, two care assistants, the activities organiser, a domestic and a cook.

We reviewed a range of records. This included four people's care records and random sample of medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested further information from the registered manager to validate the evidence found. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "This is a safe place." A relative told us, "My relative is very safe here and it's a weight off my mind."
- Staff were aware of the different types of abuse and understood their role in keeping people safe from harm.
- There were systems in place to ensure any concerns were reported to senior managers and referrals were made to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Care records included a variety of person-centred risk assessments. These were reviewed and updated at regular intervals.
- We reviewed the care records for two people who required the use of a hoist. Neither record provided enough information about the use of the hoist or sling to ensure the safety of the person and staff. We brought this to the attention of the deputy manager, following the inspection they assured us this shortfall had been addressed.
- Equipment and the environment was safe and regular maintenance checks were completed.
- Staff received regular fire safety training and fire drills were completed.

Staffing and recruitment

- People told us there were sufficient staff; "I would say mostly there's enough around to help", "They come quite quickly. They don't keep me waiting" and "If I press the buzzer at night, they come very quickly to help me. They are brilliant." A relative said, "Everyone could do with another pair of hands, but I don't think there are any major staffing issues. My relative never complains about having to wait."
- Staffing numbers during the day had increased by one since the last inspection. Staff told us staffing numbers were sufficient for the current number of people who were living at the home.
- Staff were recruited safely with all required checks completed before they started in post, including criminal record checks with the Disclosure and Barring Service (DBS) and references.

Using medicines safely

- Medicines were stored and administered safely.
- Medicines were only administered by staff who received training and had been assessed as competent.
- We observed two staff administering people's medicines. This was done in a kind, caring and patient manner.

Preventing and controlling infection

- Communal areas were visibly clean and odour free.
- Two people's bedroom had a slight odour. The deputy manager told us they were aware of this matter and discussions were being held as to how this could be addressed.
- Staff had received training in infection prevention and control. Personal protective equipment, such as gloves and aprons were readily available throughout the building.

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents.
- A monthly analysis of accidents and incidents was completed to identify possible themes or trends. Records evidenced the steps taken to reduce future risk to people.
- The deputy manager demonstrated an open and transparent attitude towards learning lessons when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure their needs could be met. The assessment was used to develop people's care plans and risk assessments when they moved into the home.
- Care plans and risk assessments were reviewed and updated at regular intervals and in the event a person's needs changed.

Staff support: induction, training, skills and experience

- People spoke very positively about the skills and knowledge of the staff.
- New staff were supported through a period of induction, training and shadowing of more experienced staff.
- Staff were trained. One of the staff we spoke with told us, "The training here is excellent. The training matrix evidenced staff received regular training.
- Staff also told us they felt supported and received regular management supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- Feedback on the quality of food was mixed. Some people told us that they enjoyed the meals, but others did not. One person said, "The food is very nice." Another person said, "The food is definitely deteriorating, you'll notice more people leaving half their dinner."
- We observed the lunch time meal which was a relaxed and sociable event. Tables are very nicely set with linen, place settings, fresh flowers and condiments. Staff were kind and attentive when serving and supporting people with their lunch.
- Drinks were available throughout the day. There were snack stations in communal areas where people could help themselves to fruit, crisps and biscuits.

Staff working with other agencies to provide consistent, effective, timely care; Supporting People to live healthier lives, access healthcare services and support

- Staff told us they were kept up to date with changes to people's needs. One of the staff told us they received a daily handover and senior care staff informed them of any other changes they needed to know about. A daily head of department meeting was also held, ensuring information was shared with all staff teams within the home.
- People told us they had access to other health care professionals. We saw evidence of this in the care records we reviewed. The deputy manager was positive about the support the home received from the GP's and district nurse team.

Adapting service, design, decoration to meet people's needs

- Communal areas were homely and there was a number of different areas where people could choose to spend their time.
- Peoples bedrooms were personalised with photographs and mementos.
- Bathrooms were practical with enough space and equipment.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection, no one living at the home had a DoLS authorisation in place. One application had been submitted to the local authority and was awaiting review.
- People's capacity in relation to specific decisions had been assessed and best interest decisions had been recorded.
- We saw evidence people had consented to their care and support where they had the capacity to do so.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and kind. People told us, "Nothing is too much trouble for them" and "They're all very nice with us." One person commented, "When they come into my room, they take their time and make sure they do everything properly, but they take time to have a chat with me as well. To be honest, that's more important than the jobs they're doing for me."
- The atmosphere in the home was friendly and relaxed. We observed caring but professional interactions between staff and people. Staff reacted with kindness when people were distressed. One person became upset, a member of staff sat with them holding their hand, talking quietly with them.
- People looked clean and well cared for. People told us they had access to a bath or shower when they wanted one.
- It was clear from our observations, staff knew people well. Staff respected people's individual needs and preferences. One person said, "I hate to be shut in, so I asked them to leave my bedroom door just open a bit overnight so now they always make sure it's open for me."
- One of the staff said, "We treat everyone as an individual, which they all are. It's remembering those little personal things."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to.
- Throughout the day we heard staff offering people choices about their care and support. A number of people remained in their rooms. They told us it was their own choice and everyone staff came in and out and made time to chat with them.
- A member of staff said, "They have a choice, we explain everything we are going to do." Another member of staff told us they always asked peoples permission before they commenced any aspect of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff were able to tell us about the steps they took to retain people's privacy and dignity. We observed staff knocking on bedrooms doors before entering and ensuring they closed doors behind them prior to assisting people.
- People were supported to retain their independence. For example, staff supported people to mobilise and some people needed staff to cut their food up for them to enable them to be able to eat independently.
- Peoples records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information within people's care plans was easy to locate. The language used was respectful.
- Care records contained sufficient detail to enable staff to provide individualised care and support for people. One care record noted, "[Name] wants their curtains and bedroom door closed, the bathroom light on." The care plan for another person noted the tactics staff could deploy to reduce their anxiety if they became anxious.
- Care records were reviewed and updated at regular intervals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each of the care records we reviewed included information about people's communication abilities and needs. We observed communication between people and staff to be effective.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities available for people to participate in. An activities noticeboard detailed various events including coffee mornings, quizzes and craft activities. There were frequent visits from entertainers and the hairdresser visited weekly. Children from the local school visited the home weekly to read to people and sing at festivals such as Christmas.
- A chaplain was a regular visitor to the home. People told us their individual faith was respected.
- One of the activities coordinators told us, "We try to offer a varied programme to meet everyone's needs. Most people like the entertainers and music events. We do group activities like quizzes and people particularly like it when the children come in. We have a good relationship with the nearby school. We do a lot of one to ones, particularly with the people who stay in their rooms. For example, we might do a word puzzle with somebody or sit and look at their old photos and chat with them [about the photographs]."

Improving care quality in response to complaints or concerns

- No one we spoke with could recall having had a need to raise a complaint.
- The provider told us in their PIR they had received two formal complaints in the last twelve months. One complaint, dated 2019, was stored in the current complaints file. The complaint had been dealt with by a senior manager and details of the investigation and outcome were not retained in the file.

End of life care and support

- One person we spoke with told us staff had spoken with them about their end of life wishes.
- Where people had a Do Not Resuscitate (DNR) instruction in place, this was easily located in their care records. Information regarding people's end of life wishes was included in care records although the quality of information varied.
- A recently dated thank you card noted, 'When my [relative] was dying, the care they showed was amazing. [relative] died with dignity and surrounded by love... [Relative] called Herons their home.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they enjoyed working at The Herons. One staff member told us, "I love working here. I would put my family here, no problem at all." Another staff member said, "It's a brilliant place to work, it's a great team." Another member of staff said, "We have a meeting every day. If anyone has any concerns, we can raise them there. I do feel like they are acted on."
- The registered manager had left the organisation the month before our inspection. The deputy manager had worked for the registered provider for a number of years but had only been employed at The Herons since May 2019. They were being supported in their role by an operational manager, who was also new in post, and a registered manager from another of the registered providers care homes.
- The registered provider had a matrix in place which detailed which audits were to be completed, when and by whom. Although a range of in-house audits were completed at regular intervals this did not always match with the registered providers matrix. Completed audits included, medicines, care records, kitchen and food safety and call bell response times. Regular audits were also completed by senior managers.
- Checks on staffs performance and conduct included unannounced visits to the home by senior staff during the night. An unannounced night visit had taken place prior to our inspection.
- The registered provider had an electronic management tool where outcomes from audits and key management information was logged. This provided oversight of the service for the deputy manager and senior managers, identifying key areas of risk and quality at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC ratings poster from The Herons previous inspection was clearly displayed in the home's reception.
- Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. We saw evidence these notifications had been submitted in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some people told us they were apprehensive about potential changes caused by the change in registered manager. However, people and relatives told us they were kept up to date with events by the deputy

manager and staff and effort was being made to reassure people.

- Resident meetings were held at regular intervals throughout the year. Minutes included feedback from people and the action taken to address concerns. For example, minutes dated April 2019 noted "You would like a microphone for the church service as you are finding it difficult to hear the chaplain at times. We have purchased a microphone and sound system to enable you to hear the service and other meetings held around the home."
- Regular staff meetings were held as well as the daily heads of department meetings.
- Annual surveys were provided to staff, people who lived at the home and visitors. These had not yet been completed for 2019.

Continuous learning and improving care

- The deputy manager and staff we spoke with were clear in their desire to learn and continually improve the quality of the service people received.
- We saw evidence staff worked within current good practice guidance. For example, we saw information relating to medicines management was available in the clinical room and a flow chart to advise staff regarding the management of falls was located in the office.

Working in partnership with others

- We saw evidence the deputy manager worked in partnership with other organisations. These included the local authority, external health care professionals and the local school.